

PREA Facility Audit Report: Final

Name of Facility: Loudoun County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 08/08/2019

Date Final Report Submitted: 01/21/2020

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Sara Jones | Date of Signature: 01/21/2020 |

| AUDITOR INFORMATION | |
|-------------------------------------|----------------------------|
| Auditor name: | Jones, Sara |
| Address: | |
| Email: | sjones@merrimac-center.net |
| Telephone number: | |
| Start Date of On-Site Audit: | 06/10/2019 |
| End Date of On-Site Audit: | 06/11/2019 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Loudoun County Juvenile Detention Center |
| Facility physical address: | 42020 Loudoun Center Place, Leesburg, Virginia - 20175 |
| Facility Phone | 703-771-5200 |
| Facility mailing address: | Po Box 7600, Leesburg, Virginia - 20177 |

| Primary Contact | |
|--------------------------|------------------------------|
| Name: | Eric Hockenberry |
| Email Address: | eric.hockenberry@loudoun.gov |
| Telephone Number: | 703-771-5260 |

| Superintendent/Director/Administrator | |
|--|----------------------------|
| Name: | Michelle Smith |
| Email Address: | michelle.smith@loudoun.gov |
| Telephone Number: | 703-771-5205 |

| Facility PREA Compliance Manager | |
|---|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Facility Health Service Administrator On-Site | |
|--|---------------------|
| Name: | Dr. Jordan Crovatin |
| Email Address: | jjc624@hotmail.com |
| Telephone Number: | 540-722-0349 |

| Facility Characteristics | |
|--|-------|
| Designed facility capacity: | 24 |
| Current population of facility: | 10 |
| Average daily population for the past 12 months: | |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | |
| Age range of population: | 12-18 |
| Facility security levels/resident custody levels: | |
| Number of staff currently employed at the facility who may have contact with residents: | 38 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | |

| AGENCY INFORMATION | |
|--|---|
| Name of agency: | Loudoun County Department of Health and Human Services, Department of Family Services |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 1 Harrison Dstreet Southeast, 2nd Floor, Leesburg, Virginia - 20175 |
| Mailing Address: | |
| Telephone number: | 7037715200 |

| Agency Chief Executive Officer Information: | |
|--|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Agency-Wide PREA Coordinator Information | | | |
|---|------------------|-----------------------|------------------------------|
| Name: | Eric Hockenberry | Email Address: | eric.hockenberry@loudoun.gov |

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The on-site PREA audit of the Loudoun County Juvenile Detention Center was conducted on June 10, 2019, in Leesburg, Virginia. The designated auditor was Dr. Sara Jones, she was assisted by certified auditor William Orris, both of Williamsburg, Virginia. The auditors worked collaboratively to review the Pre-Audit Questionnaire information submitted by the facility, conducted the facility site review together, and shared interview responsibilities during the on-site audit. Information gathered was then compiled and reviewed by the lead auditor who had the sole responsibility of composing the audit report.

Hereinafter, the Loudoun County Juvenile Detention Center shall be referred to as either the LCJDC or the facility.

After receiving a request for a PREA audit proposal from LCJDC, a proposal was submitted for review on February 21, 2019. The county reviewed and selected this auditor's proposal on April 9, 2019; the contract was signed on April 10th and the on-site portion of the audit was scheduled for June 10, 2019. The auditor created the PREA Audit Notice Form and issued it to the PREA Coordinator at LCJDC on April 12, 2019 with the request for it to be posted on each housing unit by Monday April 15th so that it would be visible for six weeks prior to the on-site audit. The PREA Coordinator sent confirmation via email that notice was posted as requested on each housing unit and in the lobby area. The PREA Audit Notice Form contained the dates of the audit, the purpose of the audit, auditor's contact information, including a PO Box dedicated solely to PREA communications for the auditor. Residents are allowed to write the auditor confidentially as all PREA correspondence is considered legal mail. No correspondence, from anyone affiliated with LCJDC (residents, staff, third-parties, etc.), was received by the auditor.

The PREA Coordinator shared that LCJDC's previous audit was completed in October of 2015 and provided a copy of the final report. The auditor and PREA Coordinator agreed to utilize the Online Audit System (OAS) on May 7, 2019. The OAS is an automated version of the PREA audit process designed to gather information in a secure, technology-based system which allows for collaboration among the facility, the auditor, and certified auditor assistants. It provides all parties provision specific instructions, documentation sharing, site-review guides, and notation capabilities for each of the audit phases. The PREA Coordinator compiled the facilities PREA policies and procedures, related documentation, and completed the Pre-Audit Questionnaire (PAQ) through the OAS. The auditor received notification that the PAQ was complete on June 3, 2019.

Both the lead auditor and the secondary auditor convened on June 4-5, 2019 to review the PAQ along with supporting documents, policy, and procedures provided by LCJDC and to complete preparation for the on-site portion of the audit. In review of the PAQ, in conjunction with PREA Standards on the OAS system, the auditors discussed noted compliance, discrepancies, and/or possible areas for improvement in the "auditor's personal notes" section of the OAS and created an "issue log" to review on-site. A follow up communication was sent to the PREA Coordinator on June 5th requesting facility lists (staff roster,

volunteer roster, resident roster), identification of specialized staff, and external contacts for interview planning and document sampling.

The auditors arrived at the facility at 6:00 a.m. on June 10, 2019 and were greeted by Program Manager/PREA Coordinator, Eric Hockenberry. The auditors were supplied with a current resident roster and a list of employees in the facility that day. The auditors used the list to select staff and residents for random interviews; this was achieved by numbering the list of names sequentially, then utilizing an online number randomizer, a new roster order was created, and the requisite number of interviewees were identified. The auditors reviewed the identified random staff to ensure that there was adequate representation from each shift. Specialized staff had been previously identified by the PREA coordinator and at the time of the audit there were no youth that fit the criteria for targeted interviews. The auditors split the interviews equally; to avoid any conflict of interest the auditors ensured that the secondary auditor conducted the interview with a specific specialty staff who is known to the lead auditor through membership in other professional organizations. Arrangements had been made for the auditors to conduct interviews with several night shift staff (to accommodate work schedules) prior to conducting the entrance meeting.

The auditors held the entrance meeting at 7:45 a.m. in the administration area conference room. The meeting included LCJDC's Superintendent, the Program Manager, and the Facility Manager; these individuals comprise the administrative team at LCJDC. The Superintendent welcomed the auditors and provided a brief overview of the facility. The designated auditor thanked the Superintendent and her administrative team for engaging in the PREA audit process. The purpose and process of the audit was reviewed along with the proposed audit schedule; it was explained that there would be flexibility in the order of interviews to accommodate the facilities daily operations. Various staff and volunteer files were also identified and provided to the auditors for review throughout the day.

The entrance meeting was concluded at 8:15 a.m. and was followed immediately by the site review of LCJDC. The Program Manager/PREA Coordinator, Eric Hockenberry, provided guidance and information to the auditors throughout the facility. During the site review, the auditors took note of and asked questions regarding the facility layout, a diagram of which had been provided during the pre-onsite audit phase. The auditors actively engaged with staff, notated observations, and made inquiries throughout the site review. The auditors viewed camera system operations and identified camera locations throughout the facility, made note of PREA related signage, reviewed documentation of unannounced rounds, witnessed resident movement through the facility (there was no resident activity in the housing corridors during the site review), and observed the resident's breakfast routine in the dining hall and recreation time (volleyball) in the multipurpose area. The auditors verified staffing ratios and inquired about supervision practices; LCJDC maintains staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, with the current population of eight residents LCJDC far exceeded the ratio on the day of the audit (analysis of the staffing ratios are explained in 115.313). Auditors then walked the outdoor low ropes course and recreation area, tested the phone systems (by dialing Just Detention International), spoke with teachers and medical staff about how classroom and clinic layout, supervision, and rapport impact sexual safety in the facility. The facility site review also included observance of staff offices, storage areas, and a review of the intake area and intake process. There were no intakes on the day of the on-site visit for the auditors to witness an intake, screening, and classification process as a live application, however, the auditors had intake staff guide them through the process in mock fashion during interviews following the site review. The auditors were allowed to take photographs throughout the facility review, as visual documentation of living and programmatic areas, surveillance system placement, and PREA related informational postings with the understanding that

resident confidentiality was to be maintained. The site review ended at 9:30 a.m.

Following the site review the auditor resumed interviews with staff and residents. Interviews were conducted in the administration area conference room and/or in the two interview rooms in the secure area of the building. These spaces afforded comfort and privacy for the auditors and interviewees. Each of the interviews began with an introduction of the auditor and the purpose of the PREA audit at LCJDC. The auditors assured interviewees of the expectation of confidentiality and anonymity in the final report, how to contact the auditor if the interviewee felt subject to any sort of retaliation for their participation following the audit, and obtained their consent to continue with the interview before asking questions contained in the various interview protocols.

On the day of the audit, the facility population was comprised of seven (7) males and one (1) female. In an attempt to get as close to the minimum number of interviews required (5 random and 5 targeted for a total of 10 interviews) for a facility the size of LCJDC, the auditors intended to interview all eight (8) of the facility residents. However, one resident declined to participate (this did not appear to be indicative of the reporting culture but rather the resident's personal disinterest in a change to his routine and all resident interviews are voluntary), and one resident was off premises for court proceedings. Therefore, a total of six (6) residents participated in the interview process. They were escorted to the interview room by detention staff. All residents spoke English. No residents were secured for disciplinary infractions on the day of the on-site audit. Targeted interviews were not conducted as no residents had reported sexual abuse; no residents were identified as being disabled, no residents identified as lesbian, gay, bisexual, transgender, or intersex; and no residents disclosed prior victimization during risk screening. Throughout the course of the on-site audit, the lack of targeted residents was verified through document review (specifically resident intake files), interviews with staff, and with residents. At the conclusion of each resident interview they were thanked for their participation and staff were notified via the intercom button that they were ready to return to programming.

Six residents' files were examined by the auditors (other categories of documentation review is discussed below). Each file indicated that the PREA intake screening was completed on the day of intake, mechanisms were in place for identifying potential victims, potential aggressors, LGBTI youth, and those needing follow-up medical or mental health care. One file indicated that the PREA comprehensive education which is required within ten days of intake was two days late; the remaining resident files were compliant with timely comprehensive education requirements. Due to the short lengths of stay for each of the residents (the average length of stay being 23 days), there were no reassessments necessary. There was written documentation, signed by the resident, that confirmed each resident's receipt of a PREA orientation.

The auditor conducted interviews with the following agency leadership (not counted in the totals below):

Ms. Michelle Smith, Agency Head Designee and Superintendent
Mr. Eric Hockenberry, Program Manager/PREA Coordinator
Ms. Karen Fletcher, Facility Manager

The auditors conducted the following number of staff interviews during the onsite phase of the audit:

Random Staff Interviews = 14
Specialized Staff Interviews* = 17

The breakdown of specialized staff interviews is as follows:

- Intermediate-level or higher-level staff (3)
- Medical and mental health professionals (2)
- Human Resources staff (2)
- Investigative staff (2)
- Sexual abuse incident review team (2)
- Staff charged with monitoring retaliation (3)
- Staff who perform screening for sexual abuse and sexual victimization (3)
- Staff who supervise residents in segregated housing (1)
- Non-medical staff involved in cross gender strip searches (6)
- First responders (7)
- Intake staff (6)
- SANE staff (1)
- Contractor (1)
- Volunteers (1)

Total specialized staff interviews: 40

*Note: LCJDC is a small facility, most of the staff have multiple responsibilities, 11 of the staff were interviewed utilizing multiple protocols that correlated to the specialized duties they perform. Therefore, the number of specialized staff interviews presented in the table above exceeds the number of specialized staff interviewed.

Four of the above-mentioned interviews were conducted via phone as they work outside the facility. The agency does not contract with other facilities to take its residents so there is no contract administrator position.

Twelve (12) Detention Specialists and two (2) Program Supervisors, who were randomly selected from all shifts by the designated auditor, were interviewed. All employees interviewed in random interviews reported that they had received PREA training under the direction of the facility manager and that they do so annually. Staff reported that their training was offered online through the county and the National Institute of Corrections (NIC) course. The course is concluded by a test and, upon receipt of passing scores, a certificate is issued and stored in each employee's training record. These certificates were identified in each of the staff files during the on-site review. Staff also reported that the facility delivered training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a respectful and professional manner, consistent with security needs; staff reported this training was offered in video format.

All staff verbalized during their interviews that they understood their role as "mandated reporters", identified who they could report sexual abuse and sexual harassment to, and the various mechanisms in place to make such reports. All staff interviewed knew that the Loudoun County Sheriff's Office and Child Protective Services would conduct any investigations resulting from allegations of sexual abuse. They were each able to describe their response if ever a resident were to report sexual abuse or harassment to include separating the alleged victim and perpetrator, ensuring resident safety, preserving the scene, immediate notification of the supervisor, and thorough documentation. Staff are also aware of the facilities access to a "Language Line" (which was not tested by the auditors) to assist staff if an interpreter is needed when speaking with residents who have limited English proficiency; they further

acknowledged that they would never utilize another resident as interpreter for other residents when making an allegation of sexual abuse or harassment. All staff indicated that they announce their presence when entering a housing corridor or area where a resident may be showering, using the toilet, or changing clothes.

File review during the audit consisted of six (6) comprehensive resident files (which included their corresponding medical and mental health records), seven (7) employee files/records (which included training records and background check records), and three (3) volunteer files/records (again, including training and background check records) for a total of 16 file reviews. These files were selected in the same manner as interviews, from a randomly generated list of numbers which corresponded to the alphabetical rosters provided to the auditors. There were no grievances filed, no allegations of sexual abuse or sexual harassment reported for investigation, and no hotline calls made during the twelve months preceding the audit so there were no documents to sample in relation to those areas.

Three (3) volunteer files were randomly selected for review by the auditor. Each indicated completion of background checks, PREA training, the volunteer agreement, copies of identification, and a disclosure statement. The auditor also reviewed seven (7) employee records/training files. These files contained background checks, proof of child abuse registry checks, references, and detailed the type of training the employee received to include PREA training documentation and any specialized PREA trainings. It was noted that the certificate provided at the completion of the online PREA training indicated the date of completion and the recipient's name. The auditor recommended that the training files include a page dedicated to PREA requirements for ease of ensuring appropriate documentation and creation of a master list for staff signatures at the completion of each training.

Medical services are provided to the residents of the facility on site by a registered nurse, a contract physician who comes to the facility, as needed, and a psychiatrist who meets with residents via telepsychiatry for psychiatric services and medication management. LCJDC has a Licensed Clinical Social Worker/Qualified Mental Health Professional, on-site, who is employed by the local mental health agency. If ever there were an instance of sexual abuse to occur, LCJDC maintains a Memorandum of Understanding (MOU) with INOVA to conduct forensic medical examinations (these examinations are always conducted by SANE/SAFE only); likewise, an MOU with the Loudoun Abused Women's Shelter (LAWS) is available for victim advocacy services (these MOUs are discussed further in §115.321).

The Loudoun County Sheriff's Office will investigate allegations of sexual abuse at the facility if/when they occur. Allegations will also be investigated by the Department of Social Services. As reported by the PREA Coordinator on the PAQ, review of facility documentation (absence of PREA related grievances), and interviews with facility staff, there have been zero allegations of sexual abuse or sexual harassment reported in the past twelve months. The auditor contacted Just Detention International to inquire if that agency had received any information regarding LCJDC; a check of their records showed no complaints on file regarding the facility.

The LCJDC has procedures in place to collect data regarding sexual abuse and sexual harassment in the facility. The LCJDC has published a 2018 PREA Annual Report that provides information on the facility's continuous effort to comply with all PREA standards; this report was provided to the auditors during the on-site audit. The public is made aware, through a notice in the intake area and lobby, that the Annual Report is available for inspection and review at the Superintendent's Office; however, it was noted that the notice needs to be updated as it still references the 2015 report. The facility does not operate its own website but does have a link with basic information available through the Loudoun County website. The

2015 PREA Audit Report is not available on that website as required by standards; the auditor indicated that LCJDC needed to contact the county webmaster to ensure the PREA audit reports are available online (*addressed during corrective action period; facility is in compliance as of the final audit report).

The auditors conducted an exit meeting from 5:00 p.m. to 5:30 p/m. to conclude the on-site audit. The Superintendent, the Program Manager/PREA Coordinator, the Facility Manager, and DFS Compliance Manager were present. The auditor gave an overview of the audit thus far and reviewed some areas that will require attention during the corrective action period.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The facility was constructed in 1996 and is located on property near the Loudoun County Jail in Leesburg, Virginia. LCJDC operates under the Loudoun County Department of Family Services. LCJDC is a secure detention/residential facility for adolescents who are being held by the court. The residents of LCJDC are deemed by the juvenile courts to be alleged delinquent youth who require secure custody pending court disposition or placement and/or those who have been sentenced. Other juvenile court jurisdictions served by the LCJDC include the counties of Fauquier and Rappahannock. The Loudoun County Board of Supervisors and the Department of Juvenile Justice govern the juvenile detention center. Operational funding is provided by the Commonwealth of Virginia, the other two jurisdictions that lease bed space in the facility, and the citizens of Loudoun County.

The LCJDC provides detained youth services to address criminogenic needs and assist in behavioral change with hopes that their re-entry back into the community is successful. Many ancillary services are provided on and off site in collaboration with other county agencies. The LCJDC staff work very closely with the Loudoun County Juvenile Court Services Unit, Loudoun County Juvenile and Domestic Relations Court, Loudoun County Mental Health Services, and Loudoun County Parks and Recreation to provide appropriate services for detained youth.

LCJDC staff is comprised of three (3) administrators, five (5) program supervisors, fifteen (15) detention specialists, two (2) relief counselors, one (1) nurse, one (1) Youth Services Coordinator, and one (1) administrative assistant. There is also one (1) mental health counselor, six (6) education staff, one (1) contracted maintenance worker, and various meal service staff that complete kitchen duties as an extension of the Department of Parks and Recreation programs (kitchen staff do not have contact with the residents). There is currently one (1) vacant position. The LCJDC education program is a part of the Loudoun County Public School System. All youth attend school and receive classroom instructions five days a week. Classes typically consist of students of varying ages and grade levels. Credits earned at LCJDC transfer to the resident's home school upon release. LCJDC services are complimented by a large volunteer pool (36 volunteers) from multiple organizations including, but not limited to, Loudoun Christian Justice Mission, Inc., Project Linus, Catholic Charities, AA/NA, Alateen, Calvary Temple, Destiny, and other miscellaneous individuals.

The LCJDC provides both direct and indirect supervision of residents and has a host of programmatic offerings to include medical services, mental health counseling, telepsychiatry, medication management, educational services, anger management, substance abuse groups, life skills and social skills training, current events, mentoring, religious programming, personal and professional visitation, family engagement, a low ropes challenge course, tutoring, financial planning, recreational and physical education, treatment planning, and community service opportunities.

The design capacity of the facility accommodates 24 residents; those beds are to accommodate pre- and post-dispositional residents, ages 11 to 17. LCJDC is licensed to provide Post-Dispositional programming

for up to eight residents and recently agreed to facilitate Central Admissions and Placement (CAP) assessments for residents committed to the Department of Juvenile Justice on a case-by-case basis. The average length of stay is 23 days. On the day of the audit, the population was eight (8) residents (comprised of 7 males and 1 female).

Entrance to the lobby at the front of the building is accessed through a call button to control. The lobby contains a security scanner, a restroom, lockers, and a snack machine. A short hallway connects the lobby to a secure administration area and a secure hallway. The administration area contains offices and a conference room. The secure hallway connects the front of the building to the multipurpose/program area. This hallway contains locked access to a mezzanine (storage area), laundry access, two interview rooms, the staff break room and restroom, and the control room. The interview rooms are used for a variety of purposes including, but not limited to, probation officer/attorney visits, mental health counseling sessions, family visitation, and private phone calls. There is a mirrored window providing a visual to both rooms from the control room and a privacy button which controls audio communication with control as well.

