

PREA Facility Audit Report: Final

Name of Facility: Newport News Department of Juvenile Services Secure Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/15/2019

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: Kevin Sibley	Date of Signature: 10/15/2019

AUDITOR INFORMATION	
Auditor name:	Sibley, Kevin
Address:	
Email:	sibleycc@gmail.com
Telephone number:	
Start Date of On-Site Audit:	2019-08-19
End Date of On-Site Audit:	2019-08-21

FACILITY INFORMATION	
Facility name:	Newport News Department of Juvenile Services Secure Detention Center
Facility physical address:	350 25th St, Newport News, Virginia - 23607
Facility Phone	757-926-1600
Facility mailing address:	

Primary Contact	
Name:	Beverly Burns
Email Address:	bburns@nngov.com
Telephone Number:	757-926-1667

Superintendent/Director/Administrator	
Name:	Dawn D. Barber
Email Address:	barberdd@nnva.gov
Telephone Number:	(757) 926-1680

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

Facility Health Service Administrator On-Site	
Name:	Dedra D. Williams (WellPath)
Email Address:	ddwilliams@wellpath.us
Telephone Number:	(757) 926-1669

Facility Characteristics	
Designed facility capacity:	110
Current population of facility:	52
Average daily population for the past 12 months:	70
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:	8 - 17
Facility security levels/resident custody levels:	Pre-Dispositional and Post -Dispositional holding
Number of staff currently employed at the facility who may have contact with residents:	127
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	30
Number of volunteers who have contact with residents, currently authorized to enter the facility:	43

AGENCY INFORMATION	
Name of agency:	Newport News Department of Juvenile Services
Governing authority or parent agency (if applicable):	
Physical Address:	350 25th St, Newport News, Virginia - 23607
Mailing Address:	
Telephone number:	757-926-1600

Agency Chief Executive Officer Information:	
Name:	Dawn D. Barber
Email Address:	barberdd@nnva.gov
Telephone Number:	757-926-1680

Agency-Wide PREA Coordinator Information			
Name:	Angela Coleman	Email Address:	acoleman@nnva.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 Newport News Juvenile Secure Detention building is situated in the City of Newport News Virginia, it is located at 350 25th St, Newport News, VA 23607. The auditor was contracted to conduct an audit for the Newport News Juvenile Secure Detention facility on June 26, 2019. Kevin Sibley with Sibley Correctional Consulting LLC (SibleyCC) is the certified PREA auditor contracted to conduct the audit for the facility. Kevin Sibley will be the only auditing personnel to conduct the audit for the duration of the contractual agreement. The contractual agreement for audit services was executed on July 01, 2019. The agreement presents no barriers to completion of the audit for either the facility or auditor. The onsite audit was conducted on August 19-21, 2019.

The Newport News Secure Detention facility is monitored by the Virginia Department of Juvenile Justice (DJJ) as a regulatory authority to ensure compliance with Virginia mandated standards for the residential housing of juveniles. They are audited on a three-year cycle by the department. The auditor was provided a copy of the last DJJ audit prior to the start of the on-site audit phase. The auditor was also provided a copy of the last PREA audit conducted at the facility on December 13-14, 2016.

Upon acceptance of the contractual agreement by both parties, the auditor and the facility representative agreed that the Online Audit System (OAS) would be utilized during the audit process. The use of the OAS was selected by the facility PREA coordinator because of her level of comfort using the system as was done on the last PREA audit.

On July 8, 2019 the auditor conducted an initial conference call with facility personnel to discuss the audit. During this meeting the facility staff identified the primary point of contact for the auditor as being the facility PREA coordinator with all communications copied to the facility director. Present during the conference call were both coordinator and director. In the conversation, the auditor discussed with facility staff the audit process and logistics, the importance of accessible policy and documentation to support those policies, access to staff and the facility in general. We also discussed the fact that the auditor would be conducting the audit in a practice-based auditing format. The facility staff were advised what the audit goals and expectations were from the auditor's viewpoint as well as what expectations the facility staff had. The auditor discussed what the process would be in the event corrective action was identified as necessary and what the purpose of such corrective action would be. The facility staff were advised that on-going communication was key to a successful audit process and established a schedule for that communication to take place. Prior to conclusion of the initial conference call, the auditor discussed timelines as outlined in the contractual agreement and requested that deviations to that timeline be presented in written format and copied to all parties. The facility was emailed a copy of the audit process map on July 16, 2019.

During the pre-audit phase beginning on July 8, 2019, the auditor maintained a high level of contact with the facility PREA Coordinator. This contact was by way of using direct phone and email communication to

include weekly regularly scheduled conference calls. During this communication, the auditor worked with the PREA Coordinator to ensure effective completion of the Pre-audit Questionnaire (PAQ). The auditor also provided the PREA coordinator with a physical mailing address and direct contact phone for after-hours questions if the need had arisen.

At the beginning of the pre-audit phase, the auditor emailed audit notification posters in digital format in English and Spanish for the PREA coordinator to post throughout the facility. The posters contained information pertaining to confidentiality, dates of the scheduled onsite audit and contact information for staff and residents to communicate with the auditor confidentially. The auditor expressed to the PREA coordinator the importance of any mail or phone communication to the auditor be handled with confidentiality as communication with an attorney or legal mail would be handled. The PREA coordinator posted this notice in both English and Spanish languages in numerous areas of the facility. These locations included all housing units, medical, gymnasium, intake, dining hall, education, and other areas that allowed for resident access. The notice was also posted in the front lobby, administration, staff break room and other areas for staff and public access. The audit notices and the auditor's probationary auditor notification were emailed to the PREA coordinator on July 01, 2019. The auditor received notification with photographic evidence that the audit notification posters were posted throughout the facility on July 3, 2019.

The facility PREA coordinator notified the auditor that they had access to the PAQ on July 10, 2019. The PREA Coordinator completed the PAQ on July 26, 2019 with additional adjustments made over the next week. Following submission of the completed PAQ, the auditor reviewed the PAQ as composed and submitted a list of inadequate or missing documentation for the PREA coordinator to address on July 30, 2019. Over the following two-week period, the facility PREA coordinator emailed the auditor the requested information and updated the PAQ in OAS.

On July 16, 2019, the auditor emailed the PREA coordinator several logistical questions regarding the audit to which was responded to the same day. Following the submission of the PAQ, the auditor communicated with the PREA coordinator on numerous occasions regarding documentation. During the pre-audit phase of the audit, the auditor requested several documents either not submitted through the PAQ or where additional supportive information for standard compliance was identified. In addition to the submitted PAQ, the auditor maintained a comprehensive issue log detailing all aspects of the pre-audit phase to include communication, requested information and the responses provided by the facility to these requests. Facility staff provided all requested documentation in response to the auditor's issue log request.

The facility provided a complete list with resident names with gender and age. The facility is a juvenile detention center where all residents are juveniles. At the time of the onsite audit, no residents with disabilities or LEP were in population with exception to one resident with cognitive disability. The resident information was provided. At the time of the onsite audit, one resident self-identified as LGBTI. The facility had no residents assigned to segregated housing or isolation. There were six residents that reported cases of sexual abuse in the 12 months prior to the audit. This was documented by completed sexual abuse and sexual harassment investigative reports. The facility provided copies of both their last PREA audit and DJJ audit reports to the auditor. The facility provided a complete staff roster of all staff to include role assignments, those identified as a specialized role and date of hire. They also provided a list of volunteers and contractors that had contact with residents. Both names and contact information were provided. The facility provided copies of all grievances / allegations submitted in the 12 months prior to the audit and all incident reports from the 12 months preceding the audit. Of the allegations of sexual

abuse and sexual harassment reported for investigation in the 12 months preceding the audit, there were six reported cases, this was verified by the auditor via the PREA coordinator. There was one hotline call made during the 12 months preceding the audit, this was verified through an interview with the local sexual abuse advocate representative. The number of sexual abuse and sexual harassment allegations made in the preceding 12 months were six. Of those cases, the number determined to be substantiated-0, unsubstantiated-0 or unfounded-6. The number of cases in progress at the time of the audit was 0. There were no criminal case investigations or criminal cases referred to prosecution, indicted, convicted or acquitted. Facility policy states that internal investigators handle all non-criminal investigations related PREA. Criminal investigations are conducted by the Newport News Police Department. The auditor reviewed a total of six cases that involved sexual abuse or sexual harassment. Of the cases of sexual abuse reported, there were three cases total with one case reported as staff on resident and one case as resident on resident. Of the reported cases of sexual harassment, there were three cases reported with one case as staff on resident and two cases as resident on resident. In all six cases, the investigative finding was unfounded.