The multipurpose room is at the center of the facility and utilized throughout the day for a variety of activities and programming. Glass walls surround the multipurpose area allowing visual access to the majority of spaces residents program throughout the day. One wall contains access to a housing corridor, the clinic/nurse's office, the supervisors' office, and the dining room. The dining room is comprised of several stationary tables, a pantry, and a central kitchen pass thru, through which kitchen staff supply direct care staff meals for the residents. The kitchen staff have no contact/interaction with the residents. The back wall of the multipurpose area is comprised of a storage room and two classrooms. The classrooms are connected to one another by way of a corridor in the rear of the classrooms. The other wall holds access to another housing corridor and the remainder is an exterior wall providing access to an outdoor recreation area, basketball court, low ropes course, three sheds, picnic tables, and an emergency access gate. The control room, observation room, intake area, education offices, and holding room are in a cluster adjacent to the multipurpose area, behind the administrative offices, and sallyport.

The two housing corridors, North and South, are comprised of 11 and 13 rooms respectively, a janitorial closet, and lockers. All 24 rooms are single occupancy; each room holds a cement bunk, toilet, sink, mirror, emergency duress button, high exterior window, and a window on the door to the hallway (the door windows have a magnetic panel that cover it from the exterior to provide privacy when secured). Each corridor has a shower area, with three separate shower stalls that provide privacy, and a shared sink (there is a tub in the north corridor bathroom area as well). The north corridor also houses a mental health office and exterior access to a garden area, shed, and greenhouse.

This facility has one observation room located next to the control room. The purpose of this room is to provide constant supervision for a resident who may be in danger of self-harming or who needs to be temporarily removed from the program because their behavior is disruptive or dangerous to themselves, other residents, and/or staff. Staff are in direct supervision at the window when a resident is in the observation room and the resident is seen by the nurse daily and mental health worker, as needed. The observation room has a camera which also allows for continuous monitoring from control; the toilet area of the observation room has been strategically pixilated to provide privacy. There is also a holding room located in the intake area which contains two beds. This room is primarily only used if/when there are multiple intakes.

When a juvenile is admitted to the facility, their intake is immediately conducted. During this time

residents are oriented to the facility and program expectations, various assessments are completed, and a handbook containing rules and expectations (the include an overview of the level system and consequences) is issued. A standard part of the intake process includes providing the resident with information on the facility's Zero Tolerance policy for sexual abuse and sexual harassment, the resident's right not to be sexually abused or sexually harassed, and how to report an allegation of sexual abuse or sexual harassment. All juveniles are strip searched when they are admitted. There is a shower room in the intake area where a resident can shower with complete privacy. If a resident wishes to report an allegation, they may do so at any time, to any staff (as all are mandated reporters), in writing, or via phone to an outside entity. Residents can be taken to an interview room if they would like to make the report privately, via phone or speak with a professional visitor.

The camera system has been upgraded since the 2015 audit, at which time LCJDC had 32 analog cameras. The facility now utilizes a Geutebruck video surveillance system with 60 digital cameras strategically placed throughout the facility. There are two DVR recorders with a retention period of 15 to 30 days. The monitors display quality images and offers pan, tilt, and zoom capabilities. There are only two small blind spots for the camera system in the secure area but has a direct line of site view from the control room area and the other is purposefully manned/observed by staff if/when that area is utilized.

The notice indicating that the PREA audit would be conducted was posted throughout LCJDC. Also visible in several locations in the multipurpose area, intake, and the two housing corridors were small posters, in both English and Spanish, which indicated the importance of reporting sexual abuse and sexual harassment. These posters provide contact information for the toll-free Virginia Family Violence and Sexual Assault Hotline and/or encourage resident to report to a staff member. The lobby area has PREA related information posted for all facility visitors to see. It gives an overview of the Prison Rape Elimination Act, LCJDC's compliance to date, indicates that investigations will be conducted by the Loudoun County Sheriff's Office and Loudoun County Child Protective Services. It also shares aggregated sexual abuse data, notation that the annual report is available upon request, and multiple reporting methods. The reporting methods listed in the lobby area are much more extensive than those presented on posters available to residents in the secure area; it includes reporting to any LDJDC staff member, address and phone number for the LCJDC PREA Coordinator, Loudoun Abused Women's Shelter, the Virginia Sexual and Domestic Violence Action Alliance, and the National Sexual Assault Hotline's 800 number. The auditor suggested that additional PREA related posters be placed in each of the areas throughout the building that the residents spend time (to include the dining hall, classrooms, and clinic). The facility was also encouraged to update the images and contact methods on the posters to include addresses and phone numbers of the resources noted in the lobby area PREA posting.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

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|--------------------------------------|----|
| Number of standards exceeded: | 0 |
| Number of standards met: | 43 |
| Number of standards not met: | 0 |

Summary of Audit Findings (Interim Report):

Number of Standards Exceeded: 0

Number of Standards Met: 38

(§115.311, 115.312, 115.313, 115.315, 115.316, 115.318, 115.321, 115.322, 115.331, 115.332, 115.334, 115.335, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 11.366, 115.367, 115.368, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.387, 115.388, 115.401, and 115.403)

Number of Standards Not Met: 5

(§115.317, 115.333, 115.341, 115.371, and 115.389)

Final Audit Update:

The Interim Compliance Report reflected there were five (5) standards that were in non-compliance at the Loudoun County Juvenile Detention Center. The facility was given a required correction action period not to exceed 180 days that began on August 8, 2019. The auditor recommended a corrective action plan for the facility and facility staff began immediate corrections of those standards found to be in non-compliance. The auditor reviewed all submitted documentation to determine if full compliance with the standards were achieved. The auditor was able to ask clarifying questions of the PREA Coordinator and Superintendent regarding the verification documents and requested additional documentation. Loudoun County Juvenile Detention Center completed the required corrective actions requested by the auditor to bring the facility into full compliance with the PREA standards as of the date of this final report.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Total Standards: 43

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| Standards |
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| Auditor Overall Determination Definitions |
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- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

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| Auditor Discussion Instructions |
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Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

| | |
|---------|--|
| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.311:</p> <ol style="list-style-type: none"> 1. LCJDC PREA Zero Tolerance Policy Lobby Posting (Rev. 10-2015) 2. LCJDC Policies and Procedures – 12.4 Personnel Guidelines 3. LCJDC Policies and Procedures – 12.5 Volunteer & Intern Services 4. Interviews with LCJDC Staff and Residents 5. Interview with PREA Coordinator 6. LCJDC Organization Chart (Rev. 4-2019) 7. Observations during on-site review of the physical plant <p>115.311 (a) The LCJDC has a written policy mandating zero tolerance which states: “The Loudoun County Juvenile Detention Center has a zero-tolerance policy for sexual abuse and sexual harassment and makes prevention, protection, and responding a top priority. The Prison Rape Elimination Act of 2003 is a federal law that seeks to eliminate sexual abuse and harassment. This law applies to all federal and state prisons, jails, police lock-ups, private facilities, juvenile facilities, and community correctional settings. The PREA standards were published May 2012 and since this time LCJDC has continually worked on ensuring all standards are fully complied with. The LCJDC policies prohibit any for any form of sexual activity, including sexual harassment. Forced or coerced sexual behavior is a criminal offense and LCJDC will take every action possible to hold perpetrators accountable. It is against the law for staff to engage in any type of sexual activity with a resident. By law, a juvenile is unable to legally consent to sexual activity of any kind. This type of activity is referred to as Staff Sexual Misconduct and is punishable up to and including loss of employment, civil suit, and/or imprisonment.” The policy continues, indicating that, “Any reports of any incidents with staff and/or residents will be investigated thoroughly by the Loudoun County Sheriff’s Office and Loudoun County Child Protective Services.” This Zero-Tolerance policy was observed by the auditor during the site review, posted for all facility visitors to review on the wall at the main entrance to LCJDC. This policy is also echoed in LCJDC’s policies and procedures 12.4 Personnel Guidelines which states in plain language that “LCJDC has zero-tolerance towards all forms of sexual abuse and sexual harassment” and 12.5 Volunteer & Intern Services which indicates that “ It is the policy of the Loudoun County Juvenile Detention Center (LCJDC), to discourage behavior which is unethical, illegal, in violation of recognized standards of public decency and morality, or any other behavior that reflects adversely on the LCJDC. Furthermore, the LCJDC has a zero tolerance for all forms of sexual abuse and sexual harassment. It is also the facility administrators’ priority to prevent, detect and respond to such conduct through policy, procedure and practice.” Both of these policies were provided by the LCJDC PREA Coordinator, for review by the auditor, in preparation for the on-site portion of the audit. All six residents interviewed indicated that they received information about and understood that LCJDC maintains a zero-tolerance policy for sexual abuse and harassment; when asked to describe that understanding, a resident clarified that the facility “doesn’t allow abuse and you should report it.” During each of the interviews with 14 random staff, all were able to corroborate the facilities Zero-Tolerance policy towards sexual abuse and sexual harassment; a staff further explained, “we want everyone to be safe from abuse and</p> |

harassment; if you see, or hear, something, say something.”

115.311 (b) LCJDC has designated the Program Manager as the PREA Coordinator for the facility; the Program Manager reports directly to the Superintendent. During the interview with LCJDC’s PREA Coordinator, he indicated that, due to the small size of the facility, he has sufficient time and authority to develop, implement, and oversee LCJDC’s efforts to comply with the PREA juvenile facility standards in conjunction with his other duties. The PREA Coordinator has overall responsibility for the full implementation of the Juvenile Facility Standards. In addition to his PREA responsibilities, the Program Manager supervises the Family Services Specialist, three program supervisors, and serves as part of the LCJDC administrative team (per the LCJDC Organization Chart and interview with the PREA Coordinator).

115.311 (c) The LDJDC is the only facility under the Loudoun County Department of Family Services, therefore this provision is not applicable.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

| 115.312 | Contracting with other entities for the confinement of residents |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.312:</p> <p>1. Interview with Superintendent</p> <p>115.312 (a-b) Per interview with the facility Superintendent, LCJDC does not contract with other entities for the confinement of residents, therefore, this standard is not applicable.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In making the compliance determination for standard 115.313, the following evidence was analyzed:</p> <ol style="list-style-type: none"> 1. Loudoun County Juvenile Detention Center (LCJDC) Pre-Audit Questionnaire 2. LCJDC 115.313 Staffing Plan Analysis (Rev. 10-2015) 3. LCJDC 2.2 Supervision of Detainees (Rev. 8-2016) 5. LCJDC Juvenile Tracking System (JTS) Reports for Unannounced Rounds 6. Interview with LCJDC Superintendent 7. Interview with LCJDC PREA Coordinator 8. Observations during facility site review: Operations and Technology <p>Findings (by provision):</p> <p>115.313 (a 1-11) LCJDC has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. The LCJDC staffing plan directly addresses each of the following 11 factors, indicating their consideration in calculating adequate staffing levels and the use of video monitoring: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p>Per review of facility documentation (PREA annual report, resident files, intake information) and interviews with random and specialized facility staff, as well as, random residents, there have been no substantiated or unsubstantiated incidents of sexual abuse over the course of the past 12 months. Inquiry to JDI and a general web search for facility investigations revealed no findings of inadequacy from any judicial body or Federal investigative agencies.</p> <p>LCJDC's staffing plan outlines three levels of operation: facility designed staffing, minimum staffing, and emergency staffing; at each level a ratio of 1:8 during waking hours and 1:16 during sleeping hours is maintained. The Virginia Department of Juvenile Justice (DJJ) requires a staffing ratio of 1:10 during waking hours and 1:16 during sleeping hours (6VAC35-101-900. Staffing Pattern). The designed facility capacity accommodates 24 beds, therefore, staffing regularly exceeds the standard ratio requirements.</p> <p>Also, in keeping with DJJ requirements, as a facility that houses both male and female residents, LCJDC maintains a minimum of one male and female direct care staff on duty at all times and ensures that staff are always in plain view of another staff person when entering an</p> |

area occupied by residents of the opposite sex. (6VAC35-101-890. Staff Supervision of Residents).

In reviewing the annual staffing plan, the Superintendent and her administrative team (Facility Manager and Program Manager/PREA Coordinator) consider all components of the facilities physical plant, the composition of the resident population, the number and placement of supervisory staff, programmatic operations on all shifts, and applicable State and local laws, regulations, and standards.

Video monitoring is used in conjunction with physical staffing to ensure safety of residents and staff ("as a secondary means of visual monitoring" per 2.2 Supervision of Detainees). There are 60 cameras with zoom, tilt, and pan capabilities that provide for superior coverage of the physical plant, all but eliminating blind-spots, and allowing for detailed surveillance. Additionally, LCJDC utilizes a computerized tracking system (PIPE) to record all "guard tours"/room checks, providing an accurate account of staff observations of residents and increasing their sexual safety practices by requiring regular supervision of resident whereabouts and activities.

115.313 (b) There were no instances of limited or discrete exigent circumstances which caused the facility to deviate from the staffing plan, thus it was never below the minimum staffing. The staffing plan indicates that even in emergency situations/exigent circumstances (i.e. natural disasters; see 115.315a) the staffing ratio adequately meets standards. During interviews with the Superintendent, Facility Manager, and Programs Manager, all parties indicated an understanding that if ever there was an instance of non-compliance it would be documented accordingly in the daily electronic tracking system notes.

115.313 (c) Again, LCJDC maintains staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented if ever they were to occur. Only direct care staff are included in these ratios. During the on-site review, it was verified that policy, namely, LCJDC Staffing Plan Analysis noted in §115.313(a), and practice supported adherence to staffing ratios through interviews with the Superintendent, PREA Coordinator, Facility Manager, direct care staff, and residents. Maintenance of staffing ratios was also confirmed through review of staff/resident rosters, average daily population reports, and personal observation during facility site review. The facility has three shifts which provide round the clock coverage. LCJDC consistently exceeds minimum staffing ratios.

115.313 (d) The LCJDC Superintendent, Program Manager/PREA Coordinator, and Facility Manager reported that the staffing plan is reviewed and renewed at least once a year. Review of the staffing plan, and compliance with the staffing plan, occurs at administrative meetings every other week as indicated by an agenda line item. The administrative team reviews staff/resident rosters to ensure supervisor, direct care staff, and control room operator are in present on all shifts in keeping with staffing plan as outlined, again, noteworthy that they consistently exceed staffing minimums. The analog video system was upgraded since the last PREA audit to a digital system. The new Geutebruck video surveillance system consists of 60 digital cameras with pan, tilt, zoom capabilities. These cameras provide observation of all areas of the facility, while still allowing for resident privacy. And, the administration collectively allocates and ensures resources are available to ensure compliance with the staffing plan.

115.313 (e) LCJDC policy 2.2, Supervision of Detainees, requires that shift supervisors (intermediate level staff) conduct and document unannounced rounds at least once per shift, on all shifts. Additionally, administration (Superintendent, Program Manager, and/or Facility Manager; higher level facility staff) is identified as needing to conduct unannounced rounds quarterly. Unannounced rounds (“inspections”) are documented in juvenile tracking system and indicate the time of inspection, resident and staff activities/location at that time, and identifies who conducted the inspection. Documentation of these unannounced rounds were reviewed in JTS at various intervals over the course of the past twelve months and indicate that practice is in keeping with policy. Policy 2.2, Supervision of Detainees, as well as interviews with direct care staff and supervisors, indicate that staff are prohibited from alerting others about the rounds.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In making the compliance determination for standard 115.315, the following evidence was analyzed:</p> <ol style="list-style-type: none"> 1) LCJDC Pre-Audit Questionnaire 2) LCJDC Policies and Procedures - 5.1 Intake Procedure 3) LCJDC Policies and Procedures - 5.2 LGBTI Policy 4) LCJDC Policies and Procedures - 9.8 Shower Personal Hygiene 5) LCJDC Policies and Procedures - 2.5P Security Searches of Youths 6) LCJDC Policies and Procedures - 2.5 Searches modification Memo (Dated 4.8.19) 7) LCJDC Policies and Procedures - 2.2 Supervision of Detainees 8) Interviews with Specialized and Random Staff 9) Interviews with Random Juveniles 10) Staff training records 11) Observations during on-site review of facility operations and technology <p>Findings (by provision):</p> <p>115.315 (a) LCJDC policy 2.5P Security Searches of Youths, “prohibits conducting cross gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.” Furthermore, LCJDC policy 5.2 LGBTI Policy, indicates that “the staff and the supervisor will be of the same sex that is listed on the resident’s placement paperwork, unless otherwise directed by LCJDC administration;” all resident admissions during the preceding twelve months self-identified as male or female (no transgender or intersex resident admissions) and facility staffing always ensures that at least one male and one female staff are available for searches. Medical staff do not conduct “searches” per se, but rather only medically necessary cross-gender viewing/treatment; they ensure that a same gendered staff is present for those interactions and would document accordingly in medical files whenever it occurred. Interviews with the facilities administration indicated that the staffing plan precludes even exigent circumstances from impacting this practice. This sentiment was echoed during interviews with supervisory staff and direct care staff who offered their understanding of exigent circumstances, sighting examples of hurricanes, tornadoes, fire that could impacted the safety and security of the facility, but suggested that even in those instances they would following staffing plans and have the requisite staff available for same sex searches. During the auditor’s interviews with residents, they confirmed that searches were conducted in accordance with policy and that they had never been searched by a staff of the opposite gender. There were zero cross-gender strip searches and zero visual body cavity searches conducted at LCJDC in the past twelve months, nor were there any exigent circumstances requiring such.</p> <p>115.315 (b) LCJDC policy 2.5P Security Searches of Youths, indicates that “staff of the same sex shall conduct all pat downs,” and further specifies that, “all pat downs shall be conducted in the presence of a witness.” Cross-gender pat-down searches will not be conducted except</p> |

in exigent circumstances; though interviews and staffing plans suggested that such an occurrence would not be likely as there are always male and female staff present to conduct searches in keeping with LCJDC policy (noting that the provision references “gender” and LCJDC policy references “sex” is it important to note (in keeping with §115.315a) that LCJDC policy 5.2 denotes that staff “will be of the same sex that is listed on the residents paperwork” (paperwork typically lists biological sex). All six (6) residents interviewed by the auditor reported that they had never been subject to cross-gender pat down searches; likewise, all staff interviewed stated that they had never conducted a cross-gender pat down search of any residents. There were zero cross-gender pat-down searches conducted in the past twelve months per the PREA Coordinator.

115.315 (c) LCJDC’s Pre-Audit Questionnaire indicated, and was supported by interview responses, that LCJDC had zero (0) cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches in the past twelve (12) months; therefore, there was no documentation to review. If ever these cross-gender searches were to occur policy 2.5 notes that they are “to be fully documented in the detainee’s medical file.”

115.315 (d) LCJDC policy 9.8 Shower Personal Hygiene, highlights that “youth should be provided privacy from staff and other youth of the opposite gender while showering, dressing, or using the toilet.” Furthermore, policy 2.2 Supervision of Detainees, requires “when staff of the opposite gender enters a corridor where youth of the opposite sex are housed, staff must announce their presence so that the youth are aware.” It was unanimously indicated by residents that staff consistently announce their presence when they enter the corridor by stating their sex (male/female) followed by “on the corridor”. During the facility site review the intake area, control room video monitoring system, and two resident corridors were witnessed, and their design facilitates youth privacy. The shower/restroom areas had individual doors/dressing areas, resident rooms had magnetic panels over door windows to block the view but also allows for removal during security checks (when asked directly one of the staff told the auditor that they announce their presence before moving the magnetic panel as well), and the camera monitoring from the control room does not expose shower or toilet areas. Interviews with 14 random staff indicated a firm policy against cross-gender viewing. During interviews with residents, they all reported feeling safe from inappropriate viewing and feel adequate privacy when secured in their rooms.

115.315 (e) While LCJDC has not had any transgender or intersex residents in the facility within the past twelve (12) months (as verified by the auditor during the site review and interviews with six residents and 14 random staff), they do have policy in place that “prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner” (2.5P Security Searches of Youth). Interviews with 14 specialized and random staff confirmed their understanding of this prohibition.