On July 22, 2019, the auditor conducted a scheduled phone interview with a representative from the Center for Sexual Assault Services located in Newport News Virginia. During the interview they stated that there was one hotline call made in the 12 months prior and that the facility PREA coordinator and they addressed the call. In addition, the auditor contacted a representative from Just Detention International and the Newport News local office of Child Protective Services. The representative's both agencies indicated that no reports had been made to either organization regarding Newport News Secure Juvenile Detention.

For residents that need SANE/SAFE responsive care, the facility coordinates through an MOU with Riverside Medical Center located in Newport News, VA. Over the last 12 months, these services have not been utilized.

Prior to the onsite audit phase, the auditor conducted online data research regarding Newport News Secure Juvenile Detention. During that research, the auditor did not find any instances of litigation involving the facility, any United States Department of Justice, federal consent degrees, local oversight bodies, news articles, press clippings or other identifiable data that reported or presented the facility in a negative light. The auditor did find that the facility had an internet presence that provided facility information about programming, mission and purpose of the facility. This data also included information about PREA, reporting of sexual abuse and sexual harassment information and facility leadership. The web site also indicates that the facility and staff are mandatory reporters.

During the pre-audit phase of the audit process, the auditor did not receive any confidential correspondence or phone calls from residents or staff to report any PREA related information.

On Monday August 19, 2019, the auditor arrived at Newport News Secure Juvenile Detention to conduct the onsite phase of the facility audit. The auditor remained onsite through August 21, 2019. On the first day of the audit, the auditor arrived at the facility at 0800hrs and conducted an in-briefing with the facility director, assistant director and PREA Coordinator. During this meeting the audit agenda, methodology and information sharing was discussed to ensure all were onboard. Immediately following the in-briefing, a facility site tour and review was conducted.

The facility is a juvenile secure detention center with 110 beds. The housing units are set up with single person secure cells in each of 11 housing units which are identified alphabetically. All housing units are

physically located in a singular building. Facility policy prohibits more than one resident in any cell at any time, residents are never double bunked. Each cell in the housing unit has two separate shower stalls with saloon style doors providing anatomical privacy. While in the housing units, it is facility policy that residents use only the toilet facility in their assigned cell. The toilet in the cell is steel construction security style toilet unit with a hot and cold-water sink built into the unit. The unit also has a water fountain feature for resident use. Each housing unit has four still and one wide angle/fisheye lens camera. These cameras are under view by a facility control center 24 / 7 and recorded by a digital DVR system. The housing unit cameras are part of a facility wide camera system consisting of 224 cameras. On day one of the onsite audit, the facility population was 54 with eight of the 11 housing units in use. The average daily population for the facility over the last 12 months was 65. Each housing unit has a resident security phone mounted to the wall in the day room area. This phone allows access to residents approved phone list and community sexual abuse advocate hot line service if they want to report a PREA incident. The resident can make the hot line call for free by pressing #333 24/7. During the housing unit tour, the auditor tested two random units' phones and made calls to the hot line to verify that the phones worked properly. In each unit the auditor was able to speak to the hot line representative. Next to each phone posted in both English and Spanish, were informational signs describing how each resident could contact advocate services and report PREA incidents. Also located in the housing units are concave mirrors located in locations that help avoid potential blind spots in the unit. The auditor did not note any blind spots in the unit that would be susceptible poor sexual safety. Each housing unit contained one grievance box which residents could confidentially submit grievances. The grievance forms were available to residents at anytime the need arises. Residents may also submit a completed grievance to staff or request assistance from staff to help them fill out the grievance. During the 12-month period preceding the audit, 242 grievances were filed. Random conversations with residents during the housing unit tour indicates that the residents are informed regularly that the grievance system is a method by which they can report PREA related sexual abuse and sexual harassment incidents.

During the tour the auditor was escorted by the facility PREA coordinator. While on the tour, the auditor took note that numerous PREA posters discussing the pending PREA audit were posted in the facility in both English and Spanish. The posters were posted on two different colors of stock paper in locations that were at eye level and easily read by residents and staff. Also noted were posters / signs that discussed Zero Tolerance, duty to report abuse, free from retaliation, where to report abuse and harassment, 7 steps of PREA outlining mandated reporting for staff, resident personal conduct, sexual assault hotline with phone and address contact information and grievance procedure. In addition, the facility has an electronic televised series of slides located in areas of the facility that show PREA related information to residents, staff, volunteers, contractors and visiting family members.

During the tour the auditor noted that while in housing units, each time a staff member of the opposite gender entered the unit, they made an announcement that a person of the opposite gender was entering. Staff members were seen being interactive with residents in a manner that based on the responses from residents had a very positive effect on them. This positive effect is supported by interviews with residents. The auditor also spoke with at least one random resident in each housing unit toured regarding their awareness of the audit and the contact information provided in the event they wished to communicate with the auditor confidentially. In each case, the residents were aware of the notices posted and the presence of the auditors contact information. This also was found to be true regarding the staff's knowledge of the audit and the auditors contact information. The facility was found to be clean and organized within the facility physical plant, conversations with staff and residents supported that the facility has appropriately operating mechanical systems. The auditor defines mechanical systems as plumbing, electrical, HVAC, security and other related physical plant systems. Residents were

observed in housing units, education, gymnasium, intake and day room activities areas. In all cases, all appeared to be well. Following the housing unit inspections, the auditor viewed all other areas of the facility to include kitchen, dining, education, gym, intake, medical visiting professional rooms, training, front entry, mechanical services room, recreation yard (outside), laundry and visitation areas. The auditor notes that record storage whether in the secure area of the facility or outside resident access areas were done so in secure locked file boxes located inside locked offices or file storage spaces. Also noted during the tour, areas of the facility that could be risky areas due sight line obstructions, were compensated for with the use of video cameras and concave mirrors placed in strategic locations. While touring the facility educational office and classroom areas, it was noted that the classrooms did not have PREA postings on the walls. The auditor suggested to the PREA coordinator that this would be an appropriate area for postings. The coordinator immediately had postings placed on in each classroom. In each classroom, it is also noted that every classroom had cameras placed in the room. The auditor did not note any blind spot areas in the education areas. The auditor toured the facility medical area. In this area it was noted that PREA postings and health related information was posted throughout the area. The nurse on duty spoke with the auditor about the medical examination process and discussed where and how the interview / exam takes place. The auditor asked the nurse on duty how she would deal with a resident that spoke a different language than she could not understand. The nurse responded that the facility uses a language line service to assist with non-English speaking residents. This is supported through interviews with the PREA coordinator. While conducting the tour, the auditor noted while in intake area that there were no intakes occurring. The auditor did speak with the intake supervisor while interviewing staff. The intake supervisor provided a breakdown of the intake process and procedures. The statements provided are consistent with facility policy and other interviews conducted with both staff and residents. In every interview with residents, they indicated that they received information regarding PREA immediately upon arrival at intake. In addition, they indicated that they were shown a video at intake discussing PREA and zero tolerance of sexual abuse and sexual harassment. Also, during the intake process, the intake staff present an Intake Screening Form "Vulnerability Assessment Instrument". This form asks several questions regarding sexual victimization the resident may have been exposed to prior to their arrival at the facility. Following the facility tour, the auditor and PREA coordinator began the review of facility documentation requested prior to the onsite audit phase.

The following is a list of requested documentation;

Complete resident roster

Residents with disabilities

Residents who are Limited English Proficient

Lesbian, Gay, Bisexual, Transgender and Intersex

Residents in segregated housing

Residents that reported sexual abuse

Residents that reported sexual victimization during risk assessment

Complete staff roster

Specialized staff which includes:

- Facility leadership
- Intermediate or higher-level staff responsible for making unannounced rounds
- Line staff that supervise residents
- Education staff
- Program staff
- Medical staff
- Mental health staff
- SAFE/SANE staff

- Volunteers
- Contractors
- Administrative investigative staff
- Screening for risk of victimization staff
- Segregated housing staff
- Sexual abuse incident review staff
- First responders
- Intake staff

All grievances filed in last 12 months (243)

All incident reports completed in the last 12 months (768)

All allegations of sexual abuse and sexual harassment in the last 12 months including:

- Total number of allegations
- Number determined to be substantiated (0), unsubstantiated (0), or unfounded (6)
- Number of cases in progress (0)
- Number of criminal case investigations (0)
- Number of administrative case investigations (6)
- All hotline calls made in the last 12 months

Of the above list of requested documentation, all was made available and provided for the auditor.

The number of documents provided to the auditor with a breakdown of the documents sampled by the auditor is as follows:

Provided Sampled/Reviewed

- Personnel records 118 21
- Volunteer and contractor files 25 4
- Training files 118 101
- Resident records 505 10
- Medical records 6 6
- Grievance forms 243 total/6 PREA 20 / 6 PREA
- Incident reports 768 15
- Investigation records 6 6

During this process, the documentation was concise and maintained in logical order. Throughout the review process, facility staff were accommodating and provided any additional documentation the auditor found necessary for review. Random samplings of all the above aforementioned documents were completed and notated. The auditor made selections of random documents for review without input or direction from any party associated with the facility. The auditor used the PREA Auditor Manual recommendations for sampling decisions. For personnel and training, the auditor selected and reviewed a cross sample of both new and more tenured employees, 16 employees hired within the 12 months prior to the onsite audit and 5 tenured employees with several years' experience. The auditor reviewed resident files based on a selection criterion that included both targeted and random residents. The targeted residents as indicated in the table below were selected by the listed criteria. During the documentation review, the auditor reviewed 15 incident reports as a random sampling. There 768 incident reports submitted in the 12 months prior to the onsite audit. Day one of the audit was completed at 1830hrs.

On August 20, 2019, the auditor reported for day 2 of the scheduled audit at 0800hrs. following a briefing

of the day's events with the facility PREA coordinator, we had a discussion pertaining to staff currently assigned for duty to the facility. The PREA coordinator presented as requested an accurate roster of staff available for interview on this date. The auditor selected at random 12 staff security members for interview and submitted to the PREA coordinator. In addition, 10 specialized staff names were selected for interview. The staff random interviews were selected based on the following criteria: date of hire, shift assignment, role and gender. The specialized staff member interviews were selected based solely of the staff members role within the organization. Since the facility has a small number of specialized staff available, the auditor had to interview several staff members with the use of multiple interview protocols. In total, the auditor utilized 36 sets of interview protocols while conducting interviews for staff.

The auditor provided a list of staff / roles to be interviewed and conducted the following interviews. The selection criteria the auditor used for selection of staff to be interviewed both specialized and random was based on role assignment, shift assignment and tenure at the facility;

Number of staff

- Superintendent 1
- PREA coordinator 1
- Investigative staff 1
- Incident review team member 3
- Retaliation monitor 1
- Volunteer/contractor coordinator 1
- Medical/mental health staff 2
- SANE/SAFE staff 1
- Volunteers/contractors 3
- Human resources 1
- Contract administrator 1
- Mail room staff 1
- Immediate or higher-level staff 2
- Risk screening for victimization/abusiveness 1
- First responder staff 10
- Intake staff 1
- Grievance coordinator 1
- Random staff 10

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

Random Staff (Total) = 10

Specialized Staff* (Total) = 32

Total Staff Interviewed = 21

*Note: 16 of the 32 specialized staff were responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews presented in the above data exceeds the number of specialized staff interviewed. The auditor departed the facility at 1930hrs. During the audit day, it became clear that an additional day of interviewing would be needed to complete interviews with residents.

On 08/21/2019, day 3, the auditor arrived at the facility at 0800hrs. After conducting a short meeting with the facility PREA coordinator, the auditor selected at random from a current population list provided, 16 names for resident interviews. The list contained names of residents having self-identified as in the categories of Lesbian, Gay, Bi-Sexual, Transgendered and/or Intersex in addition to residents having

reported prior sexual abuse at intake risk screening or prior. The auditor selected other criteria for interview that included housing assignment, age and gender. Of the 16 residents selected for interviews, the auditor intentionally randomly selected at least one resident from each of the eight populated housing units for a total of 8 randomly selected residents, two residents that self-identified as LGBTI, one resident that disclosed sexual victimization at risk screening and one resident that is listed as having a cognitive disability. The auditor conducted the resident interviews in a living unit not currently in use at the time of the audit. The selected residents were escorted to the auditor's location. The auditor was in direct sight supervision of a certified security staff member during the interview, but the staff member could not hear the conversation between the auditor and the resident.

During the interviews of all staff and residents, it was clear to the auditor that all had received PREA training and demonstrated an adequate knowledge of PREA. It is also noted during the resident interviews that residents all confirmed that PREA is a part of the facility culture and that they knew they could talk to staff because they demonstrated that they cared about the sexual safety of the residents. Following completion of the resident interviews, the auditor conducted an exit briefing with the director, assistant director, compliance manager and PREA coordinator. During the exit briefing, the auditor relayed to the meeting participants the process following the onsite visit and advised future contact would occur to obtain additional information as needed. The auditor advised the participants that the facility clearly was well informed about PREA and that sexual safety was part of the culture here. Upon completion of the briefing, the auditor exited the facility at 1400hrs.

Following the onsite visit to the facility, the auditor communicated with the facility PREA coordinator on two or three occasions to follow up on information that needed additional thought or consideration. The PREA coordinator provided all requested information in a timely fashion. No corrective is needed for the facility as a result of this audit. The auditor submits the final report of audit to the facility on October 18, 2019.

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 Newport News Juvenile Secure Detention (NNJSD) building is situated in the City of Newport News Virginia, it is located at 350 25th St, Newport News, VA 23607. It is a one building inclusive design with no external structures not connected to the building. The facility is operated by the Newport News Department of Juvenile Services. The facility is licensed by their Virginia regulatory authority The Virginia Department of Juvenile Justice which requires maintaining compliance with state regulations. The licensed population for the facility is juvenile offenders ages 8-18 both male and female. The facility serves the community of the City Newport News, VA. The facility opened for use in 2005 and has been in operation for 14 years. The building contains 11 resident housing units, administration, food service, education, front entrance lobby, medical, laundry, intake, visitation, gymnasium and in and outdoor recreation areas. All resident housing areas are designed with single cell housing to accommodate 110 residents with only eight of the 11 units currently in use. The remaining three units are in ready to use condition when needed. The average daily population of the facility during the 12 months preceding the audit is 70. On the first day of the onsite audit, the facility population was 54 residents. Facility population demographics breakdown on day one of onsite audit is as follows: 47 black, 5 white, 1 Hispanic and 1 other. The gender breakdown is as follows: 49 male and 5 females. The resident supervision and facility operations are staffed with 118 full time staff positions with six current vacancies. In addition, the facility has 18 support positions, this number included administration and management for a total compliment of 136 staff. The facility has two primary programs, pre and post dispositional juvenile secure programs that have both male and female resident ages 8-18. Both programs are direct supervision security style programs. These programs are staffed by trained juvenile detention personnel that are mandated reporters. The facility culture, as directed by the facility director, stipulates that resident sexual safety is of paramount importance. The facility has programming designed to educate the residents regarding PREA and shows a commitment to promoting sexual safety through a well-designed facility culture. The facility has a color digital camera system installed and integrated with its security control system. The camera system has 224 cameras that record 24/7 and archive data for a period up 45 days. In the event an incident occurs, video can be archived indefinitely by staff. The camera system is monitored 24/7 by assigned security staff. The auditor reviewed the control center where the camera system is located. The auditor was able to request the assigned security staff member to show the camera system and call up recorded data. The facility is constructed in a secure architectural manner and designed to house secure residential placements. It has 11 housing units, intake, medical food service, laundry, gym, education, recreation yard, visitation, and administration. Administration area is outside of the secure sections of the facility. This area is also where the front entry is located. Also located in this area are staff locker rooms and breakroom area. Facility residents receive in house medical services from on staff nurses and medical doctors. In addition, mental health services are available on site to meet the mental health needs of residents. In the event a higher level of care is required, outside services can be scheduled and utilized. Residents are provided a full implement of personal hygiene items, educational materials, clothing, recreational activities, large muscle group activities, and training about PREA. The facility has an outside recreational area as well as smaller courtyards used for large muscle group activities for the residents. The gymnasium in addition to recreational purposes is also used for larger scale functions like

family days and award ceremonies. Facility residents are afforded opportunities to use the resident phone system and regular access to both personal and legal mail services. This access provides additional opportunities aside from family visitation to maintain contact with loved ones.