115.315 (f) All 14 direct care staff indicated during on-site interviews that LCJDC regularly provides training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Per the PREA Coordinator, 100% of

LCJDC security staff receive such training; Both residents and staff indicated that training will be discussed further in §115.331 and §115.335. they never complete cross-gender searches of any kind.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.316:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 1.3 Operational Philosophy (Rev. 4-2014) 2. LCJDC Policies and Procedures – 5.1 Intake Procedures (Rev. 3-2015) 3. LCJDC Classification Assessment and Mental Health Screening Form (Rev. 1-2015) 4. Interviews with LCJDC Random Staff 5. Interview with Superintendent (as Agency Head Designee) 6. Interview with PREA Coordinator 7. Observations during on-site review of the physical plant 8. Review of Resident files. <p>115.316 (a) The LCJDC’s policies and procedures, 1.3 Operational Philosophy and 5.1 Intake Procedures, state: “The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.”</p> <p>115.316 (b) Furthermore, LCJDC 1.3 Operational Philosophy and 5.1 Intake Procedures go on to state, “The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.”</p> <p>115.316 (c) Finally, the 1.3 Operational Philosophy and 5.1 Intake Procedures directly indicate that “The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident 's safety, the performance of first-response duties under PREA § 115.364, or the investigation of the resident's allegations.”</p> <p>The PREA Coordinator indicated that there were zero (0) instances wherein a resident interpreter, reader, or other type of resident assistant were utilized in relation to allegations of</p> |

sexual assault or sexual harassment; also, noting that there were zero (0) sexual assault or sexual harassment allegations made within the past 12 months. Additionally, by way of support for these policies and procedures, LCJDC has access to a language line which provides interpreters for multiple languages. All 12 random staff interviewed and the Superintendent (answering questions as the designee for the Agency Head) corroborated that the language line would be utilized if/when necessary, never other residents, and use of interpreters would be documented accordingly in the Juvenile Tracking System. At the time of the on-site audit, there were no residents that fit within the target category of residents with disabilities or limited English proficiency; this was verified by review of resident files and their Classification Assessment and Mental Health Screening form. The Classification Assessment and Mental Health Screening form specifically inquires if the resident has limited English proficiency, intellectual limitations, and/or other vulnerabilities. During the on-site review of the physical plant, it was noted that all PREA signs and materials were posted in English and Spanish.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.317:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 12.4 Personnel Guidelines (Rev. 7-2015) 2. LCJDC Policies and Procedures – 12.8 Background Investigations (Rev. 12-2013) 3. LCJDC Disclosure Statement Form 4. LCJDC Employee Files/Records Review 5. Interviews with Loudoun County Human Resources Staff 6. Interview with Superintendent (also responded to HR interview protocol) <p>115.317 (a) LCJDC Policies and Procedures 12.4 - Personnel Guidelines states: “LCJDC shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the sexual misconduct as described above.” In response to interview questions related to this provision, the Superintendent indicated that employment candidate disqualifiers, in addition to sexual misconduct, include barrier crimes as outlined by the Code of Virginia.</p> <p>115.317 (b) LCJDC Policies and Procedures 12.8 – Background Investigations indicates that “Any incidents of sexual harassment will be reviewed in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.” During the interviews with human resources staff and the Superintendent, all three respondents acknowledged that the facility considers prior incidents of sexual harassment when making a determination on new hires or promotions for anyone (employees and contractors) who come into contact with residents.</p> <p>115.317 (c) Again, all three respondents in human resources interviews indicated that background checks, including fingerprinting, criminal history records checks, and registry checks are conducted prior to employment and/or contractor, volunteer, or interns have contact with residents. LCJDC Policies and Procedures 12.8 – Background Investigations specifies that as a condition of employment, volunteering, interning or providing services on a regular basis, all applicants, who may have contact with residents, will “(1) submit to fingerprinting and provide descriptive information for the purpose of obtaining criminal history record information. (2) LCJDC will conduct a criminal history record check through the Virginia State Police. (3) The applicant’s fingerprints will be submitted by the LCJDC to the Department of Juvenile Justice Background Unit for an investigation by the Virginia State Police and the Federal Bureau of Investigations (FBI). (4) The LCJDC will request a central registry check with Child Protective Services through the Virginia Department of Social Services, OBI Search Unit. (5) Consistent with Federal, State and local laws, the LCJDC will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual</p> |

abuse or any resignation during a pending investigation of an allegation of sexual abuse.” The auditor was able to confirm, through review of seven randomly selected employee files/records and three randomly selected volunteer files/records, that background checks were conducted through the Virginia Criminal Information Network and the Child Abuse Registry; these file reviews also indicated that all background checks were up to date.

115.317 (d) As noted above, LCJDC Policies and Procedures 12.8 – Background Investigations notes that LCJDC performs criminal background checks and consults applicable child abuse registries for not only new employees but also to contractors who may have contact with residents, as well as, volunteers, and interns.

115.317 (e) LCJDC Policies and Procedures 12.8 – Background Investigations stipulates that “LCJDC shall conduct criminal background records checks at least every five (5) years of current employees, volunteers, and contracted service providers who may have contact with residents.” The Superintendent indicated that LCJDC maintains a database of all staff, contractors, and volunteers that tracks background records checks and offers 90 days grace period notification to ensure that records checks are conducted every five years. Seven randomly selected staff files/records were reviewed by the auditor. Two of the seven files were for new hires (with less than five years of employment at LCJDC), the remaining five employee files confirmed that background checks were conducted every five years.

115.317 (f) Per LCJDC Policies and Procedures 12.8 – Background Investigations, “The LCJDC shall also ask all applicants and employees who may have direct contact with the residents about previous sexual misconduct [as described in 115.317(a)] in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees.” Furthermore, LCJDC Policies and Procedures 12.4 – Personnel Guidelines echo that “LCJDC shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.” LCJDC has created a Disclosure Statement related to PREA standards to ensure that each of the three administrative adjudication checks as outlined in 115.317(a) is addressed in writing and in interviews. The auditors review of seven randomly selected employee files/records allowed for verification of this disclosure statement; only five of the seven files contained the disclosure statement. The two files that were missing the disclosure statement did contain their employment applications (these pre-date PREA standards) which inquired about previous misdemeanor/felony adjudications, however, the disclosure form should be utilized routinely in conjunction with annual evaluations as well as new hire applications. Corrective action was required for this provision (as noted in corrective action description below).

115.317 (g) LCJDC Policies and Procedures 12.4 – Personnel Guidelines indicate that “Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination.” The Superintendent indicated to the auditor during the interview that omissions and/or false information regarding sexual misconduct is grounds for termination; it was also noted that there have been no instances of this occurring during this audit cycle. Though not a requirement for compliance, completion of the disclosure statement form could serve as verification of staff acknowledgement of this provision.

115.317 (h) LCJDC Policies and Procedures 12.8 – Background Investigations clarifies that “LCJDC shall provide information on substantiated allegations of sexual abuse or sexual

harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” The Superintendent indicated to the auditor that LCJDC would indeed provide information related to sexual abuse and harassment by a former employee, upon request, to an institutional employer in keeping with the law and LCJDC’s own policies and procedures.

Corrective Action:

During the exit interview the auditor shared with the LCJDC administrative team that corrective action would be required for this standard. To wit, all current employees and contractors should complete a new disclosure statement, as soon as possible, to ensure compliance with provision (f) of this standard. The auditor will require documentation of the newly completed Disclosure Statement forms for each of the employees and contractors at LCJDC.

Recommendations for best practice:

It is worth noting that Loudoun County Human Resources department (which is broken down further to an employee relations department and a workforce planning department) and LCJDC work in conjunction to complete the hiring process (including obtaining background checks, abuse registry confirmations, and contacting institutional employers for information on substantiated allegations of sexual abuse for potential hires). While all seven employee files reviewed meet the requirements for applicable provisions, in review of employee files/records and subsequent conversation with LCJDC administrative staff, it became apparent that some records may remain with the county and not make it to LCJDC’s personnel files. The auditor suggested that the LDJDC employee files include a checklist for PREA related information/dates for ease of use and to ensure that they always remain in compliance.

Verification of Corrective Action:

The Auditor was provided appropriate supplemental documentation on December 10, 2019 to evidence and demonstrate corrective actions taken regarding this standard.

The following additional evidence was reviewed to determine compliance for provision 115.317(f):

1. LCJDC Disclosure Statement Relating to PREA Standards

Updated staff disclosure statements were submitted to the auditor as verification that LCJDC asks all applicants and employees who may have direct contact with the residents about previous sexual misconduct [as described in 115.317(a)] in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted for current employees. Each of the disclosure statements were signed and dated as complete between August 30, 2019 and September 7, 2019 bringing all LCJDC disclosure statements current and indicating solidarity between LCJDC’s written policy and actual practice.

Compliance Determination:

Based on the evidence discussed, the facility has demonstrated compliance with the standard.

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| 115.318 | Upgrades to facilities and technologies |
| | <p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1358 360">The following evidence was reviewed to determine compliance for standard 115.318:</p> <ol data-bbox="252 412 1102 533" style="list-style-type: none"> <li data-bbox="252 412 890 445">1. LCJDC Geutebruck Video Surveillance System <li data-bbox="252 454 1102 488">2. Interview with Superintendent (Also as Agency Head designee) <li data-bbox="252 497 906 530">3. Observations during on-site review of the facility <p data-bbox="252 584 1461 831">115.318 (a) There have been no expansions or modifications to the existing LCJDC facility, however, the Superintendent shared with the auditor that a new facility is in the tenth year of its planning phase. The Superintendent further relayed that throughout the planning process, the effect of the design upon the facilities ability to protect residents from sexual abuse was a constant consideration. At present, the plan is for the new facility to house the juvenile detention center, a youth shelter, and a youth & family resource center.</p> <p data-bbox="252 884 1485 1731">115.318 (b) Both the Superintendent and the PREA Coordinator noted during their interviews with the auditors that LCJDC has updated their video surveillance system since the last PREA audit in 2015. As previously noted in standard 115.313(d), LCJDC transitioned from 32 analog cameras, which were strategically placed throughout the facility, to 60 digital cameras with expanded capabilities. The new Geutebruck video surveillance system was observed in operation during the onsite review of the facility; it consists of 60 digital, high-resolution, cameras with pan, tilt, and zoom capabilities. The cameras were noted in each area of the building used by residents for programming and daily activities, as well as, in the observation/holding cells; these cameras provide observation in all areas of the facility, while still allowing for resident privacy. As noted in the facility characteristics section, there are only two small blind spots for the camera system in the secure area, however, one has a direct line of site view from the control room area and the other is purposefully manned/observed by staff if/when that area is utilized. In discussing the camera system installation with the Superintendent and the PREA Coordinator, they clarified that the blind spots were unavoidable with the camera system and that they could not be angled any further to compensate as the housing for the camera itself was what blocked the view; this was verified by the auditor during the on-site review of the facility. The upgraded system offers better visual monitoring from the control room while still allowing for several days (15 to 30 days depending on activity) of video playback should incidents of any kind ever require review and/or DVR capabilities if video needs to be stored/saved for criminal investigations/court proceedings.</p> <p data-bbox="252 1785 608 1818">Compliance Determination:</p> <p data-bbox="252 1872 1477 1944">Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.321:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. LCJDC Policies and Procedures - 7.7B Accusations Flowchart (Rev. 7-2012) 3. Interviews with LCJDC Random Sample of Staff 4. Interview with SANE/SAFE Staff 5. Interview with medical staff 6. Interview with PREA Coordinator (Compliance Manager Protocols) 7. Document review (No reports of Sexual abuse or harassment) 8. MOU with Loudoun County Sheriff's Office 9. MOU with INOVA Health Care Systems 10. MOU with LAWS <p>115.321 (a) LCJDC is responsible for conducting administrative/internal sexual abuse investigations per LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment and as referenced in 7.7b Accusations Flowchart. This policy was corroborated by the PREA Coordinator during the interview with the auditor, however, there were no reports of sexual abuse within the past twelve months so review the policy in action was not completed. The LCSO has been identified, in the above referenced documents as well, for the conduct of all criminal investigations of sexual abuse at LCJDC. Likewise, the Loudoun County Department of Family Services/Child Protective Services (LCDFS/CPS) will also conduct an investigation in cooperation with the LCSO. Again, there were no reports of sexual abuse or harassment in the past year so review of an investigation was not possible. Should an allegation of sexual abuse ever occur, all LCJDC staff are trained as first responders and the auditor verified, in all 12 random staff interviews, that they would "preserve the scene," more specifically, as indicated in policies and procedures 7.7, they would "Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence." Then, per review of the MOU between LCJDC and LCSO, the LCSO will follow a uniform evidence protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>115.321 (b) As noted above, the LCSO is responsible for the conduct of criminal investigations and utilizes its own uniform evidence protocol. The LCSO protocol was not reviewed as LCJDC does not have the authority to alter it.</p> <p>115.321 (c) LCJDC policies and procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, highlight that "LCJDC shall provide youth(s) access to outside victim advocates (from local Community Service Board or Rape Crisis Center) for emotional support services to include accompanying the youth to medical exams and investigatory interviews related to sexual abuse and a forensic medical examination (SAFE or SANE) at no cost to the youth." Forensic medical examinations are only offered at an outside facility and always conducted by SANE/SAFE only, per interview with the facility</p> |

medical staff, PREA Coordinator, SANE/SAFE. LCJDC has a MOU with INOVA Health Care Systems. The MOU enables INOVA to provide a forensic exam to be conducted by SANE/SAFE for any youth who alleges sexual abuse while in the LCJDC. There were no reports of sexual abuse in the past twelve months and thus no forensic medical exams were necessary.

115.321 (d) The PREA Coordinator shared that the LCJDC has a MOU with Loudoun Abused Women's Shelter (LAWS); LAWS will provide victim advocacy and emotional support services for any resident of LCJDC who is a victim of sexual abuse. Additionally, LAWS will provide specialized training for medical and mental health staff, as required by PREA standards, at the LCJDC.

115.321 (e) Per the MOU with LAWS, the community advocate will accompany the victim to the hospital, be present during police interviews with the victim, and accompany the victim to court, if the victim were to request their assistance. The community advocate spoke with the auditor via phone during the on-site portion of the audit and indicated that in addition to working with LAWS, they are connected with the Child Advocacy Center as well, allowing them to provide additional resources, emotional support, crisis intervention, information, and referrals for victims should it ever become necessary.

115.321 (f) To the extent LCJDC itself is not responsible for investigating allegations of sexual abuse, they do have MOU's with LCSO, INOVA, and LAWS which indicate they will follow the requirements of paragraphs (a) through (e) of this section.

115.321 (g) Auditor is not required to audit this provision.

115.321 (h) Not applicable as the facility attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.322:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures - 7.7 Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Effective Date: 8-2013) 2. LCJDC Policies and Procedures - 7.7B Accusations Flowchart (Rev. 7-2012) 3. Interview with LCJDC Superintendent (as Agency Head Designee) 4. Interview with LCJDC Investigative Staff 5. LCJDC PREA Lobby Posting (Rev. 10-2015) 6. Memorandum of Understanding between LCJDC and Loudoun County Sheriff's Office 7. LCJDC PREA Annual Report 2018 8. LCJDC Website https://www.loudoun.gov/1006/Juvenile-Detention-Center 9. Observations during on-site review of the physical plant <p>115.322 (a) LCJDC has policies in place to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. LCJDC Policy 7.7, Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, identifies all staff as mandated reporters and requires staff to immediately report "any knowledge, suspicion, or information" related to sexual abuse and sexual harassment. The policy further details the procedures following report of such allegations and outlines first responder duties, internal investigations, and external investigations. Further supporting this provision is the PREA posting in the lobby area of the facility which includes the following statement: "Investigations. Any reports of any incidents with staff and/or residents will be investigated thoroughly by the Loudoun County Sheriff's Office and Loudoun County Child Protective Services." Interviews with staff indicated that all allegations are reported to administration immediately. In the past twelve months, zero allegations of sexual abuse and sexual harassment were received, thus no administrative nor criminal investigations were conducted. The Superintendent (as designee for the Agency Head) indicated that should an allegation occur a full administrative or criminal investigation would be conducted. The Superintendent shared with the auditor (in keeping with the LCJDC Accusations Flowchart) that in the instance staff become aware of a sexual abuse or harassment incident or allegation involving staff they are to notify the supervisor on duty, who notifies facility administration. The Superintendent (facility level) will notify the Department of Family Services Deputy Director (agency level) and together they will determine if an external investigation is required. If not, an internal (administrative) investigation is conducted and appropriate documentation is filed. If an external (criminal) investigation is required, then DFS Deputy Director will notify DFS Human Resources Coordinator and the County Administrator; LCJDC Superintendent will contact LCSO/CPS (as required) and notify DJJ.</p> <p>115.322 (b) Furthermore, the LCJDC policy 7.7 Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment dictates that allegations of sexual abuse and/or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, the Loudoun County Sheriff's Office "Child Protective Services in the case of abuse or neglect). If the allegation does not involve potentially criminal behavior, then</p> |

an internal/administrative investigation will occur under the direction of the Deputy Director of the Department of Family Services. Interviews with facility investigative staff corroborated their understanding of the differences in administrative and criminal investigations. The facility has a website which is operated by the county; at present the site does not reference any PREA related information. This will be addressed further in relation to standard 115.388 (c). Again, the lobby posting indicates that aggregated sexual abuse data and the annual report is available by request.

Per review of records, there have been zero (0) allegations in the past twelve months and thus, no referrals for investigation. However, policy 7.7 Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment indicates that a Serious Incident Report (SIR) would be generated to document allegations and investigations. All staff interviewed also supported the expectation that documentation is required concerning any allegations of sexual abuse and sexual harassment.

115.322 (c) LCJDC is not responsible for conducting criminal investigations, criminal allegations are investigated by the Loudoun County Sheriff's Office (LCSO). Furthermore, there exists a Memorandum of Understanding (MOU) between the LCJDC and the LCSO. In the MOU, it states: "Criminal acts that occur at the JDC shall be reported immediately to the LCSO for investigation and appropriate action." The PREA Coordinator and Facility Manager, as investigative staff, confirmed that LCJDC does not have the authority to conduct criminal investigations in-house and that LCSO is responsible for such matters. LCJDC Policy 7.7 Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment subsection regarding external investigations dictates that outside investigators are to be notified within 24 hours of the sexual abuse allegation and that LCJDC will cooperate with the investigation and remain informed of the process throughout.

115.322 (d) Auditor is not required to audit this provision.

115.322 (e) Auditor is not required to audit this provision.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required; however, there are some recommendations for best practice that could enhance PREA related documentation and future practices at LCJDC.

Recommendations of Best Practice:

LCJDC does have a PREA Annual report and aggregate sexual abuse data available upon request as indicated in the lobby posting. While this satisfies the spirit of this standard it would be beneficial for the facility to update the lobby posting annually and contact the county website administrator to ensure that up to date PREA Annual Reports, PREA Final Reports, and general PREA information is accessible to the public. This will be further addressed in corrective action for Standard 115.389(b).

While not necessary to achieve compliance, the auditor recommends that facility policies and procedures, as well as MOUs, be reviewed and updated regularly to ensure that they align

with current standards and practices.