The building is maintained in a clean and functional manner with sexual safety clearly in mind. Blind spots, using cameras (224 in total), staffing and controlled movement are mitigated with an ongoing review process to ensure continued safe residency by the children. The facility Mission reads: Our Mission is to empower youth, families and communities by providing structure, guidance and support.

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.

Number of standards exceeded:	2
Number of standards met:	41
Number of standards not met:	0

The Newport News Juvenile Secure Detention staff provided the auditor with all appropriate documentation, supportive practices which were verified through a physical tour of the facility and interviews with staff and residents to demonstrate compliance. Through this process, the auditor has found the facility to be in compliance with 41 PREA standards. Two standards were not applicable to this facility 115.312 and 115.366. The auditor finds that all other standards were complied with.

Number of findings – Exceeds Standards: 2
115.317, 115.318

Number of findings – Meets Standards: (39)
115.311, 115.313, 115.315, 115.316, 115.321, 115.322, 115.331, 115.332, 115.333, 115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.387, 115.388, 115.389, 115.401, 115.403

Number of findings – Does Not Meet Standards: 0

Number of findings – Not Applicable: 2
115.312, 115.366

Corrective Action:

The auditor finds no areas of non-compliance and no need for corrective action on the part of the facility.

Standards

Auditor Overall Determination Definitions

- 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)

Auditor Discussion Instructions

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>115.311</p> <p>Compliance Determination Narrative</p> <p>a. The Newport News Secure Juvenile Secure Detention provided the auditor the facility policy located within their PREA standards manual. The policy indicates on pages 45-46; 115.113 (Zero Tolerance of Sexual Abuse and Sexual Harassment) that the facility has an approach to implementing the Federal PREA standards; that it has a zero-tolerance approach towards all forms of sexual abuse and sexual harassment for both staff and residents. During the audit, the auditor had opportunity to see firsthand the facilities implementation in this area. This is supported through interviews with staff and residents, review of training material and facility tour and observations. The facility policy also provides general definitions of PREA related terminology and prohibit behaviors.</p> <p>b. The facility has a designated PREA coordinator that has sufficient time and authority to implement and oversee facility efforts to comply with PREA standards. The coordinator is directly involved with decision making regarding PREA. The auditor took note during interviews with the PREA coordinator that they indicated sufficient was available time to actively handle the role of coordinator and was granted the authority by administration to take the steps required for continued implementation. In addition, through facility observation during tour, the auditor noted that the coordinator is well known by both residents and staff. When staff were interviewed regarding PREA, they all knew the appropriate point of contact by name.</p> <p>c. The Newport News Juvenile Secure Detention facility is a singular operation for the City of Newport News, Va. The PREA coordinator serves a dual role in this capacity as both coordinator and compliance manager. As a result, this standard provision is not applicable.</p> <p>Evidence relied on to determine compliance:</p> <p>Newport News Department of Juvenile Services PREA Manual Newport News Department of Juvenile Services Pre-Audit Questionnaire Newport News Department of Juvenile Services Organizational Chart Interview with facility PREA coordinator</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.312</p> <p>Compliance Determination Narrative</p> <p>The Newport News Juvenile Secure Detention facility does not contract with outside entities to provide housing for its residents. The facility is a singular operation with no other facilities operating under its organization.</p> <p>Evidence relied on to determine compliance: Newport News Department of Juvenile Services PREA Manual Newport News Department of Juvenile Services Pre-Audit Questionnaire Interview with PREA coordinator and facility director</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that this standard is not applicable. No corrective action is required.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.313</p> <p>Compliance Determination Narrative:</p> <p>Newport News Juvenile Secure Detention operates one facility. The facility submitted to the auditor an updated staffing plan dated July 25, 2019. This plan demonstrates the facilities efforts to comply on a regular basis in providing adequate levels of staffing and where applicable, video monitoring and security mirrors, to protect residents against abuse.</p> <p>a. The updated plan was predicated on an average daily population of 71. In addition, the auditor was provided a shift assignments roster that shows staff assigned to four 12-hour shifts covering all 24-hour periods of the day. These shift assignments are structured in such a way as to ensure a 1:8 ratio of staff to residents during waking hours and 1:16 during sleeping hours. At the time of the on-sight audit, the facility had a total of 118 full time positions designated for childcare roles with six of the 118 vacant. The facility at the time of the onsite audit had eight housing units open with eight or less residents assigned to each unit. In each unit the auditor witnessed at least 1 or more staff assigned to each unit. In most cases there were at least two staff assigned for supervision. The assigned staff remain with the unit's assigned residents and proceed to stay with them if the residents leave the unit for school, recreation or other activities. While conducting the facility tour, the auditor witnessed that four still cameras and one wide angle/fisheye camera is installed in each housing unit. Also, during the tour the auditor witnessed the facility control room operator controlling and viewing the cameras throughout the facility to include those installed in the living units.</p> <p>b. The facility reports that at no time has the staff to resident ratios been violated either during waking or sleeping hours. Even though the facility reports no violations, it does have policy in place that mandates the documentation of such an instance of non-appropriate ratios. The Virginia Department of Juvenile Justice is the regulatory authority that oversees the compliance of state standards for the facility. Its standards mandate that all juvenile residential facilities maintain a ratio of 1:10 during waking hours and 1:16 during sleeping hours. The facilities PREA Policy 115.313 Supervision and Monitoring stipulates that it will maintain a ratio of 1:8 during waking and 1:16 during sleeping hours except during exigent circumstances.</p> <p>c. The staffing plan submitted to the auditor details the following considerations each year the staffing plan committee meets. The facility PREA coordinator is always part of the staffing plan review process.</p> <ul style="list-style-type: none"> • generally accepted secure residential practices are met: facility administration participates in outside juvenile detention related groups where education and training is received that provide current best practices. • findings of inadequacy are addressed: in the event inadequate findings are revealed, facility administration takes immediate action to address these issues. • adequate numbers of Supervisory personnel: staffing numbers are reviewed annually or as needed to increase the full-time employees' numbers. • physical plant inadequacies such as "blind spots" on video monitoring systems are

addressed to the maximum extent possible: repairs or replacements are evaluated, and action taken when needed. Since the last audit the facility has added four cameras and several mirrors to address blind spots.

- responses are made where there is a prevalence of sexual abuse reporting on a certain shift, in a certain location with certain personnel or as pertaining to other factors: assessments are made on an on-going basis to address areas of concern.
- programs occurring on a particular shift: on the occasion programming needs arise that require additional staff participation, staff are reassigned to that shift to accommodate the program needs.
- the composition of the resident population: Staffing needs are assessed annually to determine if additional staff resources are needed.
- applicable state and federal laws and regulations and any other relative factors: facility administration monitors changes or additions to laws. Standards and regulations and adjust as needed.

d. The facility employs management staff with authority to conduct unannounced rounds on each of its four shifts. The facility submitted for review numerous data log entries that demonstrate supervisory unannounced rounds having taken place. Facility PREA Policy 115.113 (d) and (e) stipulates that unannounced rounds are required to be conducted during both day and night shifts at a frequency that will identify and deter sexual abuse and sexual harassment and will not demonstrate a predictable pattern for any shift. These rounds are done in such a way that they are not predictable by staff. Staff are not allowed to warn other staff that rounds are being conducted.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention PREA Staffing Plan (Dated July 25, 2019)
Newport News Juvenile Secure Detention Pre-Audit Questionnaire
Newport News Juvenile Secure Detention PREA Policy 115.313 (pg. 48-50) Supervision and Monitoring
Newport News Juvenile Secure Detention facility auditor tour
Newport News Juvenile Secure Detention supervisor unannounced rounds data base reports
Newport News Juvenile Secure Detention shift assignments roster

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.315</p> <p>Compliance Determination Narrative</p> <p>In the facility submitted Pre-Audit Questionnaire (PAQ) the facility indicated that they do not conduct cross gender strip or cross gender visual cavity searches of residents. In the facilities PREA Policy 115.315 Limits to cross-gender viewing and searches, it indicates that “the Department of Juvenile Services’ Specialized Intake Unit or Certified Facility Medical Agents can conduct cross-gender frisk searches or pat-down searches, only in exigent circumstances. Such circumstances must be observed by a “witness” staff member, preferably a Senior Detention Specialist or Supervisor and must be fully justified, documented and immediately reported to the secure detention administrator. Also, that same policy states that the Department of Juvenile Services shall not conduct cross-gender visual body cavity searches except when performed by medical practitioners only. Such body cavity searches must be fully justified, documented and immediately reported to the secure detention administrator.</p> <p>a. The facility reports in the PAQ that in the past 12 months it has had zero instances of cross-gender strip or cross-gender visual body cavity searches of residents. The facility also reports that it has had zero instances of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff. Interviews with staff members verify that the facility has this policy in place and that staff are aware of it.</p> <p>b. Facility Policy 115.315 stipulates that the Department of Juvenile Services shall not conduct cross-gender visual body cavity searches of female residents absent exigent circumstances. The facility reports that it had zero incidents of cross-gender visual body cavity searches of female residents absent exigent circumstances. Interviews with staff members verify that the facility has this policy in place and that staff are aware of it.</p> <p>c. The facility stipulates that it has had no instances of cross-gender strip searches and cross-gender visual body cavity searches in the 12 months preceding the audit. Facility Policy 115.315 states that all such circumstances shall be full documented. Interviews with staff members verify that the facility has this policy in place and that staff are aware of it.</p> <p>d. Facility Policy 115.315 also indicates that it shall adhere to establish policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. The auditor had the opportunity to interview residents and ask</p>

if they were always afforded privacy during periods of undress. In each instance residents responded that did always receive privacy when in periods of undress. Residents also indicated when asked by the auditor if staff members of the opposite gender always announce their presence when entering an area that houses residents of the opposite gender. In every case the resident responded in the affirmative.

e. Facility Policy 115.315 section G states that the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. The facility indicates in the submitted PAQ that it has had zero instances of such searches. The facility indicates in the PAQ that 100 percent of its security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The auditor reviewed a sampling amount of training records and the training curriculum as presented for review by the facility for staff. All staff reviewed have received training as indicated by the facility response. In addition, during staff interviews, staff indicated that they had received both initial and refresher trainings on PREA. Additionally, the auditor interviewed one resident who is listed as a male at birth, but self identifies as female. The resident indicated when asked if staff requested, she expose her genitals to determine her sexual identity, the resident responded no, that staff always respect her gender status as a female. The auditor also interviewed 15 other residents whom also replied in the affirmative to if they were aware staff could not conduct cross-gender searches of them just to determine sexual gender.

f. The facility reports that 100% of staff received 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. The auditor had the opportunity to interview 10 randomly selected staff. All interviewed stated they had received 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. A review of the same staff training records verified that they had indeed been trained.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Pre-Audit Questionnaire
Newport News Juvenile Secure Detention PREA Policy 115.315 (pg. 53-53) Limits to Cross-Gender Viewing and Searches
Newport News Juvenile Secure Detention personnel records
Interviews with Newport News Juvenile Secure Detention security staff
Newport News Juvenile Secure Detention training curriculum and training attendance rosters

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.316</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.316 Residents with Disabilities and Residents who are Limited English Proficient, states that the facility will take steps to ensure that residents with disabilities will have adequate and equal opportunity to participate in the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Facility literature regarding PREA is created in an understandable presentation suitable for residents of the age and their level of understanding. This is supported through interviews with residents that indicate that they understand PREA in the manner it is presented to them in the facility</p> <p>b. The auditor was presented with printed material in both English and Spanish languages describing the facilities approach to PREA. During the facility tour, the auditor found this material to be available in each housing unit and other areas of the facility. The auditor interviewed 16 residents, all of which indicated that they were aware that PREA related material was available to them in both English and Spanish and that if they had difficulty understanding, staff were there to assist them. The facility also provides language interpreters using a telephone language line service. The language line service is available 24/7 on an as needed basis, no contractual agreement is required.</p> <p>c. Facility Policy 115.316 states that the facility will not rely on resident interpreters, readers, or other types of resident assistants except during circumstances where a delay could compromise a resident’s safety, the performance of first response duties or investigation of allegations. The auditor had the opportunity to interview one resident with cognitive disabilities. During the interview the auditor asked the resident if they were any issues understanding PREA as it was presented upon arrival at the facility. The resident indicated that they had a good understanding and that the staff were every helpful in explaining PREA to them. The resident also stated that they had received this information within a couple minutes of walking in the door at intake. The auditor also interviewed 10 random staff members and asked if they understood their responsibility to assist residents with limited abilities and they all responded in the affirmative.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport News Juvenile Secure Detention PREA Policy 115.316(pg. 54-55) Residents with Disabilities and Residents who are Limited English Proficient Interviews with facility director, PREA coordinator, security staff and residents</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined</p>

that the agency is fully compliant with this standard. No corrective action is required.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.317</p> <p>Compliance Determination Narrative</p> <p>a. The facility Policy 115.317 Hiring and Promotion Decisions states the facility will not hire or promote any person that has engaged in sexual abuse in any confinement or residential facility, been convicted of engaging or attempting to engage in sexual activity in the community by force or coercion, or if the victim did not consent or was unable too, or have been administratively adjudicated to have engaged in these activities. The auditor reviewed 21 staff personnel files. In each file an employee was asked about prior conduct and requested to fill out a form that asks questions directly pertaining to the content of this standard. In each case staff had answered the questions and signed and dated the document.</p> <p>b. It is facility Policy 115.317 that all prospective employees, contractor and volunteers that will have contact with residents be required to complete a facility form related to PREA sexual misconduct, and the PREA institutional employment disclosure form. The auditor conducted an interview with the facility HR manager, the managers responses support that it is practice having all prospective employees or personnel that will work with residents complete these forms.</p> <p>c. It is the facilities practice under Policy 115.317 to conduct annual criminal background checks on all individuals that have contact with residents. Also, the facility checks Child Protective Services Registry every three years. The facility Human Resource Manager also checks with prior institutional employers of new employees regarding substantiated allegations of sexual abuse or resignation during a pending investigation for sexual abuse. The auditor reviewed a random selection of all employees hired in the 12 months preceding the audit. In each case reviewed the employee had complete background checks done.</p> <p>d. Facility Policy 115.317 states that all contractors will have criminal background checks conducted. The facilities schoolteachers are in direct contact with facility residents. The teachers are required to have full backgrounds completed and disclosed to the facility HR department prior to working with residents. Of the 15 teachers, all had criminal background checks completed. This was verified by the auditor during records review and interview with facility HR manager.</p> <p>e. Facility Policy 115.317 states that all employees requiring criminal background check will have one completed every year during their birth month. The auditor reviewed staff personnel files and found that they consistently in every case had background checks done annually. This exceeds the required background check every five years by standard.</p> <p>f. Facility Policy 115.317 states that each employee must report any misconduct immediately to facility administration. Also, employees are required to disclose previous misconduct. The auditor through an interview with the facility HR found that this standard compliance is</p>

supported by the responses given and backed up by a review of documentation.