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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.331:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 12.2 Staff Training (Rev. 1-2015) 2. Interview with LCJDC Random Staff 3. Interview with LCJDC PREA Coordinator 4. Review of Random Employee Files/Training Records <ol style="list-style-type: none"> a. National Institute of Corrections Training Modules/Certificates <ol style="list-style-type: none"> i. Your Role: Responding to Sexual Abuse (All Staff) ii. PREA: Respectful Communication with LGBTQI Youth (All Staff) <p>115.331 (a) LCJDC policies and procedures 12.2, Staff Training, indicates that all employees who may have contact with residents shall be trained annually on specific aspects of their duties including, but not limited to, PREA content. 100% of the random staff interviewed responded affirmatively that they received annual PREA training with content including: (1) LCJDC’s zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; (11) Relevant laws regarding the applicable age of consent. A review of seven employee files/training records confirmed that they had completed an e-course through the National Institute of Corrections (NIC) website as indicated by the receipt of a certificate of completion.</p> <p>115.331 (b) The PREA training offered through NIC is tailored to the unique needs and attributes of residents of juvenile facilities; additionally, LCJDC houses both male and female residents so training addresses both genders. A review of the seven random staff training files, as well as interviews with twelve random staff, suggested that all staff complete two PREA related modules on the NIC site – “Your Role: Responding to Sexual Abuse” and “PREA: Respectful Communication with LGBTQI Youth,” annually.</p> <p>115.331 (c) LCJDC staff complete their PREA training annually per the auditor’s interview with the PREA Coordinator, all 12 random staff interviews, and confirmed by review of seven training files, to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. All LCJDC employees demonstrated thorough knowledge and understanding of PREA during their interviews.</p> |

115.331 (d) At the completion of the NIC modules, LCJDC employees received a certificate of completion which was placed in their employee training file; these forms were confirmed in each of the seven random files reviewed. These certificates serve as electronic verification of training.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required; however, there are some recommendations for best practice that could enhance PREA related documentation and future practices at LCJDC.

Recommendations of Best Practice:

The employee records/training files were cumbersome to navigate as were specific PREA related forms/dates. During the exit meeting, the auditor recommended that the facility consider creating a document that tracks specific PREA related training and corresponding dates for ease of identification and confirmation of compliance. Staff completed NIC training, so electronic verification comes in the form of a printed certificate of completion; the auditor suggested that there also be a facility roster for signatures following completion of their annual training which could serve a dual purpose by also including an acknowledgement of understanding statement.

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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.332:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 12.5 Volunteer and Intern Services 2. Interviews with Volunteers and Contractors 3. Review of Volunteer/Contractor Files <ol style="list-style-type: none"> a. Volunteer and Contractor Training: Your Responsibilities to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment - Acknowledgement Form. <p>115.332 (a) LCJDC ensures that all volunteers, interns, and contractors who have contact with residents have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response at the facility; this training is noted in LCJDC policies and procedures 12.5, Volunteer and Intern Services. Per the pre-audit report completed by LCJDC, the facility has forty-one volunteers and contractors who have contact with residents and received the above-mentioned training. During interviews with two contractors, both offered verbal confirmation regarding their receipt of training. The auditor interviewed two contractors and reviewed three volunteer files.</p> <p>115.332 (b) As noted in 115.332 (a) above, LCJDC policies and procedures 12.5 Volunteer and Intern Services, indicate that PREA training for volunteers, interns, and contractors includes all components as delineated in PREA standard 115.331(a) including the facility's zero-tolerance policy and how to report sexual abuse and harassment. Again, during the auditor's interviews with two contractors both verbally confirmed their understanding of the facility's zero-tolerance policy and how to report incidents. The contractors shared what they would do if a resident reported a sexual abuse or sexual harassment incident to them to include informing the appropriate facility staff immediately and requesting that the victim not take any action that would destroy evidence.</p> <p>115.332 (c) LCJDC maintains documentation confirming that volunteers and contractors understand the training they have received in their volunteer/contractor files. LCJDC has created a document entitled, "Volunteer and Contractor Training: Your Responsibilities to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment." This acknowledgement form was verified as complete (signed and dated) in the three volunteer files that were reviewed by the auditor.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.333:</p> <ol style="list-style-type: none"> 1. LCJDC Pre-Audit Questionnaire Responses 2. LCJDC Policies and Procedures - 5.1 Intake Procedure 3. On-site Entrance Meeting with LCJDC Administration 4. Interviews with specialized staff (Intake and Youth Services Coordinator) 5. Interviews with residents 6. Observations during facility site review 7. Review of documentation: <ol style="list-style-type: none"> a. Resident Files b. Resident Handbook c. PREA postings <p>115.333 (a) LCJDC indicated on the Pre-Audit Questionnaire that there were 108 residents admitted in the past 12 months that went through the intake process; during intake, all residents received information regarding the PREA and the facility's related policies and practices. Per the auditor's on-site entrance meeting, LCJDC's administration confirmed that all Specialist I, Specialist II, and Program Supervisors were trained in completing the intake process. LCJDC policies and procedures 5.1, Intake Procedures, outlines the process that all resident admissions go through. The intake procedures policy indicates that "youth will receive information explaining LCJDC's zero-tolerance policy regarding sexual abuse and sexual harassment LCJDC shall ensure that all written materials are provided in formats or through methods that ensure effective communication with youths with disabilities, including youths who have intellectual disabilities, limited reading skills, or who are blind or have low vision." It was observed during the onsite facility review that information related to PREA and LCJDC's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report were posted in the intake area as well as throughout the building; these postings were in English and Spanish. All six residents interviewed indicated that they were aware of PREA and had received the information upon admission to the facility; the receipt of such information was noted on the resident's intake file and verified by the auditor during documentation review. All residents acknowledged that, upon intake, they were made aware of the Prison Rape Elimination Act, the facilities Zero Tolerance Policy, and their right to be free from sexual abuse and harassment.</p> <p>115.333 (b) LCJDC policy 5.1, Intake Procedures, indicates that "within 10 days of intake, the Youth Services Coordinator or designee shall provide comprehensive age-appropriate education to youth either in person or through video regarding their rights to: be free from sexual abuse and sexual harassment; to be free from retaliation for reporting such incidents; and, know LCJDC's policies and procedures for responding to such incidents." During interviews with the staff that complete intakes it was reported that all residents receive information at the time of intake verbally, in the form of a pamphlet that is then placed in the residents property, and the resident handbook; all intake staff also indicated that the Youth Services Coordinator is slated to meet with residents within 10 days of their admission to</p> |

review the information again. The pre-audit report indicated that 58 residents remained in the facility at least ten days following admission and participated in the follow-up PREA discussion with the Youth Services Coordinator within the past 12 months. A random sample of 6 resident files were reviewed; that review provided documentation proving that such education had taken place within the appropriate timeframe for five of the six residents. The one resident that did not meet the ten-day mark did have the education/documentation completed, but at twelve days following intake. That case was examined more closely, it was determined that the resident's admission fell midweek, the ten-day calculation included two weekends, and the Youth Services Coordinator was not in the facility for most of that timeframe. While the infraction appeared to be an outlier, it does not meet the standard. The auditor recommended that a backup to the Youth Services Coordinator be identified to ensure that there are no residents that miss the ten-day education requirement should the Youth Services Coordinator be unavailable.

115.333 (c) As indicated above, the auditor confirmed through LCJDC policy, staff report, resident report, facility site review observations, and review of resident files, that all residents receive PREA related information at intake, a more comprehensive education through follow-up conversation with the Youth Services Coordinator, and through visual reminders/information posted throughout the facility (in both English and Spanish). Receipt of such education is signed by the resident at intake and again following their follow-up with the Youth Services Coordinator; these signatures were verified complete by the auditor in the resident files.

115.333 (d) Again, as previously indicated in 115.333(a), the facility policy 5.1, Intake Procedures, dictates that the facility shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Staff that complete intakes shared with the auditor that PREA information is presented verbally and in writing, as well as in English and Spanish. Through conversation with the PREA Coordinator during the pre-audit phase it was determined that no residents had been admitted to the facility that were noted to be deaf, visually impaired, or otherwise disabled. A review of the resident handbook indicated that it was written on (a Flesch-Kincaid) 8.8 grade reading level and the PREA postings throughout the facility were written on a fifth-grade reading level. All twelve random staff interviewed indicated that a language line is available in the need for translation services arise.

115.333 (e) LCJDC maintains documentation of resident participation in PREA related education sessions in the resident files. Residents sign and date forms that outline the points of training/education; the form states "I have read and understand the Loudoun County Juvenile Detention Center rules on Zero Tolerance Policy to Sexual Abuse/Misconduct & Sexual Harassment and How to Report." This documentation was reviewed by the auditor in six resident files, as noted previously, 100% of the residents indicated they received the education and five of the six were completed in the appropriate ten-day timeframe.

115.333 (f) The auditor's facility site review confirmed that age appropriate PREA information is posted in various areas of the facility in English and in Spanish. This information is clearly accessible to residents, staff, contractors, volunteers, and visitors. Residents and staff interviewed all indicated that residents received a handbook that also contained PREA related

information specific to LCJDC (though it should be noted that the handbook provided to the auditor for review did not contain any specific PREA information other than noting that sexual abuse and sexual harassment is a prohibited action and a heading for PREA in the table of contents). Additionally, intake staff shared with the auditor that during intake, following review, a PREA pamphlet with information, resources, and contact information is placed in the resident's property. The handbook needs to be updated to include information about PREA, specifically what it is and methods for reporting.

Corrective Action:

While LCJDC has policies in place to provide PREA related education there are areas for improvement. Most notably, LCJDC does not meet the standard due to missing the required comprehensive education within ten days of intake. LCJDC policy 5.1 indicates that the Youth Services Coordinator is responsible for doing so, however, one resident file reviewed documented that this review took place twelve days following admission. The auditor suggested that an official designee be identified to complete resident comprehensive education should the Youth Services Coordinator be unavailable for any reason. LCJDC will identify and train alternative staff to provide comprehensive education to residents. LCJDC will also provide documentation of comprehensive education (within ten days of intake) to the auditor for all admissions during a one-month period following the on-site portion of the audit to ensure compliance.

Recommendations for Best Practice:

While not necessary for compliance, it was observed during the facility site review that all of the PREA posters/signage appeared dated (had not been altered since the previous PREA audit), the youth handbook offered no specific PREA related information and should consider listing reporting methods in that document since the pamphlet issued at intake is stored in their property and inaccessible during their detainment. The auditor suggested that the materials be updated and/or offered in various formats to ensure it is noticed by the residents and not overlooked/dismissed due to longevity in the facility and to provide avenues for reporting without impeding the resident's ability to do so privately.

Verification of Corrective Action:

The Auditor was provided appropriate supplemental documentation on October 20, 2019 to evidence and demonstrate corrective actions taken regarding this standard.

The following additional evidence was reviewed to determine compliance for provision 115.333(b):

1. LCJDC Classification Assessment and Mental Health Screening Form

Three completed LCJDC Classification Assessment and Mental Health Screening forms were submitted to the auditor as verification that within 10 days of intake, the Youth Services Coordinator or designee provides a comprehensive age-appropriate education to youth, either in person or through video, regarding the resident's rights to: be free from sexual abuse and sexual harassment; to be free from retaliation for reporting such incidents; and, know LCJDC's

policies and procedures for responding to such incidents. These forms were completed for LCJDC intakes spanning one month's timeframe from August 25th to September 26, 2019. Each of the forms indicated that the required PREA education had been completed for each resident well within the requisite 10 days of admission. Additionally, the Mental Health Clinician was identified as the official designee to complete resident comprehensive education should the Youth Services Coordinator be unavailable for any reason prior to the passing of the 10-day education period.

Compliance Determination:

Based on the evidence discussed, the facility has demonstrated compliance with the standard.

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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.334:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 12.2 Staff Training (Rev. 1-2015) 2. Interview with LCJDC Specialized Staff (Investigative Staff) 3. Interview with LCJDC PREA Coordinator 4. Review of Random Employee Files/Training Records <ol style="list-style-type: none"> a. National Institute of Corrections Training Modules/Certificates <ol style="list-style-type: none"> i. Investigating Sexual Abuse in a Confinement Setting (Shift Supervisors) ii. Investigating Sexual Abuse in a Confinement Setting Advanced Investigations (Admin) <p>115.334 (a) LCJDC Policies and Procedures – 12.2, Staff Training, states: “In addition to the mandated PREA training for all employees pursuant to §115.331. The facility shall ensure that, to the extent the agency itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings.” The PREA Coordinator included online instructions, supplied to the appropriate staff via email, for completing NIC training for investigators when completing the pre-audit questionnaire.</p> <p>115.334 (b) During the interviews with the two LCJDC investigators both indicated that they had received specialized training and were able to describe their training, which included how to respond to allegations of sexual abuse and sexual harassment, methods/techniques for speaking with victims, protocol for evidence collection, and the criteria and evidence required to substantiate a case for administrative action or referral for criminal investigation/prosecution referral. Both LCJDC investigators pointed out that the LCSO is responsible for investigations of a criminal nature, that LCJDC staff to not have the authority to Mirandandize (however, they are both familiar with Miranda and Garrity rights) and that evidence collection would be handled by LCSO (LCJDC’s responsibility would be to secure the scene and preserve evidence until the time of collection by the appropriate authorities).</p> <p>115.334 (c) During interviews with the auditor both the Program Manager and the Facility Manager indicated that they completed the specialized training to be considered investigative staff for LCJDC. A review of their files allowed the auditor to confirm that both had certificates from NIC for Investigating Sexual Abuse in a Confinement Setting - Advanced Investigations. Additionally, all shift supervisors are expected to complete the NIC course on “Investigating Sexual Abuse in a Confinement Setting,” completion of which was also confirmed by certificate in their employee training file, to ensure that they have a basic understanding of the necessary immediate actions in the instance the advanced investigations staff are not in the building at the time of an incident.</p> <p>115.334 (d) Auditor is not required to audit this provision.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this</p> |

standard and no corrective action is required.

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| 115.335 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.335:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 12.2 Staff Training (Rev. 1-2015) 2. Interviews with LCJDC Specialized Staff (Medical and Mental Health) 3. Interview with LCJDC PREA Coordinator 4. Review of Employee/Contractor Files/Training Records <ol style="list-style-type: none"> a. National Institute of Corrections Training Modules/Certificates <ol style="list-style-type: none"> i. Medical Health Care for Sexual Assault Victims in a Confinement Setting (Nurse) ii. Behavioral Health Care for Sexual Assault Victims in a Confinement Setting (MH) <p>115.335 (a) LCJDC policies and procedures - 12.2, Staff Training, states: “All full and part-time medical and mental health care practitioners who work regularly in the facility must complete training requirements as defined by PREA standard §115.335.” The auditor was able to verify through interviews and file review that the facility nurse and mental health clinician had both received the basic PREA training and completed specialized training through NIC. Both the nurse and the mental health clinician answered affirmatively to questions about training topics including: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>115.335 (b) LCJDC nurse, mental health clinician, and the PREA Coordinator all attested that the LCJDC medical staff does not conduct forensic examinations, rather they utilize Sexual Abuse Forensic Examiners (SAFE) or Sexual Abuse Nurse Examiners (SANE) at INOVA Loudoun Hospital for any necessary forensic examinations.</p> <p>115.335 (c) The auditor confirmed that LCJDC maintains documentation that medical and mental health practitioners have received the training through the National Institute of Corrections online modules. The nurse completes the Medical Health Care for Sexual Assault Victims in a Confinement Setting module and the mental health clinician completes the Behavioral Health Care for Sexual Assault Victims in a Confinement Setting module; certificates of completion are stored in their training record.</p> <p>115.335 (d) LCJDC’s Nurse also receives the training mandated for employees under § 115.331 which includes NIC training certification: Your Role: Responding to Sexual Abuse. Likewise, as a contracted position through Loudoun Co. DSS, the LCJDC Mental Health Clinician completes the mandated training requirements from § 115.332 (as outlined in LCJDC policies and procedures 12.5, Volunteer and Intern Services) which include training on the facilities zero tolerance policy, how to report such incidents, and sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Again, the nurse and the mental health clinician confirmed that they have had the PREA basic training and the training module for Medical and Mental Health Care and that the facility maintains documentation of this training.</p> |

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.341:</p> <ol style="list-style-type: none"> 1. LCJDC Pre-Audit Questionnaire Responses 2. LCJDC Policies and Procedures - 5.1 Intake Procedure (Rev. 3-2015) 3. LCJDC Policies and Procedures – 5.5 Classification Plan (Rev. 2-2014) 4. LCJDC Policies and Procedures – 5.2 LGBTI Policy (Rev. 12-2014) 5. Interviews with specialized staff (Risk Screening) 6. Interview with PREA Coordinator 7. Interviews with residents 8. Observations during facility site review 9. Review of Resident Files <ol style="list-style-type: none"> a. Classification Assessment and Mental Health Screening Form <p>115.341 (a) LCJDC Policies and Procedures – 5.1, Classification Plan, dictates that “The Loudoun County Juvenile Detention Center (LCJDC) shall utilize an assessment tool which collects information from previous placements, charges; both current and past, and any other available objective factors which are relevant to determine a youth's risk level and identify whether the youth is a member of a vulnerable population. This system shall be used to ensure the safety of all youth, staff and volunteers of this facility. LCJDC shall foster an environment where youth are safe and free from any abuse or potential for self-harm.” The policy stipulates that the classification assessment should be completed during the intake process but no later than 48 hours from admission. While resident recollection of the screening form completion was varied during interviews, a review of six resident files indicated that the initial assessment was completed on the day of intake 100% of the time.</p> <p>LCJDC Policy 5.1 further stipulates that “Classification assessments and individual plans shall be reviewed and documented in the youth’s records minimally every 60 days.” Upon review of resident records, it was noted that, by their own standard, LCJDC had neglected to complete two (periodic) reassessments out of the six files reviewed. One of the residents had been detained for over a year, another for approximately four months, but there were no reassessments available for review in their files. Additionally, there appeared to be some confusion amongst staff that perform screening for risk of victimization and abusiveness; during interviews various responses to the question, “how often are resident’s risk levels reassessed?” ranged from weekly to every thirty days, though the actual classification (re)assessment form was not available in any resident file (as required by LCJDC policy 5.5) regardless of the presumed timeframe for completion. Lack of documented periodic reassessment is cause for LCJDC to not meet this standard and require corrective action.</p> <p>115.341 (b) LCJDC has created a “Classification Assessment and Mental Health Screening” form that is used to conduct objective assessments. The form was included for review during the pre-audit phase and will be discussed further in the next provision. An initial assessment form was noted in each of the six resident files reviewed during the on-site documentation review. In addition to the Classification Assessment and Mental Health Screening instrument</p> |

being completed, the LCJDC also administers the MAYSI 2 which is used to screen for risk of self-harming behavior and risk of victimization and any emotional or mental issues which can contribute to an increased risk of victimization.

115.341 (c) LCJDC's Classification Assessment and Mental Health Screening form attempts to ascertain information to assess risk level for all residents. LCJDC's form includes information related to: (1) Prior sexual victimization or abusiveness; (2) identification as lesbian, gay, bisexual, transgender, or intersex; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; and (10) other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. What appears to be missing from the assessment form is a subjective statement from staff pertaining to their perception of the resident to be gender non-conforming or whether the resident's manner or identification as LGBTI may make them vulnerable to abuse. Additionally, the assessment fails to document the resident's own perception of vulnerability.

Compounding the confusion is LCJDC's policies and procedures 5.2, LGBTI Policy, which indicates standard operating procedure for intake and initial classification addresses the identification of transgender/gender-variant residents. The policy states: "When determining whether residents are transgender/gender-variant, the following should be taken into consideration: 1) Resident's appearance or behavior does not match the gender marker on the resident's paperwork or identification. 2) Resident self-reports. If there is doubt or a question concerning the validity of the self-report, staff shall consult a supervisor and if necessary, medical staff. 3) Arresting/transporting agency has alerted LCJDC staff to the resident's transgender/gender-variant status." However, it is unclear where this information is to be documented. Notation of staff's perception regarding gender non-conforming or identification of LGBTI status, as well as, the resident's own perception of vulnerability is important as it indicates that the resident may be part of a vulnerable population and at heightened risk of being sexually abused or harassed.

115.341 (d) The staff responsible for completing the screening assessment shared with the auditor during their interviews that the information used to complete this form is ascertained through self-report/conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. Review of the assessment supports the reported methods of information gathering.

115.341 (e) LCJDC has outlined the various staff that have access to the assessment information. To control the dissemination of sensitive information within the facility, and to ensure that assessment information is not exploited to the resident's detriment by staff or other residents, LCJDC policy 5.5, Classification Plan, indicates that "the Supervisor on Duty (SOD) shall immediately review the completed Classification Assessment to approve or modify any recommendations. If a youth is determined to be a risk to self or others or a member of a vulnerable population, an Individual Plan shall be devised to address housing, program, educational and/or activity assignments and to advise staff of specific conditions staff need to be aware of: aggressive behavior, supervision issues (i.e. escape risk), and sexual offenses (history). Once completed the SOD shall forward the Classification Assessment and any

Individual Plan to the Pre-Disposition Youth Service Coordinator (Pre-D YSC). JDC Pre-D YSC shall review each Classification Assessment and Individual Plan within 24 business hours from receipt. The Individual Plan shall be finalized and documented, in detail, in the JTS. Individual Plans shall be reviewed and documented in the youth's records minimally every 30 days by a YSC. Upon completion, the Classification Assessment shall be placed in the youth's hard file. The SOD/Pre-D YSC is responsible for ensuring all pertinent information is given to staff at the next shift exchange." During the auditor's interviews with the PREA Coordinator and the Mental Health Clinician it was reported that the mental health clinician also reviews the Classification Assessment and Mental Health Screening form and that it is only available to other staff on a "need-to-know" basis.

Corrective Action:

There are a few areas which need to be addressed to achieve compliance with this standard. While the initial screening for risk of sexual victimization and abusiveness is completed consistently upon intake, the requirement for periodic reassessment has not been met. The average length of stay at LCJDC is 23 days which suggests that very few screening reassessments will need to be completed, however, LCJDC does house some residents that are detained for an extended period, to include those in the Post-Dispositional Program and/or those detained through State operated programs, which will require periodic reassessment. LCJDC has identified within their own policy that the required periodic reassessments will be completed every 60 days. While there are informal case reviews which occur monthly, there was no identifiable formal documentation of the reassessment being completed. The facility is required to reassess all current residents that have been detained over sixty days and provide documentation of those reassessments to the auditor to prove compliance. The auditor also recommended that if resident cases are being reviewed monthly anyway, they may want to consider formally documenting their reassessments at each of those reviews.

Additionally, the screening instrument utilized by LCJDC is missing some required components of provision 115.341(c), namely, a subjective statement from staff pertaining to their perception of the resident to be gender non-conforming, whether the resident's manner or identification as LGBTI may make them vulnerable to abuse, and the resident's own perception of vulnerability. LCJDC should edit their current Classification Assessment and Mental Health Screening Form to ensure it includes these necessary components. The facility should provide the auditor with the updated screening form as soon as possible and provide the auditor with the first two new intake screenings following revision of the form to ensure compliance with the standard.

Furthermore, the auditor recommends that LCJDC policies and procedures 5.1 Intake Procedure, 5.5 Classification Plan, 5.2 LGBTI Policy, and the LCJDC Classification Assessment and Mental Health Screening Form all be revised/updated to ensure that expectations and practices are consistent throughout.

Verification of Corrective Action:

The Auditor was provided appropriate supplemental documentation on October 20, 2019 and December 16, 2019 to evidence and demonstrate corrective actions taken regarding this standard.

The following additional evidence was reviewed to determine compliance for provisions 115.341(a) and 115.341(c):

1. LCJDC Classification Assessment and Mental Health Screening Form
2. LCJDC 60 Day Classification Assessment Review Form

LCJDC created and implemented a separate 60 Day Classification Review Form as an addendum to their initial Classification Assessment and Mental Health Screening Form. The 60 Day Review form allows for indication of any recommended modifications to the initial screening and classification and requires a date and the signature of the reviewer. Three completed LCJDC Classification Assessment and Mental Health Screening forms and two completed 60 Day Classification Assessment Review Forms were submitted to the auditor as verification of periodic reassessments being completed, every 60 days, in keeping with LCJDC policy and as required by provision 115.341(a). A review of these updated Classification Assessment and Mental Health Screening form yielded confirmation that LCJDC addresses all required components of provision 115.341(c), including a subjective statement from staff pertaining to their perception of the resident to be gender non-conforming, whether the resident's manner or identification as LGBTI may make them vulnerable to abuse, and the resident's own perception of vulnerability.

Compliance Determination:

Based on the evidence discussed, the facility has demonstrated compliance with the standard.

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.342:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 5.2 LGBTI Policy 2. LCJDC Policies and Procedures – 5.5 Classification Plan 3. LCJDC Policies and Procedures – 6.5 Youth Mental Health Care, Treatment, and Programs 4. LCJDC Policies and Procedures – 8.1 Behavior Management 5. LCJDC Policies and Procedures – 9.4 Room Confinement 6. LCJDC Policies and Procedures – 9.8 Shower and Personal Hygiene 7. LCJDC Classification Assessment and Mental Health Screening Form 8. Interview with Superintendent 9. Interview with PREA Coordinator/Compliance Manager 10. Interviews with Specialized Staff (Risk Screening, Supervise Isolation, Medical and MH) 11. Interviews with Residents 12. Review of Documentation: <ol style="list-style-type: none"> a. Resident Case Files b. Pre-Audit Questionnaire <p>115.342 (a) Per LCJDC’s policies and procedures 5.5 Classification Plan, the facility utilizes the Classification Assessment and Mental Health Screening form to determine resident risk level and vulnerability with the goal of keeping all residents safe and free from sexual abuse. It is worth noting that the facility is relatively small (having only two housing corridors with single occupancy cells, individual use shower stalls, two classrooms, and one multipurpose area), limiting the options for housing, bed, work, education, and program assignments. Policy 5.5 states, “if a youth is determined to be a risk to self or others or a member of a vulnerable population, an Individual Plan shall be devised to address housing, program, educational, and/or activity assignments and to advise staff of specific conditions staff need to be aware of: aggressive behavior, supervision issues, and sexual offenses (history).” Interviews with the PREA Coordinator and three staff responsible for screening residents reported that in addition to completion of the screening form and creation of an individualized plan, residents identified as high-risk would initiate a team meeting to ensure that all aspects of that resident’s detainment are considered to ensure all residents are safe and free from sexual abuse.</p> <p>115.342 (b) LCJDC does not place residents in “isolation;” “room confinement” is sometimes utilized for brief periods of time “for disciplinary or medical reasons” per policies 9.4, Room Confinement, 8.1, Behavior Management, and 6.5 Youth Mental Health Care, Treatment, and Programs. During interviews with specialized staff, specifically those who supervise residents in ‘isolation,’ the auditor was told that room confinement occurs in an observation cell (one with a camera) or in the residents assigned cell on the housing corridor, typically the confinement is for less than 72 hours (anything greater would require approval from the Superintendent), that even during room confinement residents have access to daily hygiene, meals, an hour of large muscle activity/recreation, and are seen by medical and mental health staff daily. A victim of sexual abuse would not necessarily be placed in room confinement but rather would be provided additional monitoring and contact with staff, including medical and</p> |

mental health staff as indicated by “red flag status” as outlined in policy 6.5 (cross-reference §115.368). Each of these practices was echoed in policy 9.4, Room Confinement, policy 8.1 Behavior Management, and in keeping with DJJ regulations 6VAC-101-1100. Per notation in the pre-audit questionnaire, there were zero residents at risk of sexual victimization placed in isolation in the past twelve months.

115.342 (c) LCJDC Policy 5.5 Classification Plan, indicates that “Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall LCJDC consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.” The PREA Coordinator indicated that this policy would be utilized if/when and LGBTI residents were placed at LCJDC, at the time of the on-site audit, there were no residents that identified as such. Again, it is worth noting that the facility is small and housing/programming options are limited regardless of resident identification/status.

115.342 (d) LCJDC policy 5.2, LGBTI Policy, indicates that “In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether the placement would present management or security problems;” the PREA Coordinator echoed the case-by-case nature of these assignments in his responses during the audit interview. There were no transgender or intersex residents at LCJDC at the time of the audit, nor in the preceding twelve months to verify this practice.

115.342 (e) “Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident” is identified as a standard operating procedure in LCJDC’s LGBTI Policy 5.2 and was confirmed as such by the PREA Coordinator and the staff tasked with risk screening. Again, have been no transgender or intersex residents at LCJDC in the past twelve months to verify that practice matches policy.

115.342 (f) LCJDC’s LGBTI Policy 5.2 continues, “A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.” While there were no transgender or intersex residents at LCJDC over the course of the past year to interview, both the PREA Coordinator and staff that conduct risk assessments indicated that this would be the practice if/when placement of a transgender or intersex resident occurs.

115.342 (g) LCJDC’s 9.8, Shower and Personal Hygiene policy, directly states that “Transgender and intersex residents shall be given the opportunity to shower separately from other residents.” All staff and residents interviewed shared with the auditor that facility design allows for individual showers for all residents regardless of gender identification. During the facility site review it was witnessed that all shower stalls, those in the two housing corridors and in the intake area, were single occupancy and not in view of resident cells.

115.342 (h) There were zero residents held in isolation in the twelve months prior to the on-site portion of the audit (therefore there were no case files to review). However, facility policy 9.4, Room Confinement, and 6.5, Youth Mental Health Care, Treatment and Programs, dictate that if a youth is placed in isolation “LCJDC shall ensure there is clear written and electronic

documentation noting: The basis for LCJDC concern for the youth, the population and visitors/staff, and; the reason why no alternative means of separation can be arranged” additionally there should be notation of who authorized the isolation. In keeping with subsection (b) of this standard, LCJDC does not employ “isolation” but rather “room confinement” and only for medical and behavioral purposes; LCJDC policy 6.5 Youth Mental Health Care, Treatment and Programs, outlines “red flag status” and seclusion based on sexual abuse history and is discussed further in standard §115.368).

115.342 (i) Again, no residents are held in isolation, nor have there been any residents at risk of sexual victimization or who alleged to have suffered sexual abuse, in the previous twelve months. All four staff interviewed who supervise residents in room confinement indicated that no youth would ever be confined to a room for a thirty-day period thus an official review to determine a continuing need for separation from general population would never exist.

Recommendations for Best Practice:

LCJDC should consider aligning the information presented in policies 9.4, Room Confinement, 8.1, Behavior Management, and 6.5 Youth Mental Health Care, Treatment, and Programs (particularly “Red Flag Status”) as they all address portions of similar concepts and practices but do not cross-reference one another making them cumbersome to navigate.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.351:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. LCJDC Youth Handbook 3. Interview with PREA Coordinator/Compliance Manager 4. Interviews with Random Staff 5. Interviews with Residents 6. Observations during Facility Site Review <p>115.351 (a) LCJDC Policies and Procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, highlights that “All LCJDC staff, as defined by local, state, and federal laws are mandated reporters. As mandated by such laws, along with the policy of the Loudoun County Juvenile Detention Center and the Prison Rape Elimination Act (PREA), it shall be the policy/practice of the LCJDC to provide multiple internal ways for staff or youths to privately report any suspected child abuse, neglect, sexual abuse, sexual harassment, and/or retaliation by other youth(s) or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.” During random resident interviews, all residents were able to name at least one reporting method, to include: telling a supervisor, talking to a trusted staff, filling out a concern/grievance form; some residents also indicated they could call the hotline, tell their probation officer or attorney, and/or share with a family member who can report on their behalf. All random staff interviewed reported the same methods adding, use of the sexual assault hotline, reporting to administration, informing DJJ, and calling the Department of Family Services. All parties reported that they were given this information at intake (though it is then placed in the resident’s intake property) and the auditor noticed signage in the facility about how to contact the Virginia Family Violence and Sexual Assault Hotline. The youth handbook was mentioned as having PREA information, but the auditor was unable to locate any specific information with regard to reporting methods contained therein; as previously recommended (though not required for compliance with this standard) LCJDC should consider updating PREA related information in the youth handbook.</p> <p>115.351 (b) During the facility site review, the auditor identified a posting in the lobby area which outlines all methods for reporting, including ways for residents to report abuse or harassment to a public or private entity or office that is not part of LCJDC and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. It notes that, in addition to in-house reporting methods (telling staff, completing a concern/grievance form, informing administration) they could also report through third parties such as family members, attorneys, or hotline numbers which include: Loudoun Abused Women’s Shelter (LAWS), the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA) and the National Sexual Assault Hotline. The contact information for a direct report to LCJDC’s PREA Coordinator is also listed. Finally, the posting also provides contact information for immigration services</p> |

though there are no residents detained solely for civil immigration purposes at this time. The PREA postings throughout the secure area contain contact information for the Virginia Family Violence & Sexual Assault Hotline. During the exit meeting the auditor suggested that the multiple reporting methods listed in the lobby also be placed in the secure area for residents to access.

115.351 (c) All six residents shared their awareness of being able to make reports verbally, in writing, and through third parties; half of the residents indicated they were aware of their ability to report anonymously. 100% of the staff interviewed confirmed that these reporting methods were all acceptable and that they would document receipt of all reports, immediately (not to exceed 24 hours per the PREA Coordinator). LCJDC policy 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, dictates that “the individual who received or was informed of the child abuse, neglect, sexual abuse or sexual harassment shall write a Serious Incident Report (SIR).”

115.351 (d) In relation to a youth reporting child abuse, neglect, sexual abuse, sexual harassment or retaliation, LCJDC policy 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, notes that, “Tools and forms to make such a report shall always be available for youth to use.” Residents shared with the auditor that, upon request, staff would likely provide the necessary forms and writing instruments to complete a written report and that they had access to the phone system; none of the current residents had needed/attempted to make such a report, regardless, it is their assumption that staff would provide the necessary tools. Staff indicated the same noting that “concern” forms are offered each morning as a routine part of programming. Residents have access to multiple staff daily, including medical and mental health staff, should they want to make a verbal report.

115.351 (e) Staff reported during random interviews that they knew of several private methods available to them to report sexual abuse or sexual harassment of residents. Those methods included informing their supervisor or administration, calling the posted hotline number, contacting the LCSO and/or CPS. These methods were confirmed by comparison to LCJDC policy 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, and the PREA Coordinator also indicated that this information is reviewed during annual training.

Recommendations for Best Practice:

Though not required for compliance with this standard, it was recommended during the exit meeting that the multiple reporting methods listed in the lobby’s PREA Posting also be placed in the secure area for residents to access. Additionally, the youth handbook should be updated to provide reporting methods/contact information so that residents have greater access to make anonymous reports should they so choose (without having to request access to the information from staff directly).

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.352:</p> <p>1. LCJDC Pre-Audit Questionnaire</p> <p>115.352 (a-g) Per the pre-audit questionnaire, the PREA Coordinator indicated that LCJDC does not have administrative procedures to address resident grievances regarding sexual abuse. LCJDC has a grievance procedure that residents can use to report issues at the facility, as well as, sexual abuse or sexual harassment. However, if a resident is the victim of sexual abuse or sexual harassment, that grievance will be immediately removed from the grievance process and investigated as a PREA allegation.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.353 | Resident access to outside confidential support services and legal representation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.353:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. Interview with Superintendent 3. Interview with PREA Coordinator/Compliance Manager 4. Interviews with Medical and Mental Health Staff 5. Interviews with Residents 6. Observations during Facility Site Review <p>115.353 (a) LCJDC Policy 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment states, “Once abuse, neglect, sexual abuse or sexual harassment has been reported and during the investigation (internal and/or external), the LCJDC shall provide youth(s) access to outside victim advocates (from local Community Service Board or Rape Crisis Center) for emotional support services to include accompanying the youth to medical exams and investigatory interviews related to sexual abuse and a forensic medical examination (SAFE or SANE) at no cost to the youth. Note: The LCJDC shall enable reasonable communication between youth(s) and these organizations and agencies, in as confidential a manner as possible.” During the facility site review, the auditor found that this information was readily available on a posting in the lobby area and offered to residents in pamphlet form (which is reviewed at intake and then placed in their property). The number to the Virginia Family Violence and Sexual Assault Hotline is posted throughout the secure area of the facility. During interviews with medical and mental health staff, they both noted that they have the information available to share with residents as needed as well. While LCJDC provides information regarding support services related to sexual abuse and sexual harassment to all residents at intake, only half of the residents indicated that they were aware these services were available to them if needed.</p> <p>115.353 (b) Furthermore, LCJDC Policies and Procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment notes, “The LCJDC shall inform the youth(s), prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse, neglect, sexual abuse and/or sexual harassment will be forwarded to authorities in accordance with mandatory reporting laws.” 100% of residents and staff interviewed shared their understanding of all LCJDC staff being mandated reporters.</p> <p>115.353 (c) During the entrance meeting, the Superintendent indicated that LCJDC maintains a MOU with the Loudoun Abused Women’s Shelter (LAWS) to provide victim advocacy and counseling services for victims of sexual abuse; the PREA Coordinator verified this information and provided a copy of the MOU for review. The MOU indicates that LAWS also provides training to staff at LCJDC. LCJDC falls under the Loudoun County Department of Family</p> |

Services and counseling/support services are available through that agency as well. During the facility site review, the auditor noted contact information for LAWS and the Virginia Sexual and Domestic Violence Action Alliance on the PREA Posting located in the front lobby. In the secure area of the facility posters listed contact information for the Virginia Family Violence and Sexual Assault Hotline. Only one of the six residents interviewed was able to identify LAWS by name, the others knew that community agencies exist but did not know them by name. As previously noted, the services and information exist, so it meets the standard, but resident awareness could be enhanced. To that end, the auditor suggested that the contact information for various PREA related entities be provided to residents on updated postings throughout the facility and the resident handbook.

115.353 (d) LCJDC Policy 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, clearly indicates that, "Along with access to emotional support services, the LCJDC shall provide youth(s) with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians." All six of the residents interviewed stated that they felt they had reasonable and confidential access to their probation officers, attorney's, and parents/legal guardians. Residents reported that they had regular access to their parents/legal guardians during twice weekly visitation (Sunday and Wednesday evening) for a period of 45 minutes. Residents also have the capability of earning up to four (4) phone calls per week based on their level. They can speak privately with their probation officer and/or attorney even outside of normal visitation hours.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.354:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. Observations during Facility Site Review <p>115.354 (a) During the facility site review, a PREA posting was located in the lobby that shared an overview of PREA, report availability, and how a report of sexual abuse or sexual harassment can be made, to include, "A report may also be filed by a third-party such as a staff member, family members, attorney or other resident or any other interested party. They may report this to a counselor, shift supervisor, the nurse or any other member of the JDC staff, through the PREA hotline number, or through any of the hotlines/resources listed below." The posting went on to list the contact information for the LCJDC PREA Coordinator, LAWS, VSDVAA, the National Sexual Assault Hotline, and immigration services. The facility has not received any reports of sexual abuse or sexual harassment, including no third-party reports, in the past twelve months.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.361:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. Interview with Superintendent 3. Interview with PREA Coordinator/Compliance Manager 4. Interviews with Medical and Mental Health Staff 5. Interviews with Random Staff <p>115.361 (a) As noted previously, LCJDC Policies and Procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, delineates that, “LCJDC requires all staff to report immediately and according to this policy any knowledge, suspicion, or information received regarding an incident of child abuse, neglect, sexual abuse or harassment that occurred in a facility, whether or not it is part of the agency; retaliation against resident or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” During all staff interviews, it was made clear to the auditor that staff understand their role as mandated reporters; they each shared that they would report any knowledge, suspicion, or information related to sexual abuse, harassment, retaliation for reporting, and/or neglect immediately to the appropriate parties and document such reports accordingly.</p> <p>115.361 (b) LCJDC Policies and Procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, “All LCJDC staff, as defined by local, state, and federal laws is mandated reporters.” All random staff interviewed explained their understanding of what it meant to be a mandated reporter and the limits of confidentiality for all staff was shared with residents at intake. Residents interviewed appeared unfamiliar with the term “mandated reporter” but did know that there were limits to confidentiality concerning PREA related reports.</p> <p>115.361 (c) LCJDC Policies and Procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, goes on to dictate that, “The youth shall be informed apart from reporting to designated supervisors or officials and designated State or local service agencies, staff shall be prohibited from revealing any information to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.” During each of the 12 interviews with random staff, LCJDC staff clearly articulated that they would not share information related to sexual abuse reports with anyone other than the necessary parties (specifically their supervisors and/or administration) and when making those notifications they would ensure that they did so in a confidential manner.</p> <p>115.361 (d) Also found in LCJDC Policies and Procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, “When a staff member or third party (fellow youth, staff member, family member, attorney, LCJDC medical staff, mental</p> |

health staff or outside advocate) is informed of or reports child abuse, neglect, sexual abuse or sexual harassment, they will inform the youth their duty to report and the limitations of confidentiality.” Both the nurse and the mental health clinician professed to the auditor that one of the first things they do when meeting a resident is inform them of their mandated reporter status and the limits of their confidentiality. They indicated that they would report any allegations residents shared with them to the shift supervisor, PREA Coordinator, or Superintendent, as well as, complete any necessary CPS reports as required. As there have been no PREA related reports made in the past twelve months, it was not possible to verify this practice through any documentation.