g. Facility Policy 115.317 states that material omissions regarding such misconduct are grounds for termination from employment. A review of facility policy supports compliance to this provision.

h. Facility Policy 115.317 states that the facility will provide information on substantiated allegation of sexual abuse and sexual harassment to any inquiring juvenile detention or institutional employer conducting a background check. A review of facility policy by the auditor supports compliance to this provision.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Pre-Audit Questionnaire
Newport News Juvenile Secure Detention PREA Policy 115.317(pg. 56-57) Hiring and Promotion Decisions
Interviews with facility Human Resource Manager
Review of facility personnel file documentation

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.318</p> <p>Compliance Determination Narrative</p> <p>a. The Newport News Juvenile Secure Detention facility has not opened a new facility or conducted an expansion of their existing facility. Th provision is not applicable</p> <p>b. Since the last facility PREA audit in 2016, the facility has installed four new cameras not previously in place at the time of the last audit. The cameras and additional placed security mirrors have been placed in locations identified by the facility to have potential blind spots that could lead to an unsafe environment for sexual safety. In addition, the facility has installed new higher data transfer rate cabling to increased bandwidth for the facilities digital camera system.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Interviews with facility director Facility tour observations</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.321</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.321 Evidence Protocol and Forensic Medical Examinations states that the facility will follow a uniform procedure that maximizes the collection of usable evidence that may be used in the prosecution of criminal and administrative proceedings. The facility conducts all administrative investigations in house. All criminal level investigations are turned over to the Newport News Police Department. The auditor had the opportunity to interview 10 random staff. During those interviews all staff were aware of the facilities commitment to the collection of usable evidence. Staff were aware of their obligation as a staff member to ensure to the extent possible that they facilitated this collection.</p> <p>b. Facility Policy 115.321 states that the protocol developed shall be suitable for youth and adopted from the most recent edition of the US Department of Justice Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similar comprehensive guide developed after 2011. Facility Policy 115.322 Policies to Ensure Referrals of Allegations for Investigations states that the Newport News Police Department shall conduct all criminal investigations of sexual abuse or misconduct. The Newport News Special Victims Unit is task with investigations at the detention center. A call from the auditor to the Police Department was unsuccessful.</p> <p>c. Facility Policy 115.321 states that all residents who experience sexual abuse shall have access to forensic medical examinations. The facility has established an agreement with the Riverside Medical Center located in Newport News, VA. To conduct such examinations. The auditor had the opportunity to speak with the hospital representative available to confirm that the hospital does indeed provide these services to the detention center. The facility stated in the PAQ that the number of forensic medical examinations completed in the 12 months prior to the audit was zero. The number of exams provided SAFE/SANE's in the 12 months prior to the audit was zero. The number of exams provided by qualified medical practitioner in the 12 months prior to the audit was zero. Interviews with facility medical staff and local community advocate confirms this data. No resident at the facility during the 12 months prior to the audit have been subjected to sexual abuse. Facility Policy 115.321 states that the forensic medical examination will be done at no cost to the resident. A review of facility policy and completed investigations supports the facility statements.</p> <p>d. Facility Policy 115.321 states that the facility will provide access to a qualified staff member from a community-based organization rape crisis center for victim advocacy. The facility has entered into an agreement with the Center for Sexual Assault Survivors to provide victim advocacy service for residents of the facility. The auditor had the opportunity to interview a representative for the Center for Sexual Assault Survivors. In that interview it was confirmed regarding the agreement in place between the two agencies. The representative also states that the counselors are licensed and qualified to conduct such services. The crisis center is</p>

available 24/7 via the in-house resident hot line phone number. Residents can access this contact by dialing #333 on the resident phone.

e. Facility Policy 115.321 states that at the request of the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The auditor had the opportunity to interview the facility PREA coordinator regarding this matter. The coordinator answered in the affirmative that they were aware of this obligation. During the last 12 months prior to the audit, of the cases reported to alleged sexual abuse, residents interviewed stated that they were offered to the opportunity to contact services to discuss the matter or request help. In each case except one, all residents declined the opportunity.

f. Facility Policy 115.321 states that to the extent the facility itself is not responsible for investigating allegations of sexual abuse, they shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The facility has an MOU between the Newport News Police Department and the facility dates February 17, 2016. In that MOU it states that the Police Department will follow standard language from provision a through e of this standard. The auditor reviewed this MOU and determines that it meets the requirements of this standard.

g. Facility Policy 115.321 states that the requirements of paragraphs a-f of this section shall also apply to any state or federal agency who conducts investigations of sexual abuse and sexual harassment. The auditor verifies that the facility policy contains this language. Interviews conducted with the facility PREA coordinator confirms this practice.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Pre-Audit Questionnaire
Newport New Juvenile Secure Detention Policy 115.321(pg. 59-61) Evidence Protocol and Forensic Medical Examinations
Interviews with PREA coordinator and random staff
Evidence Protocol

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.322</p> <p>Compliance Determination Narrative</p> <p>a. Newport News Juvenile Secure Detention (NNJSD) has PREA Policy 115.322 (Policies to Ensure Referrals of Allegations for Investigation) that stipulates it will ensure referrals of allegations of sexual abuse and sexual harassment shall be investigated either administratively and/or criminally. The facility indicated in the PAQ that it had six allegations of sexual abuse during the last 12 months that had been submitted. Of those allegations, the number that was referred for criminal prosecution was zero. The facility indicated in the PAQ that all submitted allegations had been investigated. The auditor had an opportunity to review all six investigative cases. Of those cases, all were investigated administratively and all deemed to be unfounded upon investigation conclusion. A review of the investigations by the auditor finds them to be in order and thorough. The auditor also had the opportunity to interview the facility director and PREA coordinator regarding these investigations. In both interviews they stipulated that the facility immediately and thoroughly pursues any allegations of sexual abuse or sexual harassment.</p> <p>b. In NNJSD PREA Policy 115.322 it states that it shall refer allegations of sexual abuse or sexual harassment to the Newport News Police Department for investigation. The Newport News Police Department has the legal authority to conduct criminal investigations. All cases that are referred to the Newport News Police Department shall be fully documented. The auditor conducted an interview with the facility PREA Coordinator whom is responsible for conducting administrative investigations at the facility. The Coordinator confirms that the referrals are documented when they occur. As a result of no referrals occurring, no documentation of such referrals was available for review by the auditor.</p> <p>c. Facility Policy 115.322 indicates that it publishes on its website and on printed materials its compliance with PREA and that all allegations of sexual abuse or misconduct shall be referred to the Newport News Police Department for investigation. The auditor reviewed the facilities web site for such information. On the web site which can be found at www.nnva.gov/2271/prea it discusses staffs duty to report, purpose of the PREA act, zero tolerance policy, a link for policies to ensure referrals of allegations for investigations, standards, 2016 final PREA audit report, annual PREA reports, third party reporting, staff and resident PREA handbook and PREA brochures in English and Spanish. Newport News Juvenile Secure Detention post on their website the obligation of the Newport News Police Department to conduct criminal investigations. In addition, the Newport News Police Department Special Victims Investigative Unit information can be seen on their website. This information is also found in PREA Policy 115.322</p> <p>It should be noted that the auditor is not required to audit provisions (d) and (e) of this standard.</p> <p>Evidence relied upon to make auditor's determination:</p>

Newport News Juvenile Secure Detention Pre-Audit Questionnaire
Newport News Juvenile Secure Detention PREA Policy 115.322(pg. 62-63) Policies to Ensure Referrals of Allegations for Investigation
Interview with Newport News Juvenile Secure Detention PREA Coordinator
Newport News Juvenile Secure Detention facility web site: www.nnva.gov/2271/prea
Newport News Police Department Special Victims Investigation Unit:
www.nnva.gov/497/Major-Crimes-Investigations-Section