115.361 (e) Responsibility for reporting to parents/legal guardians, social workers, and attorneys is also addressed in LCJDC Policies and Procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, which states, “Upon receiving any allegations or accusation of child abuse, neglect, sexual abuse or sexual harassment, the PREA Coordinator or designee shall report the allegation or accusation to the youth’s parents or legal guardians to include but not limited to a youth’s social worker (within 14 days of receiving the allegation or accusation) or attorney (within 14 days of receiving the allegation or accusation); unless the facility has official documentation showing the parent or legal guardians should not be notified. LCJDC shall follow instructions from the investigating agency as to when parents/legal guardians and other professionals associated with the case shall be informed.” The Superintendent and PREA Coordinator independently corroborated this course of action should an allegation ever be made; there have not been any allegations reported in the twelve months preceding the PREA audit.

115.361 (f) LCJDC Policies and Procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, outlines that, “When a youth, a staff member and/or a third party (fellow youth, staff member, family member, attorney, LCJDC medical staff, mental health staff, intern, volunteer or outside advocate) is informed of or learns of a report of child abuse, neglect, sexual abuse or sexual harassment, from a youth they will immediately, not to exceed 24 hours, report this to the Supervisor on Duty (SOD), the Youth Services Coordinator (YSC), the Post Dispositional Coordinator (PDC) or designee. At which point this individual(s) shall follow up with the PREA Coordinator or designee...Reports shall always be referred for investigation to an agency with the legal authority to conduct criminal investigations if deemed necessary.” Again, all staff reported that they would share any allegations with their supervisors, unless they were the subject of the allegation in which case they would move to then next person in the chain of command. All staff were aware that investigations would be handled by the administrative team, including the PREA Coordinator, and LCSO for criminal investigations.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.362:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. Interview with Superintendent (and as Agency Head Designee) 3. Interviews with Random Staff <p>115.362 (a) LCJDC Policies and Procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, states, “When the LCJDC learns that a youth is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the youth.” The Superintendent, who also answered questions as the agency head designee, shared with the auditor that all staff are trained to take immediate action to protect the safety of youth. During random staff interviews, every staff member knew exactly what to do if they were to become aware that a resident was subject to a substantial risk of imminent sexual abuse. They stated that they would take the concern seriously and take immediate action to separate the alleged involved parties, inform the supervisor on duty, and maintain a greater level of supervision to ensure safety and limit victimization of the youth.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.363 | Reporting to other confinement facilities |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1359 360">The following evidence was reviewed to determine compliance for standard 115.363:</p> <ol data-bbox="252 416 1423 533" style="list-style-type: none"> <li data-bbox="252 416 1423 488">1. LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) <li data-bbox="252 499 1104 533">2. Interview with Superintendent (and as Agency Head Designee) <p data-bbox="252 584 1471 1088">115.363 (a) LCJDC Policies and Procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, makes clear what should transpire if/when a resident alleges abuse incurred while at another facility. The policy states, “If an accusation or allegation of child abuse, neglect, sexual abuse or sexual harassment is made that a youth was abused, neglected, sexually abused or sexually harassed while confined at another facility, the Superintendent or in their absence, their designee shall notify the head of the facility or appropriate office of the agency where the alleged child abuse, neglect, sexual abuse and/or sexual harassment occurred and shall also notify the appropriate investigative agency. If the designee makes the call to the head of the other facility, the reason the designee made the call, and not the Superintendent, shall be documented in writing.” The Superintendent acknowledged that this is the practice should a report be made, but that there had been no such allegations in the past 12 months.</p> <p data-bbox="252 1144 1471 1261">115.363 (b) LCJDC policy 7.7 goes on to say, “Notification of allegation or accusation shall be provided as soon as possible, but no later than 72 hours after receiving the allegation or accusation and documentation shall be made.”</p> <p data-bbox="252 1317 1471 1559">115.363 (c) As noted in the proceeding provision, documentation will be made whenever there is notification made to another agency regarding allegations of abuse. It is also noted that if a designee makes the notification, rather than the Superintendent, then reasoning for that deviation from the norm shall also be documented. The Superintendent shared that no such allegations have been made in the past twelve months so there was no documentation to review this policy in practice.</p> <p data-bbox="252 1615 1471 1906">115.363 (d) Finally, LCJDC Policies and Procedures 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, notes that, “The head of the facility receiving allegation or accusation notification shall ensure that the allegation or accusation is investigated in accordance with PREA standards.” The Superintendent indicated that there have been zero notifications made to LCJDC regarding allegations of sexual abuse that occurred while at LCJDC; she assured the auditor that if ever such notification were received then a full investigation would be initiated in keeping with PREA standards.</p> <p data-bbox="252 1962 609 1995">Compliance Determination:</p> <p data-bbox="252 2040 1471 2119">Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.364 | Staff first responder duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was reviewed to determine compliance for standard 115.364:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. Volunteer & Contractor Training: Your Responsibilities to Prevent, Detect and Respond to Sexual Abuse and Sexual Harassment Acknowledgement Form 3. Interviews with Specialized Staff (First Responders) 4. Interviews with Random Staff <p>115.364 (a) All staff at LCJDC are trained as first responders. During their interviews, 100% of the staff were able to articulate their duties as first responders highlighting that safety of the residents is the top priority. The each indicated they would separate the alleged victim and abuser, secure the scene, encourage preservation of evidence, notify their supervisor, and ensure that the victim receives any necessary medical/mental health care necessary in that moment. Staff’s understanding is further supported by LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, which outlines staff first responder duties as follows: “Upon learning of an allegation or accusation that a youth was abused, neglected, sexually abused or sexually harassed, the first staff member or designee shall be required to: a) Separate the alleged victim and abuser; b) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and, c) If the abuse occurred within a time period that still allows for the collection of physical evidence, request and ensure that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate - washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.” Staff shared with the auditor that they are not responsible for actual evidence collection, that falls to LCSO, and short of gathering basic information to make a report, they are not to interview or question any involved parties. Despite there being zero allegations made in the past twelve months, staff were well versed in their responsibilities should such an occasion ever arise.</p> <p>115.364 (b) Again, policy 7.7 dictates that, “If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.” As all LCJDC staff are trained as first responders the only individuals that would be unaware of the official responsibilities would be volunteers and contractors. Volunteer and Contractor Training Acknowledgement form informs signees that “If you receive information about sexual abuse that has/is occurring, request that the alleged victim not take any actions that could destroy physical evidence (have them stay with you) and notify LCJDC staff immediately.”</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.365:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures - 7.7 Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. LCJDC Policies and Procedures - 7.7B Accusations Flowchart (Rev. 7-2012) 3. Interview with LCJDC Superintendent <p>115.365 (a) LCJDC has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This coordinated plan is outlined in LCJDC's policies and procedures 7.7, Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, with policy 7.7B, Accusations Flowchart, as supporting documentation which outlines the chain of notifications which would transpire upon receipt of an accusation.</p> <p>Recommendations for Best Practice:</p> <p>Considering the facility has not had any allegations of sexual abuse or sexual harassment in over twelve months, the auditor recommended that the facility run a mock allegation in an effort to remain familiar with the process, identify any gaps, and account for any changes in personnel that may impact the coordinated response.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.366:</p> <p>1. Pre-Audit Questionnaire</p> <p>115.366 (a) The employees of the LCJDC are not members of a collective bargaining unit and have no contract or labor agreement.</p> <p>115.366 (b) Auditor is not required to audit this provision.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.367 | Agency protection against retaliation |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>The following evidence was reviewed to determine compliance for standard 115.367:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures - 7.7 Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. Interview with LCJDC Superintendent (and Agency Head Designee) 3. Interview with Specialized staff (Monitor Retaliation) <p>115.367 (a) LCJDC has incorporated their policy to protect all residents and staff, who report sexual abuse or sexual harassment and/or those who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff into LCJDC Policies and Procedures 7.7, Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment. In this policy, the Program Manager and Facility Manager are charged with monitoring retaliation.</p> <p>115.367 (b) Also indicated in policy 7.7, Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, "The LCJDC will employ multiple protection measures, including housing changes or transfers for youth victims or abusers, removal of alleged staff or youth abusers from contact with victims, and emotional support services for youths or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." The Superintendent acknowledged each of these measures during her interview with the auditor and added that retaliation against a staff member will also be reported to the Human Resources Department (HR). The Loudoun County Human Resources Department would investigate any allegation of retaliation either by a staff member who is suspected of allegedly retaliating against a resident or another staff member or who may be the subject of retaliation for reporting an allegation of sexual abuse or sexual harassment.</p> <p>115.367 (c) The duration of monitoring for retaliation also addressed in policy 7.7, Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, wherein, "The Program Manager and Facility Manager will monitor the conduct or treatment of youth or staff who have reported sexual abuse or cooperated with investigations, including any resident disciplinary reports, housing, or program changes, for at least 90 days following their report or cooperation, to see if there are changes that may suggest possible retaliation by youth or staff, and shall act promptly to remedy any such retaliation. The Program Manager and Facility Manager will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need."</p> <p>115.367 (d) The Program Manager/PREA Coordinator, the Facility Manager, the Superintendent, the Youth Services Coordinator, and Mental Health staff indicated that they all monitor for retaliation (albeit informally, as only two individuals are designated to do so). They each stated that they would check in with residents periodically once aware of the need for monitoring, at least weekly if not more frequently. They indicated that they would look for things like increased sanctions, disciplinary reports, being treated differently, being ostracized, anything out of the norm.</p> | |

115.367 (e) In the instance that any other individual who cooperates with an investigation expresses a fear of retaliation, the Superintendent indicated that LCJDC would take appropriate measures to protect that individual against retaliation as well. She stated that supervisors would be made aware of the concern, re-training on staff observation/monitoring youth, reiteration of the zero-tolerance policy, offering supportive counseling, and directly addressing any staff involvement in retaliation.

115.367 (f) The auditor is not required to audit this provision.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.368:</p> <ol style="list-style-type: none"> 1. LCJDC policies and procedures - 6.5 Youth Mental Health Care, Treatment, and Programs 2. Interview with Superintendent (Rev. 5-2014) 3. Interviews with Specialized Staff (Supervise Isolation) 4. Interviews with Medical and Mental Health Staff 5. Observations during Facility Site Review <p>115.368 (a) A separate notion from isolation/room confinement is that of segregated housing. LCJDC has instituted what is known as “Red Flag” status to demarcate an enhanced need for supervision. Red flag status is generally reserved for suicidal/self-abusive behaviors, elevated MAYSI-2 scores, and those with a history of sexual abuse or sexual harassment; there are only certain individuals within LCJDC that can authorize red flag status. LCJDC policies and procedures 6.5, Youth Mental Health Care, Treatment, and Programs, suggests that “red flag for victimization should only be used if there is reason to believe youth is in danger of being victimized in LCJDC...[and] any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical, mental health practitioners and YSC, as necessary, to inform treatment plans and security and management decisions, including housing, education, and program assignments, or as otherwise required by Federal, State, or local law.” Residents on red flag status still participate in programming but are generally housed in an observation room, next to the control room, sit near staff during meals, room check frequency is increased, and for youth, who have experienced prior sexual victimization and/or perpetrated sexual abuse, a follow-up meeting with a mental health and medical practitioner within 14 days of the intake screening shall be offered.</p> <p>With regard to use of room confinement based on red flag status, Policy 6.5 further indicates (in keeping with requirements of § 115.342) that, “Youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep the youth and others safe, and then only until an alternative means of keeping all youth safe can be arranged. During any period of room confinement, youth shall not be denied daily large-muscle exercise and any legally required educational programming or special education services. Youth in room confinement shall receive daily visits from a medical or mental health care clinician. Youth shall also have access to other programs and work opportunities to the extent possible.” Furthermore, if a resident is isolated, staff are required to document (per policy 6.5) “a) the basis for the facility’s concern for the youth’s safety; and b) the reason why no alternative means of separation can be arranged. c) Every 30 days, the facility YSC shall afford each youth a review to determine whether there is a continuing need for separation from the general population.”</p> <p>During interviews with the auditor the Superintendent, Medical and Mental Health staff, and staff who supervise residents in isolation, all reported that there have been zero residents placed in isolation for alleging previous sexual abuse.</p> |

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.371:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures - 7.7 Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. LCJDC Policies and Procedures - 7.7B Accusations Flowchart (Rev. 7-2012) 3. Interview with LCJDC Superintendent (as Agency Head Designee) 4. Interview with LCJDC Investigative Staff 5. LCJDC PREA Lobby Posting (Rev. 10-2015) 6. Memorandum of Understanding between LCJDC and Loudoun County Sheriff's Office 7. LCJDC PREA Annual Report 2018 8. LCJDC Website https://www.loudoun.gov/1006/Juvenile-Detention-Center 9. Observations during on-site review of the physical plant <p>115.371 (a) Facility policy 7.7 addresses investigations into allegations of sexual abuse and sexual harassment and makes clear the expectation that investigations are to be done promptly, thoroughly, and objectively. Interviews with 16 staff, to include those that perform administrative duties, participate on the facility investigative team, and act as first responders all indicated that allegations are reported immediately (in keeping with 7.7B Accusations Flowchart). Regarding thoroughness, staff reported that they will make all evidence available for the conduct of an investigation (be it administrative or criminal); evidence to include, but not limited to, verbal report, written report, video surveillance, physical evidence, and witness report, where applicable. The facility investigative staff, which is comprised of facility administration, indicated to the auditor that in terms of objectivity they strive to ensure no bias or presumption is allowed into the investigative process, rather they let the evidence speak for itself. Administrative investigations are conducted in house, under the direction of the Deputy Director of the Department of Family Services, for all allegations including those from third-parties and anonymous report. Criminal investigations are conducted by an outside agency, LCSO, with the expectation that notification to the investigator will occur within 24-hours of the allegation being made. There were zero allegations over the past year, so no records were available for review.</p> <p>115.371 (b) With regard to criminal investigations, LCSO investigators have specialized training to conduct sexual abuse investigations. Likewise, for administrative investigations, LCJDC requires that the investigative team members and other specialized staff complete specialized training (as outlined in § 115.334). This training is conducted online through National Institute of Corrections; supervisors complete a module entitled "Investigating Sexual Abuse in a Confinement Setting" and administrators complete the module "Investigating Sexual Abuse in a Confinement Setting Advanced Investigations." As noted in §115.334 (c), training records were reviewed to verify current training compliance during the on-site visit and both facility level investigators articulated their understanding of the training as indicated in §115.334 (b).</p> <p>115.371 (c) As noted in § 115.364 (a) and § 115.382 (b), LCJDC has trained all direct care</p> |

staff in first responder duties. Policy 7.7 Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment outlines the duties of a first responder to include instruction to “preserve and protect any crime scene until appropriate steps can be taken to collect any evidence (by LCSO)” and ensuring that the alleged victim and abuser “not take any actions that could destroy physical evidence.” Understanding of this expectation was corroborated during all 7 first responder (specialized staff) interviews and the two facility level investigator interviews. Both policy and interviews further elaborated on the various roles and responsibilities of staff and administration when gathering information, interviewing alleged victims, suspected perpetrators, and witnesses, and the expectation of thorough documentation to include a description of any “evidence, reasoning behind credibility assessments, and investigative facts and findings.” LCJDC’s electronic monitoring system has two digital video recording devices that store information for 15 to 30 days as noted during observation of the physical plant. Again, there were no allegations made during the past year so there were no records to review for verification of this practice.

115.371 (d) Policy 7.7 Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (p.7) notes that “an investigation will not be terminated solely because the source of the allegation recants the allegation.” The Superintendent, PREA Coordinator, and Facility Manager (all members of LCJDC’s investigative team) echoed this policy during the interview process; they noted that they would want to follow through with any investigation to ensure that no sexual abuse, neglect or harassment occurred and that the investigation will play out accordingly regardless of an allegation recantation with an appropriate finding of substantiated, unsubstantiated, or unfounded.

115.371 (e) Interviews with two investigative staff at LCJDC suggested that compelled interviews will only be conducted with the prior knowledge and approval of the Commonwealth’s Attorney. There were no reports of sexual abuse and/or sexual harassment to review.

115.371 (f) Policy 7.7 Accusations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (p. 6) clarifies that “the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as resident or staff.” The two facility investigative staff reported to the auditor that all evidence is subject to review and no individual’s status will impact their credibility; neither will the facility submit any resident to a polygraph examination or other truth telling device as a condition for proceeding with an investigation of an allegation, the allegation stands on its own merit and warrants appropriate investigation. Again, there were zero allegations made over the course of the past twelve months, so no investigations or credibility assessments were available for review.

115.371 (g) Continuing, the policy 7.7 indicates, “when the PREA Coordinator or designee meets with the person(s) making the accusations or allegations, they shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and they shall document in an SIR (or addendum to the original SIR) a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.” Beyond meeting with the individual making an allegation/accusation, the PREA Coordinator suggested to the auditor that, other methods of determining whether staff actions or inaction contributed to the abuse would be considered; these other methods could include

the verbal and written reports by others involved and video surveillance review.

115.371 (h) Criminal investigations are conducted by LCSO who, upon completion of the investigation, will provide the LCJDC with a written report. Interviews with investigative staff suggested that these reports will provide descriptions of the evidence, statements, offer a finding of substantiated or unsubstantiated, and any necessary follow-up.

115.371 (i) As mentioned above, per investigative staff interviews, it was noted that LCSO will provide a written report of criminal investigation findings. Should the report find substantiated allegations of conduct that appears to be criminal in nature then the case will be referred to the Commonwealth Attorney for prosecution.

115.371 (j) The retention period of the investigation reports is stated in LCJDC policy 7.7 as follows: "The LCJDC agency shall retain all written reports from internal and external investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention."

115.371 (k) Policy 7.7 specifies that "an investigation will not be terminated on the basis of the departure of the alleged abuser or victim from the employment or control of LCJDC." Again, this was corroborated during interviews with the investigative staff.

115.371 (l) Not required.

115.371 (m) Policy 7.7 stipulates that "during all parts of the investigation (internal and external), the LCJDC shall cooperate with outside investigators and shall make efforts to be informed throughout this part of the investigation." During the audit exit meeting the Superintendent, PREA Coordinator, and Facility Manager suggested that LCJDC has a positive working relationship with the LCSO and that they follow up on a regular basis throughout the investigation to remain informed. In keeping with the information presented in 115.322(c), while the MOU between LCJDC and LCSO indicates the two shall remain aware of the investigative process/progress, there is no language in the MOU to ensure that this is done in a timely and effective manner. This will require corrective action (see below).

Corrective Action:

While there is an MOU in place with LCSO for criminal investigative matters which specifically indicates LCJDC's "efforts to remain informed," there is no verbiage to indicate how those efforts are to be met. The auditor suggested that LCJDC consider revising their MOU with LCSO to include verbiage related to criminal investigation process/timeline and create set check in points so as to remain abreast of investigative proceedings and encourage timeliness when investigations are out of LCJDC's direct control. LCJDC should update the MOU to include set check-ins/investigative update requirements, review it with LCSO as soon as possible, then provide the auditor with the updated MOU.

Verification of Corrective Action:

The Auditor was provided appropriate supplemental documentation on December 16, 2019 to

evidence and demonstrate corrective actions taken regarding this standard.