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.331	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.331</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.331 Training and Education states that the agency will train all employees who may have contact with residents on the following: zero-tolerance, responsibilities for detection, prevention, reporting and response regarding sexual abuse and sexual harassment. Training will be received regarding resident rights to be free from sexual abuse and harassment, retaliation, juvenile facility dynamics of sexual abuse, how to detect and respond to signs of abuse, difference between consensual sex and abuse, avoidance of inappropriate relationships, effective professional communication with residents including LGBTI or gender non-conforming residents, compliance to applicable laws and age of consent. The auditor interviewed 10 random staff and asked if they had received training on the material covered by this provision, all staff answered in the affirmative. The auditor reviewed training records for 101 staff members to check if staff had been trained on PREA during the last 12 months prior to the onsite audit. In each instance staff either had received initial PREA training or a PREA refresher course. A review of the training curriculum and facility policy support compliance in this provision.</p> <p>b. The training received by facility is tailored to the gender and age group of the residents at the facility. The facility houses both male and female residents. The facility is licensed for ages 8-18. The auditor reviewed the training curriculum submitted by the facility and found it to appropriate for the age and gender of the facility population. A review of training files for staff indicate that each staff member receives an initial training at point of hire and a refresher at least one time each year. The auditor found that 100% of the training files reviewed had the appropriate documentation for training of staff. It should be noted that during the interview portion of the audit, both residents and staff all indicated that PREA training occurs weekly at the facility.</p> <p>c. Facility Policy 115.331 states that all new employees shall receive specialized PREA training at their initial orientation. Each employee is asked to sign that they have received a copy of the PREA manual and training. Each employee also receives an additional refresher training each year. The auditor interviewed 10 random staff in child care roles, each staff person indicated that they has received the training at point of hire and for those staff that had been employed at the facility for more than a year, they have also received refresher training. The auditor also reviewed all staff that were hired in the 12 months prior to the onsite audit. In every case, the staff member had received initial PREA training.</p> <p>d. The facility documents all employees that have contact with residents that they understand the training they have received and that it is verified by their signature. The auditor reviewed all new hires for the 12 months prior to the onsite audit and found that 100% of staff had received PREA training and understood what they had received. This is acknowledged by their signature and date of signature.</p>	

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Pre-Audit Questionnaire

Newport New Juvenile Secure Detention Policy 115.331(pg. 64-65) Training and Education
Interviews with staff in childcare roles and PREA coordinator

Auditor review of training curriculum

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.332</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.332 Volunteer, Contractor and Intern Training states that all volunteers and contractors that have reason for contact with the residents will be trained on their responsibilities under PREA. The auditor had opportunity to interview 2 contractors and one volunteer. All three indicated that they had received PREA training from the facility. A review of training files supports this. All volunteers and contractors who have contact with residents have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. During the 12 months prior to the onsite audit, the facility states that it trained 58 volunteers/contractors. The facility submitted in the PAQ the training presentations given to the volunteers and contractors. This material is consistent with requirements of this provision.</p> <p>b. Facility Policy 115.332 states that all volunteers and contractors shall receive the type and level of training necessary based on the services they provide and level of contact with residents. It also stipulates that all volunteers and contractors shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditor interviewed three volunteers/contractors. All three indicated that had received PREA training and that they were advised of the zero-tolerance policy. The auditor reviewed training documents submitted by the facility, those documents show training received by the volunteers and contractor with signatures and dates on the forms.</p> <p>c. The facility maintains documentation that each volunteer and contractor has received their PREA training and understands the training received. This documentation is signed and dated by the volunteer and contractor. The auditor reviewed documentation submitted by the facility and finds it is in compliance with this provision.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport New Juvenile Secure Detention Policy 115.332(pg. 66) Volunteer, Contractor and Intern Training Interviews with volunteers and contractors and PREA coordinator Auditor review of training curriculum and documentation</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.333</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.333 Resident Education states that during the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility states in the submitted PAQ that 505 residents were admitted in intake and provided this information. Of the 505 residents admitted to intake, 100% received this information at intake. The information presented the residents at intake is presented in age appropriate fashion that makes sense to the facility population. The auditor verified compliance with this standard by conducting interviews with 16 residents all of which confirmed that they had received this information a manner that they understood. Each resident stated they received the information almost immediately on day of arrival at intake. This information is also verified by a review of resident intake records.</p> <p>b. It is facility Policy 115.33 Resident Education to administer PREA education at time of intake. The facility reports that 505 residents were received at intake and 100% of them received this information at that time. This is verified by resident interviews, interviews with staff assigned to work intake and documentation of the resident intake.</p> <p>c. The facility reports that 100% of residents received PREA information covered in the provision at initial intake. This is supported by auditor review of signatures of residents received at intake and by interviews conducted by the auditor with residents and intake staff.</p> <p>d. The agency shall provide resident education in formats accessible to all residents to include limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The facility submitted for review in the PAQ documentation in Spanish format. The documentation consisted of a Spanish version Resident Handbook and a Spanish version PREA Brochure. Also, the facility utilizes a paid service language line in the event a language not covered by English or Spanish is needed. Staff are available 24/7 to assist residents that may be hearing or visually impaired. The auditor reviewed the documents presented by the facility and finds that the information presented in Spanish format is consistent with the required information from this provision. The auditor converted the presented Spanish version samples to English format so the auditor could digest the information. The auditor also reviewed facility Policy 115.333 Resident Education and finds that this is a required by facility policy.</p> <p>e. The facility maintains documentation at intake that residents are offered this information in a format necessary to ensure understanding of the information. Residents are afforded assistance when needed. The auditor reviewed resident intake records to verify that signatures and dates were present. In 100% of those records, this was found to be true.</p>

f. While conducting the facility tour, the auditor noted that PREA related posters and information were located throughout the facility and available to residents. During interviews with residents in each instance, all indicated that PREA information was always available to them and that staff provided assistance whenever needed. Residents have a resident handbook that details PREA information and brochures are available throughout the facility. When asked how often they are provided training, all residents indicated that training occurs weekly in the form of a group discussion about PREA.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Pre-Audit Questionnaire
Newport News Juvenile Secure Detention Policy 115.333(pg. 67-68) Resident Education
Auditor review of resident education materials
Interviews with direct supervision staff and residents
Interviews with PREA coordinator
Auditor review of resident intake records

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.334</p> <p>Compliance Determination Narrative</p> <p>a. In addition to the general training provided to all employees pursuant to 115.331, the agency 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 facility reports that it conducts administrative investigations only. It also reports that all criminal investigations are conducted by the Newport News Police Department Special Victims Unit. The facility has a MOU that outlines this agreement. Administrative investigations are completed by the facility PREA coordinator whom has received training in conducting such investigations in confinement settings. This is verified by NIC training certificates submitted to the auditor for review. The MOU between the facility and the Newport New Police Department also outlines the requirement of this provision. This also outlined in facility Policy 115.334 Specialize Training: Investigations. The auditor interviewed the PREA coordinator to verify that the training had been received.</p> <p>b. Facility Policy 115.334 Specialize Training: Investigations states that techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The auditor reviewed the training curriculum present by the National Institute of Corrections and the documentation of training submitted by the PREA coordinator. This was also verified during the interview with the PREA coordinator.</p> <p>c. The facility maintains accurate and up to date training logs for all staff training. The auditor reviewed staff training records for one staff member, the PREA coordinator is the only investigator in house and is clearly documented in the staff training file. The documentation is signed and dated by the staff member.</p> <p>d. The Newport News Police Department Special Victims Unit conducts all criminal investigations for the facility. The facility has an MOU with the Police department that outlines the requirements of this provision. The auditor has reviewed the MOU.</p> <p>Evidence relied upon to make auditor's determination: Newport News Juvenile Secure Detention Policy 115.334(pg. 69-70) Specialized Training: Investigations Newport News Police Department MOU Newport News Juvenile Secure Detention Pre-Audit Questionnaire Interview with PREA coordinator Review of training files Review of training curriculum</p>