The following additional evidence was reviewed to determine compliance for provision 115.371 (m):

1. Memorandum of Understanding between the LCSO and LCJDC.
2. Email correspondence between the LCSO and LCJDC.

A copy of the Memorandum of Understanding (MOU) between the LCSO and LCJDC was provided to the auditor, along with email correspondence between administrators for the respective organizations, which indicated that LCSO will conduct criminal investigations when necessary, including investigations of sexual abuse, and that LCJDC will remain informed of investigation progress every 30 days through communication with the lead investigator. A review of the MOU provided sufficient verbiage to indicate that the LCJDC will be in compliance with provision 115.371(m) should an investigation ever become necessary. The MOU is also being reviewed by the Department of Family Services but will remain on file with LCJDC and LCSO per the email correspondence provided.

Compliance Determination:

Based on the evidence discussed, the facility has demonstrated compliance with the standard.

| 115.372 | Evidentiary standard for administrative investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.372:</p> <ol style="list-style-type: none">1. LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014)2. Interview with Specialized Staff (Investigative Staff) <p>115.372 (a) During their interviews with the auditor, the investigative staff (which consists of the Facility Manager and the Program Manager/PREA Coordinator) echoed facility policy 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, confirming that, "The LCJDC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." There have been no allegations of sexual abuse or sexual harassment reported in the past 12 months so there were no files for review.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.373:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. Interview with Superintendent 3. Interview with Specialized Staff (Investigative Staff) <p>115.373 (a) LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, indicates that, “once the investigation(s) (internal and/or external) are completed and the youth remains in custody of the LCJDC , the PREA Coordinator or designee shall inform the youth as to whether the allegation or accusation has been determined to be substantiated, unsubstantiated, or unfounded.” The Superintendent and investigative staff all confirmed that should an investigation be conducted, they would inform the resident of the determination. There have been zero criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months, thus, no notifications were made.</p> <p>115.373 (b) Policy 7.7 further stipulates, “If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the youth.” As previously indicated, LCSO is responsible for all criminal investigations, the Superintendent and Investigative staff reported to the auditor that they would closely monitor the progress of the investigation and upon its conclusion report determinations to the resident. Again, no allegations have been made so no criminal investigations have been conducted nor notifications required.</p> <p>115.373 (c) Per policy 7.7, following a resident's allegation that a staff member has committed sexual abuse against the resident, the LCJDC shall subsequently inform the resident (unless it has been determined that the allegation is unfounded) whenever: “1) the staff member is no longer posted within the resident’s unit; 2) the staff member is no longer employed at the facility; 3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The Superintendent acknowledged this policy and clearly articulated that it would be followed should an allegation against staff ever be made.</p> <p>115.373 (d) Similarly, policy 7.7 stipulates, “Following a youth’s allegation or accusation that they have been abused, neglected, sexually abuse or sexually harassed by another youth, the PREA Coordinator or designee shall inform the youth whenever: 1) the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”</p> <p>115.373 (e) Finally, policy 7.7 requires that “All notifications or attempted notifications to report the outcome of allegations or accusations shall be documented (SIR and/or addendum</p> |

to SIR).” Since there have been no allegations of sexual abuse at the facility during the previous 12 months, there have been no notifications.

115.373 (f) Auditor is not required to audit this provision.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.376 | Disciplinary sanctions for staff |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was reviewed to determine compliance for standard 115.376:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. Interview with Superintendent 3. Interview with PREA Coordinator <p>LCJDC Policies and Procedures 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment states: "If the Superintendent or designee finds substance to the allegation(s) or accusation(s), he/she shall proceed with action utilizing the Loudoun County Human Resources Manual as a guide and the authority vested in him/her by the Loudoun County Department of Family Services and the County of Loudoun as a basis for his/her actions."</p> <p>With regard to the requirements for this standard, LCJDC policy 7.7 indicates verbatim,</p> <p>115.376 (a) "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.376 (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.376 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.376 (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies."</p> <p>The Superintendent and the PREA Coordinator indicated that there have been no allegations or accusations reported in the past twelve months, therefore no related disciplinary sanctions, resignations, or terminations.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.377 | <p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was reviewed to determine compliance for standard 115.377:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 12.5 Volunteer Intern Services 2. Volunteer & Contractor Training: Your Responsibilities to Prevent, Detect and Respond to Sexual Abuse and Sexual Harassment Acknowledgement Form 3. Interview with Superintendent <p>115.377 (a) LCJDC’s Volunteer & Contractor Training: Your Responsibilities to Prevent, Detect and Respond to Sexual Abuse and Sexual Harassment acknowledgement form makes it clear that, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents (banned from the facility) and shall be reported to Loudoun County Sherriff’s Office and to the relevant licensing bodies.” In the past 12 months, there have been zero contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>115.377 (b) Additionally, the Volunteer & Contractor Training acknowledgement form stipulates that, “Any other non-criminal violation of the policy will also result in prohibited contact with the residents.” Policy 12.5, Volunteer and Intern Services, also notes that “the services of a Volunteer/Intern or a Volunteer/Intern organization may be curtailed, postponed or discontinued at any time.” The Superintendent shared with the auditor that potential remedial measures could include suspension, meetings with administration, additional education/training requirements, and increased supervision.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |
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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.378:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 6.5 Youth Mental Health Care, Treatment, and Programs (Rev. 5-2014) 2. LCJDC Policies and Procedures - 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 3. LCJDC Policies and Procedures – 8.1 Behavior Management 4. LCJDC Youth Handbook 5. Interview with Superintendent 6. Interview with PREA Coordinator 7. Interviews with Medical and Mental Health Staff <p>115.378 (a) LCJDC Policy 8.1, Behavior Management, dictates that, “a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.”</p> <p>115.378 (b) The Superintendent reported that disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and sanctions imposed for comparable offenses by other residents. Per policy 6.5, Youth Mental Health Care, Treatment, and Programs, “during any period of room confinement, youth shall not be denied daily large-muscle exercise and any legally required educational programming or special education services. Youth in room confinement shall receive daily visits from a medical or mental health care clinician. Youth shall also have access to other programs and work opportunities to the extent possible.” There were zero reports of sexual abuse or sexual harassment during the past twelve months, thus, no subsequent disciplinary sanctions.</p> <p>115.378 (c) The Superintendent affirmed that the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Policy 8.1 supports her assertions, stating, “when issuing and determining a youth’s a consequence consider: 1) the youth’s limitations, 2) their contribution to the incident, 3) recent, ongoing same/similar behavior to determine what type of consequence, if any, should be imposed.”</p> <p>115.378 (d) LCJDC does offer therapy, counseling, and other interventions to its residents, however, they are not designed to address and correct underlying reasons or motivations for sexual abuse; in other words, no sex offender treatment is offered in-house. However, the mental health clinician would refer to the resident to a sex offender therapist at the Community Service Board (the local mental health agency), if/when necessary.</p> <p>115.378 (e) Policy 8.1 clarifies that, “a youth may be subject to disciplinary consequences for sexual contact with staff only upon a finding that the staff member did not consent to such contact.” Per the interview with the Superintendent, there have been no reports of sexual</p> |

misconduct at LCJDC in the past twelve months and thus no resulting disciplinary actions.

115.378 (f) LCJDC Policy 7.7, 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, addresses disciplinary action with relation to reports made in good faith stating, "The LCJDC may discipline a resident for filing an abuse report related to alleged sexual abuse only where it has been demonstrated that the resident filed the abuse report in bad faith."

115.378 (g) Per the LCJDC Youth Handbook, "the JDC is a no-contact facility...(youth) are not allowed to touch another detainee for any reason at any time." While LCJDC does prohibit all sexual activity between residents and will discipline residents for such activity, they will not deem such activity to constitute sexual abuse if it is determined that the activity was not coerced; per the PREA Coordinator, sexual activity will be subject to administrative review to make such a determination. Discipline will be in keeping with the facilities behavioral program and progressive consequences which host a range of sanctions including: failure to earn free time, loss of privilege, population isolation, and cell time.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.381:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 6.1P Routine Medical Services 2. LCJDC Policies and Procedures – 6.5 Youth Mental Health Care, Treatment, and Programs (Rev. 5-2014) 3. Interview with Specialized Staff (Screening) 4. Interviews with Medical and Mental Health Staff 5. Observations during Facility Site Review <p>115.381 (a) LCJDC policy 6.5, Youth Mental Health Care, Treatment, and Programs, indicates that “Each youth shall undergo a mental health screening, as required by §16.1-248.2 of the Code of Virginia, administered by trained staff, to ascertain the youth’s suicide risk level and need for a mental health assessment.” At LCJDC, this is accomplished by having each youth complete the MAYSI-2 and the Classification Assessment/Mental Health Screening during intake, but no later than 48 hours from the time of admission. Typically, the screening is completed by the mental health clinician or MH Intern, if unavailable, then the screening is completed by a trained LCJDC staff. Based on the information gathered from those two assessments, different protocols are triggered. In the instance that prior sexual victimization (or perpetration of sexual abuse) then the youth may be placed on “red flag status” and given an intensive supervision plan (cross-reference §115.342 and §115.368); the Supervisor-on-Duty will notify the mental health clinician, the Youth Services Coordinator, and the administration. Per policy 6.5, “Staff shall ensure that youth, who have experienced prior sexual victimization ... is offered a follow-up meeting with a mental health and medical practitioner within 14 days of the intake screening.” The Mental Health Clinician reported to the auditor that they resident is usually seen by the next business day.</p> <p>115.381 (b) Likewise, per policy 6.5, if the youth is identified through the intake screenings to have previously perpetrated sexual abuse, they will be “offered a follow-up meeting with a mental health and medical practitioner within 14 days of the intake screening. Again, during the interview with the Mental Health Clinician, it was reported that any resident flagged during intake/screening will typically meet with mental health the next business day; she also indicated that if she were not available there is a backup mental health provider identified to do so.</p> <p>115.381 (c) Once an assessment is conducted, per policy 6.5, “Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical, mental health practitioners and YSC, as necessary, to inform treatment plans and security and management decisions, including housing, education, and program assignments, or as otherwise required by Federal, State, or local law.” The Mental Health Clinician indicated that those with access to this information generally include mental health staff, medical staff, the Youth Services Coordinator, and Administration as these individuals would also hold a team meeting to ensure treatment and safety needs are met.</p> |

115.381 (d) Medical and Mental Health staff shared with the auditor that informing residents of their mandated reporter status (per Virginia law) is typically the first thing they do upon meeting a new resident. They review informed consent with the resident and any related paperwork (HIPPA Notice, Loudoun County Release of Information Form, etc.) is signed and placed in the residents file. Informed consent is also addressed in LCJDC's policy 6.1P, Routine Medical Services, which states, "Health care services shall be provided in accordance with §54.1-2969 of the Code of Virginia. The knowing and voluntary agreement, without undue inducement or any element of force, fraud, duress, or other form of constraint or coercion, of a person who is capable of exercising free choice (informed consent) to health care shall be obtained from the youth or parent/legal guardian, as required by law. 6VAC35-101-970(A)."

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.382:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 2. Interviews with Medical and Mental Health Staff 3. Interviews with Specialized Staff (First Responders) 4. Observations during Facility Site Review <p>115.382 (a) The auditor was informed by medical and mental health staff that, although there have been zero reports of sexual abuse at LCJDC over the past twelve months, any resident victim of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services would be determined by medical and mental health practitioners according to their professional judgment. Both the nurse and mental health clinician maintain secondary records documenting all aspects of their duties (as witnessed during the facility site review), in the instance that sexual abuse were to occur, they would also document the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. All staff, non-health staff included, would document their involvement in such a matter in a serious incident report (cross-reference §115.322 and § 115.351).</p> <p>115.382 (b) As noted in § 115.364, all LCJDC staff are trained as first responders and during interviews with the auditor they were able to clearly articulate their duties as such, including, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, they would take preliminary steps to protect the victim pursuant to § 115.362 and immediately notify the appropriate medical and mental health practitioners. Staff, noting that there have been no reports of sexual abuse in the facility in the past twelve months requiring such a response, would call “911” to transport a victim to the hospital; additionally, they would follow the coordinated response as outlined in § 115.365. The nurse further explained that the LCJDC contract physician (who is not always on-site) would be contacted. The mental health clinician noted that local mental health agency (DMHSADS) would provide a crisis team, after normal business hours.</p> <p>115.382 (c) The nurse affirmed that a resident victim of sexual abuse will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>115.382 (d) Policy 7.7, Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment, suggests that “Once abuse, neglect, sexual abuse or sexual harassment has been reported and during the investigation (internal and/or external), the LCJDC shall</p> |

provide youth(s) access to outside victim advocates (from local Community Service Board or Rape Crisis Center) for emotional support services to include accompanying the youth to medical exams and investigatory interviews related to sexual abuse and a forensic medical examination (SAFE or SANE) at no cost to the youth," regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.383:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 6.5 Youth Mental Health Care, Treatment, and Programs 2. LCJDC Policies and Procedures - 7.7 Accusations or Allegations of Child Abuse, Neglect, Sexual Abuse or Sexual Harassment (Rev. 12-2014) 3. Interviews with Medical and Mental Health Staff 4. Observations during Facility Site Review <p>115.383 (a) The nurse and the mental health clinician confirmed that a resident victim of sexual abuse will be offered medical and mental health evaluations, and as appropriate, treatment, regardless of where the sexual abuse happened; these services are denoted in LCJDC policy 6.5, Youth Mental Health Care, Treatment, and Programs. The nurse and mental health clinician noted that a coordinated response would allow them to offer immediate services in-house as well as with community providers including DMHSADS, INOVA, LAWS, and the LCSO.</p> <p>115.383 (b) They further affirmed that the evaluation and treatment would include, as appropriate, follow-up services, treatment plans, and referrals for continued care, when necessary, following the resident’s release from the LCJDC.</p> <p>115.383 (c) The nurse and the mental health clinician both said the medical and mental health services provided by the LCJDC are consistent with the community level of care.</p> <p>115.383 (d) Resident victims of sexually abusive vaginal penetration while in the LCJDC shall be offered pregnancy tests; these tests are available in the clinic.</p> <p>115.383 (e) If a resident victim of sexually abusive vaginal penetration while in the LCJDC results in pregnancy, they will be provided comprehensive information about timely access to all lawful pregnancy related medical services (cross-reference §115.382c). During the facility site review the nurse indicated where information regarding such services were available in the clinic.</p> <p>115.383 (f) As noted above in §115.382c, the nurse affirmed that a resident victim of sexual abuse will be offered timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>115.383 (g) Again, as indicated in §115.382d and supported by LCJDC policy 7.7, treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.383 (h) The mental health clinician attested to the fact that LCJDC would attempt to conduct a mental health evaluation of all known resident-on-resident abusers as soon as</p> |

possible upon learning of such abuse history (well prior to the 60-day maximum required by the standard) and offer treatment when deemed appropriate. As previously noted, LCJDC does not provide sex offender treatment for the abuser, however, arrangements would be made to have treatment services provided by an outside entity when deemed appropriate by the mental health clinician.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.386:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 11.9 Data Collection and Review (Rev. 3-2016) 2. Interview with Superintendent 3. Interview with PREA Coordinator 4. Interview with Specialized Staff (Incident Review Team) <p>115.386 (a) LCJDC Policy 11.9, Data Collection and Review, addresses the sexual abuse incident reviews dictating that the facility will “conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. In the past 12 months, zero criminal and/or administrative investigations of alleged sexual abuse have been completed at LCJDC as there have been no allegations during this timeframe.</p> <p>115.386 (b) In the past 12 months, there have been zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility, however, the PREA Coordinator assured the auditor that should one occur, a sexual abuse incident review will be held within 30 days of the conclusion of the investigation.</p> <p>115.386 (c) The Superintendent informed the auditor that LCJDC’s sexual abuse incident review team consists of the following individuals: the Superintendent, the Program Manager/PREA Coordinator/PREA Investigator, the Facility Manager/PREA Investigator, the Mental Health Clinician, the Nurse, the Youth Services Coordinator, DHS Administrator, and shift supervisors. Line staff could be included as appropriate based on their involvement in the matter.</p> <p>115.386 (d) During interviews with the auditor, the Superintendent, PREA Coordinator, and Facility Manager (all members of the incident review team) attested to practice following policy regarding the tasks of the incident review team. Per LCJDC policy 11.9, Data Collection and Review, “the review team shall: a.) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b.) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification , status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; c.) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d.) Assess the adequacy of staffing levels in that area during different shifts; e.) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and f.) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the Superintendent and PREA compliance manager.” Regardless of the fact that there have been no allegations and no need for an incident review in the past 12 months, those on the review team still meet regularly to address the various aspects of this provision in an attempt to make/keep the facility safe and</p> |

reduce the likelihood of sexual abuse or sexual assault occurring at LCJDC.

115.386 (e) As there have been zero allegations/investigations in the past twelve months, it was only possible to theorized that LCJDC will comply with their own policy 11.9, and “implement the recommendations for improvement, or shall document the reasons for not doing so,” following an incident review.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.387 | Data collection |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1358 360">The following evidence was reviewed to determine compliance for standard 115.387:</p> <ol data-bbox="252 412 1347 490" style="list-style-type: none"> <li data-bbox="252 412 1347 445">1. LCJDC Policies and Procedures – 11.9 Data Collection and Review (Rev. 3-2016) <li data-bbox="252 454 671 490">2. Interview with Superintendent <p data-bbox="252 542 1461 786">115.387 (a) LCJDC’s Policy 11.9, Data Collection and Review, highlights the purpose of data collection and aggregation to be for the assessment and improvement of the facilities effectiveness in the prevention, detection, and response policies, practice, and training as it pertains to sexual abuse. To that end, policy 11.0 dictates that the facility “shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="252 837 1425 960">115.387 (b) The policy 11.9, goes on to direct that, “LCJDC shall aggregate the incident-based sexual abuse data at least annually.” Again, there were no allegations and no investigations during the twelve months proceeding the on-site portion of the audit.</p> <p data-bbox="252 1012 1442 1135">115.387 (c) Also found in policy 11.9, “the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.”</p> <p data-bbox="252 1187 1469 1431">115.387 (d) Policy 11.9 continues, “LCJDC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.” Again, the PREA Coordinator indicated to the auditor that should any such allegations and/or investigations occur, all information and data will be documented, collected, reviewed and stored securely in the administration area for annual review.</p> <p data-bbox="252 1482 1469 1644">115.387 (e) While it is part of LCJDC’s policy 11.9, Data Collection and Review, to “obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents,” there are no contractual agreements with any other facilities the time of the audit, per the Superintendent.</p> <p data-bbox="252 1695 1477 1818">115.387 (f) Finally, LCJDC policy 11.9 and the PREA coordinator indicated that, “upon request, LCJDC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”</p> <p data-bbox="252 1870 608 1904">Compliance Determination:</p> <p data-bbox="252 1955 1477 2033">Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.388 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.388:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 11.9 Data Collection and Review (Rev. 3-2016) 2. Interview with Superintendent (as Agency Head Designee) 3. Interview with PREA Coordinator 4. Review of Documentation (PREA Annual Report) 5. Observations during Facility Site Review <p>115.388 (a) As noted in § 115.387, LCJDC reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: per policy 11.9, Data Collection and Review, “Identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of the findings and corrective actions for the facility as a whole formed at the completion of the data review process.” The PREA Coordinator shared with the auditor that there were zero allegations in the past 12 months, so aggregate data was non-existent. Nonetheless, the absence of incidents also presents information of its own and allows the facility to note what seems to be working and regular review meetings and annual reporting also prevent the facility from becoming complacent regarding sexual abuse prevention, detection, and response.</p> <p>115.388 (b) Policy 11.9 dictates the annual report “shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. As there have been no allegations of sexual abuse, and therefore no investigations, at LCJDC during the current audit cycle, the annual reports appeared very similar upon comparison.</p> <p>115.388 (c) “LCJDC’s report shall be approved by the Superintendent and made readily available through the County’s website,” according to LCJDC policy 11.9. The Superintendent confirmed to the auditor that she signs off on the annual reports and has them available for public viewing. During the facility site review, the auditor noted that the PREA posting in the lobby area indicated that “the agency shall make available the review of aggregated sexual abuse data and the annual report upon request,” however, the signage had not been updated and shared that the reporting period available was from October 2014-2015 (during which time no allegations had been made). The current 2018 Annual Report was indeed available in the Superintendent’s office. During the exit meeting, the auditor noted that the signage needed to be updated, reflecting the current annual report information; and despite the website being maintained by the county, suggested that minimally it should include verbiage indicating that the report was available upon request from the Superintendent (this will be discussed further in §115.389b) .</p> <p>115.388 (d) Again, policy 11.9 suggests that, “LCJDC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.” When asked what type of</p> |

information would be redacted the PREA Coordinator indicated that it would be identifying information, for example, resident names, birth dates, juvenile tracking numbers, etc., the intent would be to maintain confidentiality.

Compliance Determination:

Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.

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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.389:</p> <ol style="list-style-type: none"> 1. LCJDC Policies and Procedures – 11.9 Data Collection and Review (Rev. 3-2016) 2. Review of LCJDC Website 3. Interview with PREA Coordinator 4. On-site Exit Meeting with the LCJDC Administrative Team <p>115.389 (a) The PREA Coordinator shared that LCJDC ensures that data collected pursuant to § 115.387 are securely retained in a locked file cabinet in the administrative area of the facility.</p> <p>115.389 (b) LCJDC’s policy 11.9 states that the facility “shall make all aggregated sexual abuse data readily available to the public at least annually through the County’s website,” in keeping with this provision. However, upon review of the website the annual report, nor the previous PREA audit report, are available through the site; this requires corrective action. The missing website information was addressed by the auditor with the LCJDC administrative team during the on-site portion of the audit; they explained that the county maintains the website and that their access to make changes is not within LCJDC’s power. The auditor suggested at a minimum, the website should indicate that PREA reports and the Annual Report are available for viewing upon request from the Superintendent, just as the PREA posting in the lobby should indicate.</p> <p>115.389 (c) As indicated in §115.388d, in conjunction with LCJDC policy 11.9, the PREA Coordinator confirmed, “before making aggregated sexual abuse data publicly available, LCJDC shall remove all personal identifiers.”</p> <p>115.389 (d) Policy 11.9, Data Collection and Review, also dictates that “LCJDC shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.” Information has been reviewed in conjunction with the three-year PREA audit cycle and will remain secured in a locked file cabinet in the administrative area of the facility until properly destroyed after 10 years from the date of collection.</p> <p>Corrective Action:</p> <p>The facility needs to make all aggregated sexual abuse data readily available to the public at least annually through its website. Two methods for doing so were discussed during the on-site portion of the audit, to include: 1) linking directly to aggregate sexual abuse information from LCJDC’s site, or 2) indicate that such information is available by request to the facility Superintendent. With the understanding that the site is operated by the county, rather than the facility itself, LCJDC needs to demonstrate that they have, at a minimum, requested the Loudon County Webmaster incorporate PREA related information on the LCJDC site and provide documentation of the request to the auditor as soon as possible.</p> |

Verification of Corrective Action:

The Auditor was provided appropriate supplemental documentation on December 16, 2019 and January 17, 2020 to evidence and demonstrate corrective actions taken regarding this standard.

The following additional evidence was reviewed to determine compliance for provisions 115.389 (b):

1. Email Correspondence between LCJDC PREA Coordinator and Superintendent
2. PREA Information and links for county website
3. Communication between LCJDC Superintendent and the auditor

The LCJDC does not maintain their own website, it is managed by the county. As requested during the corrective action period, LCJDC PREA Coordinator created a mockup of a LCJDC PREA link for inclusion on their county webpage. Email correspondence between the PREA Coordinator and Superintendent, as well as the LCJDC PREA link mockup, were submitted to the auditor as verification of their request for publication on the county website as required by provision 115.389 (b). The mock-up includes a link to the PREA Audit Report, offers an overview of PREA, LCJDC's Zero-Tolerance Policy for sexual abuse and harassment, reporting methods, and aggregated sexual abuse data.

During the corrective action period, the county restructured and LCJDC no longer falls under the purview of the Department of Family Services and will now be a division of Juvenile Court Services. The county is in transition; updates to the county website will not be completed for several months per communication between the auditor and LCJDC's Superintendent on January 17, 2020. In keeping with the requirements of provision 115.389 (b) and the request for corrective action, LCJDC has made all aggregated sexual abuse data readily available to the public through other means, specifically, one can request the information directly from the LCJDC Superintendent's office; notification of its availability is posted in the facility lobby.

Compliance Determination:

Based on the evidence discussed, the facility has demonstrated compliance with the standard.

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.401:</p> <ol style="list-style-type: none"> 1. Interview with PREA Coordinator 2. Interviews with Residents 3. Observations during Facility Site Review 4. Auditor Review of Website <p>115.401 (a) LCJDC's initial on-site PREA audit occurred on October 21st-23rd, 2015, followed by a corrective action period. Their final audit report was submitted by that auditor on August 24, 2016. The current audit, on-site portion conducted on June 10, 2019, falls within the three-year cycle based on the previous audits final report submission date.</p> <p>115.401 (b) This provision is not applicable to LCJDC.</p> <p>115.401 (h) The auditor was given full access to, and observed, all areas of the audited facility as indicated in the facility characteristics section of this report.</p> <p>115.401 (i) The auditor was permitted to request and receive copies of relevant documents (including electronically stored information) through the OAS and in person during the on-site portion of the audit.</p> <p>115.401 (m) The auditor was permitted to conduct private interviews with residents.</p> <p>115.401 (n) Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The audit notice posted throughout the facility listed contact information for the auditor.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was reviewed to determine compliance for standard 115.403:</p> <ol style="list-style-type: none"> 1. Interview with Superintendent 2. Observations during Facility Site Review 3. Auditor Review of Website <p>115.403 (f) In keeping with the instructions on the PREA lobby posting, the facility provided the previous audit report upon request. As noted in §115.389, the information was not available on the website which is slated to be addressed during the corrective action period. The current auditor’s final report will be published on the agency’s website and/or available to the public upon request from the Superintendent.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above the auditor has determined that the facility meets this standard and no corrective action is required.</p> |

Appendix: Provision Findings

| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|-------------|---|-----|
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |

| 115.311 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|-------------|--|-----|
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |

| 115.311 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|-------------|---|----|
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | na |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | na |

| 115.312 (a) | Contracting with other entities for the confinement of residents | |
|-------------|---|----|
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |

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|--------------------|---|----|
| 115.312 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | na |

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| 115.313 (a) | Supervision and monitoring | |
| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | yes |
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| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |

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|--------------------|--|-----|
| 115.313 (b) | Supervision and monitoring | |
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | na |

| 115.313 (c) | Supervision and monitoring | |
|-------------|--|-----|
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | yes |

| 115.313 (d) | Supervision and monitoring | |
|-------------|---|-----|
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |

| 115.313 (e) | Supervision and monitoring | |
|-------------|--|-----|
| | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | yes |
| | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) | yes |

| 115.315 (a) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |

| 115.315 (b) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |

| 115.315 (c) | Limits to cross-gender viewing and searches | |
|-------------|--|-----|
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |

| 115.315 (d) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |

| 115.315 (e) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |

| 115.315 (f) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.316 (a) | Residents with disabilities and residents who are limited English proficient | |
|-------------|---|-----|
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all | yes |

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| | aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or | yes |

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| | through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | |
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| 115.316 (b) | Residents with disabilities and residents who are limited English proficient | |
|--------------------|---|-----|
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

| 115.316 (c) | Residents with disabilities and residents who are limited English proficient | |
|--------------------|--|-----|
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |

| 115.317 (a) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |

| 115.317 (b) | Hiring and promotion decisions | |
|-------------|---|-----|
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |

| 115.317 (c) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |

| 115.317 (d) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |

| 115.317 (e) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |

| 115.317 (f) | Hiring and promotion decisions | |
|-------------|---|-----|
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |

| 115.317 (g) | Hiring and promotion decisions | |
|-------------|---|-----|
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |

| 115.317 (h) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |

| 115.318 (a) | Upgrades to facilities and technologies | |
|-------------|---|-----|
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |

| | | |
|--------------------|---|-----|
| 115.318 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |

| | | |
|--------------------|---|-----|
| 115.321 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

| | | |
|--------------------|---|-----|
| 115.321 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

| 115.321 (c) | Evidence protocol and forensic medical examinations | |
|-------------|---|-----|
| | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |

| 115.321 (d) | Evidence protocol and forensic medical examinations | |
|-------------|--|-----|
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |

| 115.321 (e) | Evidence protocol and forensic medical examinations | |
|-------------|---|-----|
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |

| 115.321 (f) | Evidence protocol and forensic medical examinations | |
|-------------|--|-----|
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.) | yes |

| 115.321 (h) | Evidence protocol and forensic medical examinations | |
|-------------|---|----|
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.) | na |

| 115.322 (a) | Policies to ensure referrals of allegations for investigations | |
|-------------|---|-----|
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

| 115.322 (b) | Policies to ensure referrals of allegations for investigations | |
|-------------|---|-----|
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |

| 115.322 (c) | Policies to ensure referrals of allegations for investigations | |
|-------------|---|-----|
| | <p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p> | yes |

| 115.331 (a) | Employee training | |
|-------------|---|-----|
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |

| 115.331 (b) | Employee training | |
|-------------|---|-----|
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |

| 115.331 (c) | Employee training | |
|-------------|--|-----|
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |

| 115.331 (d) | Employee training | |
|-------------|---|-----|
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |

| 115.332 (a) | Volunteer and contractor training | |
|-------------|---|-----|
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |

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|--------------------|---|-----|
| 115.332 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |

| | | |
|--------------------|---|-----|
| 115.332 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

| | | |
|--------------------|---|-----|
| 115.333 (a) | Resident education | |
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |

| | | |
|--------------------|--|-----|
| 115.333 (b) | Resident education | |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |

| | | |
|--------------------|--|-----|
| 115.333 (c) | Resident education | |
| | Have all residents received such education? | yes |
| | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |

| | | |
|--------------------|--|-----|
| 115.333 (d) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |

| | | |
|--------------------|---|-----|
| 115.333 (e) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |

| | | |
|--------------------|---|-----|
| 115.333 (f) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |

| | | |
|--------------------|---|-----|
| 115.334 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| | | |
|--------------------|---|-----|
| 115.334 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| | | |
|--------------------|---|-----|
| 115.334 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| 115.335 (a) | Specialized training: Medical and mental health care | |
|-------------|--|-----|
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? | yes |

| 115.335 (b) | Specialized training: Medical and mental health care | |
|-------------|--|-----|
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) | yes |

| 115.335 (c) | Specialized training: Medical and mental health care | |
|-------------|---|-----|
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? | yes |

| 115.335 (d) | Specialized training: Medical and mental health care | |
|-------------|--|-----|
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? | yes |

| | | |
|--------------------|---|-----|
| 115.341 (a) | Obtaining information from residents | |
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |

| | | |
|--------------------|---|-----|
| 115.341 (b) | Obtaining information from residents | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

| 115.341 (c) | Obtaining information from residents | |
|-------------|---|-----|
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |

| 115.341 (d) | Obtaining information from residents | |
|-------------|---|-----|
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |

| 115.341 (e) | Obtaining information from residents | |
|-------------|--|-----|
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |

| 115.342 (a) | Placement of residents | |
|-------------|---|-----|
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |

| 115.342 (b) | Placement of residents | |
|-------------|---|-----|
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

| 115.342 (c) | Placement of residents | |
|-------------|--|-----|
| | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? | yes |

| 115.342 (d) | Placement of residents | |
|-------------|--|-----|
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |

| 115.342 (e) | Placement of residents | |
|-------------|--|-----|
| | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |

| 115.342 (f) | Placement of residents | |
|-------------|---|-----|
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |

| 115.342 (g) | Placement of residents | |
|-------------|---|-----|
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |

| 115.342 (h) | Placement of residents | |
|-------------|--|-----|
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | yes |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | yes |

| | | |
|--------------------|--|-----|
| 115.342 (i) | Placement of residents | |
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |

| | | |
|--------------------|--|-----|
| 115.351 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

| | | |
|--------------------|---|-----|
| 115.351 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |

| 115.351 (c) | Resident reporting | |
|-------------|---|-----|
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |

| 115.351 (d) | Resident reporting | |
|-------------|--|-----|
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |

| 115.351 (e) | Resident reporting | |
|-------------|---|-----|
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |

| 115.352 (a) | Exhaustion of administrative remedies | |
|-------------|---|-----|
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |

| 115.352 (b) | Exhaustion of administrative remedies | |
|-------------|---|----|
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | na |

| 115.352 (c) | Exhaustion of administrative remedies | |
|-------------|--|----|
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |

| 115.352 (d) | Exhaustion of administrative remedies | |
|-------------|--|----|
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |

| 115.352 (e) | Exhaustion of administrative remedies | |
|-------------|---|----|
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | na |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | na |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | na |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | na |

| 115.352 (f) | Exhaustion of administrative remedies | |
|-------------|---|----|
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |

| 115.352 (g) | Exhaustion of administrative remedies | |
|-------------|---|----|
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |

| 115.353 (a) | Resident access to outside confidential support services and legal representation | |
|-------------|---|-----|
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |

| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
|-------------|--|-----|
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |

| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
|-------------|--|-----|
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |

| | | |
|--------------------|---|-----|
| 115.353 (d) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |

| | | |
|--------------------|--|-----|
| 115.354 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |

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|--------------------|---|-----|
| 115.361 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |

| | | |
|--------------------|---|-----|
| 115.361 (b) | Staff and agency reporting duties | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |

| 115.361 (c) | Staff and agency reporting duties | |
|-------------|---|-----|
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |

| 115.361 (d) | Staff and agency reporting duties | |
|-------------|---|-----|
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |

| 115.361 (e) | Staff and agency reporting duties | |
|-------------|--|-----|
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? | yes |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? | yes |
| | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | yes |
| | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? | yes |

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| 115.361 (f) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |

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| 115.362 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |

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| 115.363 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |

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| 115.363 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |

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| 115.363 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |

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|--------------------|--|-----|
| 115.363 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

| 115.364 (a) | Staff first responder duties | |
|-------------|--|-----|
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |

| 115.364 (b) | Staff first responder duties | |
|-------------|--|-----|
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |

| 115.365 (a) | Coordinated response | |
|-------------|---|-----|
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |

| 115.366 (a) | Preservation of ability to protect residents from contact with abusers | |
|-------------|--|-----|
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |

| 115.367 (a) | Agency protection against retaliation | |
|-------------|--|-----|
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |

| 115.367 (b) | Agency protection against retaliation | |
|-------------|---|-----|
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |

| 115.367 (c) | Agency protection against retaliation | |
|-------------|---|-----|
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |

| 115.367 (d) | Agency protection against retaliation | |
|-------------|---|-----|
| | In the case of residents, does such monitoring also include periodic status checks? | yes |

| | | |
|--------------------|---|-----|
| 115.367 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |

| | | |
|--------------------|---|-----|
| 115.368 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |

| | | |
|--------------------|---|-----|
| 115.371 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (d) | Criminal and administrative agency investigations | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (e) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |

| | | |
|--------------------|---|-----|
| 115.371 (f) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |

| | | |
|--------------------|---|-----|
| 115.371 (g) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (h) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |

| | | |
|--------------------|---|-----|
| 115.371 (j) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (k) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |

| | | |
|--------------------|---|-----|
| 115.371 (m) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| | | |
|--------------------|--|-----|
| 115.372 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |

| | | |
|--------------------|--|-----|
| 115.373 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |

| 115.373 (b) | Reporting to residents | |
|-------------|--|-----|
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |

| 115.373 (c) | Reporting to residents | |
|-------------|--|-----|
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |

| 115.373 (d) | Reporting to residents | |
|-------------|---|-----|
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |

| 115.373 (e) | Reporting to residents | |
|-------------|---|-----|
| | Does the agency document all such notifications or attempted notifications? | yes |

| 115.376 (a) | Disciplinary sanctions for staff | |
|-------------|--|-----|
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |

| 115.376 (b) | Disciplinary sanctions for staff | |
|-------------|--|-----|
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

| 115.376 (c) | Disciplinary sanctions for staff | |
|-------------|---|-----|
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |

| 115.376 (d) | Disciplinary sanctions for staff | |
|-------------|--|-----|
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |

| 115.377 (a) | Corrective action for contractors and volunteers | |
|-------------|--|-----|
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |

| 115.377 (b) | Corrective action for contractors and volunteers | |
|-------------|--|-----|
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |

| 115.378 (a) | Interventions and disciplinary sanctions for residents | |
|-------------|--|-----|
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |

| 115.378 (b) | Interventions and disciplinary sanctions for residents | |
|-------------|---|-----|
| | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? | yes |

| 115.378 (c) | Interventions and disciplinary sanctions for residents | |
|-------------|---|-----|
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |

| 115.378 (d) | Interventions and disciplinary sanctions for residents | |
|-------------|--|-----|
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? | yes |
| | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |

| | | |
|--------------------|--|-----|
| 115.378 (e) | Interventions and disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

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|--------------------|--|-----|
| 115.378 (f) | Interventions and disciplinary sanctions for residents | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |

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|--------------------|---|-----|
| 115.378 (g) | Interventions and disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |

| | | |
|--------------------|---|-----|
| 115.381 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |

| | | |
|--------------------|---|-----|
| 115.381 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |

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|--------------------|---|-----|
| 115.381 (c) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |

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|--------------------|---|-----|
| 115.381 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |

| | | |
|--------------------|---|-----|
| 115.382 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |

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|--------------------|---|-----|
| 115.382 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |

| | | |
|--------------------|--|-----|
| 115.382 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |

| | | |
|--------------------|--|-----|
| 115.382 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

| | | |
|--------------------|--|-----|
| 115.383 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |

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|--------------------|--|-----|
| 115.383 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |

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| 115.383 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |

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|--------------------|--|-----|
| 115.383 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | yes |

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|--------------------|---|-----|
| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | yes |

| | | |
|--------------------|---|-----|
| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |

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|--------------------|--|-----|
| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

| | | |
|--------------------|--|-----|
| 115.383 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |

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|--------------------|---|-----|
| 115.386 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |

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| 115.386 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |

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|--------------------|---|-----|
| 115.386 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

| | | |
|--------------------|---|-----|
| 115.386 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |

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|--------------------|--|-----|
| 115.386 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

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| 115.387 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |

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| 115.387 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

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|--------------------|--|-----|
| 115.387 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |

| | | |
|--------------------|--|-----|
| 115.387 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |

| | | |
|--------------------|--|----|
| 115.387 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |

| | | |
|--------------------|--|-----|
| 115.387 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |

| 115.388 (a) | Data review for corrective action | |
|-------------|---|-----|
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |

| 115.388 (b) | Data review for corrective action | |
|-------------|---|-----|
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |

| 115.388 (c) | Data review for corrective action | |
|-------------|--|-----|
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |

| 115.388 (d) | Data review for corrective action | |
|-------------|---|-----|
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |

| 115.389 (a) | Data storage, publication, and destruction | |
|-------------|---|-----|
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |

| | | |
|--------------------|---|-----|
| 115.389 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |

| | | |
|--------------------|--|-----|
| 115.389 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |

| | | |
|--------------------|--|-----|
| 115.389 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |

| | | |
|--------------------|---|-----|
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

| 115.401 (b) | Frequency and scope of audits | |
|-------------|--|----|
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |

| 115.401 (h) | Frequency and scope of audits | |
|-------------|--|-----|
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |

| 115.401 (i) | Frequency and scope of audits | |
|-------------|--|-----|
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |

| 115.401 (m) | Frequency and scope of audits | |
|-------------|---|-----|
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |

| 115.401 (n) | Frequency and scope of audits | |
|-------------|---|-----|
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |

| 115.403 (f) | Audit contents and findings | |
|-------------|--|-----|
| | <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> | yes |