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.335</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.335 Specialized Training: Medical and Mental Health Care states that the agency shall 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 sexual abuse and sexual harassment, preserve physical evidence or abuse, effective response in a professional manner, how and to whom they should report incidents of sexual abuse and sexual harassment. The auditor interviewed one medical nurse and one mental health care professional regarding training received pertaining to PREA, in both cases, the appropriate training that meets the requirements of this provision were done and fully documented in training files. Of the six medical and mental health staff at the facility, 100% received this training</p> <p>b. Facility medical staff do not conduct forensic examinations of residents. The facility transports residents in need of a forensic exam to Riverside Medical Center in Newport News, VA.</p> <p>c. The facility maintains copies of training pertaining to this standard on file at the facility. The facility nurses are contract employees and the mental health staff are from the local Community Services Board. The auditor observed this documentation and conducted interviews with both a medical staff member and mental health staff member, both of which confirmed that the training had been received and documented.</p> <p>d. Facility medical and mental health staff receive at a minimum the curriculum for facility contractors, in addition they receive the same training curriculum as the facility staff do. The auditor interviewed both a medical staff member and mental health care staff member, both staff stated they had received the same training as staff. This training is documented with facility training files.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Policy 115.335(pg. 71) Specialized Training: Medical and Mental Health Care Newport News Juvenile Secure Detention Pre-Audit Questionnaire Interview with medical and mental health care staff Review of training files Review of training curriculum Interview with PREA coordinator</p> <p>Corrective Action</p>

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.341</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.341 Screening for Risk of Sexual Victimization and Abusiveness states that within 72 hours of the resident’s arrival and periodically throughout a resident’s confinement, the agency shall obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The facilities policy requires that residents be screened for sexual victimization at the initial intake. During the last 12 months prior to the onsite audit, 412 residents who stayed at the facility for 72 hours or more were screened within 72 hours of intake. In addition, it is facility policy that each resident be reassessed every thirty days or less facility staff. This is verified through review of resident intake records and thirty-day reassessments forms. The auditor found this to true in 100% of the cases reviewed. The auditor interviewed one intake staff member and one intake supervisor, in both cases staff confirmed that residents are screened at initial intake and every thirty days or less following intake.</p> <p>b. Facility Policy 115.341 states that such assessments shall be conducted using an objective screening instrument. A review by the auditor of the screening instrument used at intake and the subsequent follow up review every thirty days or less proved to be consistent. The facility submitted in the PAQ the form in current use. This form is consistent with those found by the auditor during resident intake file review.</p> <p>c. Facility Policy 115.341 states that at a minimum, the agency shall attempt to ascertain information about: prior sexual victimization or abusiveness; and other standard specific information to properly assess the resident. The auditor interviewed one intake staff member and one intake supervisor, both staff indicated that they the information on the assessment form was utilized at each intake assessment and again at the reassessment done every 30 days or less.</p> <p>d. Facility Policy 115.341 states that information shall be ascertained by having conversations with the resident during intake, medical and mental health screening and classification assessments. Also, every thirty days, local Community Services Board personnel reassess each resident within thirty days of their initial intake. The auditor through document review and interviews with intake staff and Community Services Board mental health professional verified compliance with the provision.</p> <p>e. Facility Policy 115.341 pg2 sec c.-11 states that facility staff shall maintain caution in the dissemination of information obtained during screening. Staff are to ensure that the information is not used in a way that causes detriment to the resident by staff or other residents.</p> <p>Evidence relied upon to make auditor’s determination:</p>

Newport News Juvenile Secure Detention Policy 115.341 (pg. 72-73) Screening for Risk of Sexual Victimization and Abusiveness

Newport News Juvenile Secure Detention Pre-Audit Questionnaire

Interview with intake screening staff, intake supervisor, PREA coordinator and Community Services Board mental health professional

Review of screening instrument

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.342</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.342 Placement of Residents in Housing, Bed, Program, Education, and Work Assignments states that the agency shall use all information obtained from the Risk Assessment tool to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The auditor interviewed intake staff responsible for the initial assessment of residents at intake. Staff stated that decisions on bed assignments, program and other areas covered by this provision are always taken into consideration prior to making such assignments and that resident safety is always paramount. The auditor also interviewed the PREA coordinator regarding this provision, the coordinator stated that the intake staff and intake supervisor work together to make appropriate assignments for the residents after considering information available.</p> <p>b. Facility Policy 115.342 states that residents may be isolated only as a last resort when less restrictive measures are inadequate to keep them and population safe. Also, that they receive the same services and privileges that general population receives. The facility states in the PAQ that zero residents at risk of sexual victimization were placed in isolation. The facilities practice is not to use isolation at all except in extreme circumstances. At the time of the onsite audit, no residents were in isolation for any reason. The auditor interviewed the facility director, medical and mental health staff, and security staff, all interviewed indicated that the facility does not utilize isolation unless extreme circumstances warrant its use. No residents were place in isolation during the 12 months prior to the onsite audit. During the facility tour, the auditor noted that no residents were in isolation for the duration of the onsite visit.</p> <p>c. Facility Policy 115.342 states that LGBTI residents shall not be placed in a particular housing, bed, or other assignments solely based on such identification or status. Also, that LGBTI cannot be considered sexually abusive based their identification. The auditor interviewed one LGBTI self-identifying resident. When asked if staff attempted to assign a particular housing unit based on her sexual identification, she indicated no. No other LGBTI residents were available for interview. The auditor interviewed the PREA coordinator whom stated that the facility does not make placement based on identification.as LGBTI.</p> <p>d. Newport News Juvenile Secure Detention is licensed to house both male and female residents. In the event a unit assignment had to be made, it would be done on a case by case basis and determined by the health and safety of the resident and the overall effect on facility security. The auditor interviewed the PREA coordinator whom confirmed the facilities policy and practice. At the time of the onsite visit, the facility did not have a transgendered or intersex resident.</p> <p>e. Facility Policy 115.342 states that placement and programming for transgendered and intersex residents shall be reassessed twice each year. The facility in the 12 months prior to</p>

the onsite audit had no transgendered or intersex residents that documentation could be reviewed for. The auditor did interview intake staff and the PREA coordinator, all of which indicated that they were aware of the standard and policy requirements for this provision.

f. Facility staff interviewed by the auditor also indicated that they were aware that if a transgendered or intersex resident was in need of program or placement assessment, the views of their own safety would be taken into consideration.

g. Facility Policy 115.342 states that transgendered and intersex residents must be afforded the opportunity to shower separately from other residents. The auditor reviewed facility policy for compliance to this provision and found in to be in compliance.

h. No residents were isolated pursuant to paragraph (b) of this section during the 12 months prior to the onsite visit.

i. Facility Policy 115.342 states that every 30 days the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population. The facility did not have any circumstances where a resident was placed in isolation. The auditor confirmed this during interviews with intake assessment staff.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Policy 115.341(pg. 72-73) Screening for Risk of Sexual Victimization and Abusiveness

Newport News Juvenile Secure Detention Policy 115.342(pg. 74-75) Placement of Residents in Housing, Bed, Program, Education, and Work Assignments

Newport News Juvenile Secure Detention Pre-Audit Questionnaire

Interview with intake screening staff, intake supervisor, PREA coordinator and residents

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.351</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.351 States that the agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility has set up several ways for residents to report such incidents; they can submit a grievance form, report verbally or in writing to any staff member to include supervisors and support staff, or make a hot line call on the resident phone system by dialing #333. Facility staff are required to accept any complaint regarding PREA from resident or third parties whenever asked and take immediate action. All facility staff are mandatory reporters. The auditor interviewed 16 residents, all 16 residents were found to be aware of one or more reporting methods at their disposal if they had a PREA related incident to report. The auditor also interviewed 10 random security staff, all of which were aware of the methods available for residents to report. During the facility tour, the auditor took note that at several locations throughout the facility, PREA posters were in place that informed residents how they could report a PREA incident. This includes posting in each housing unit. The facility also submitted through the PAQ the resident handbook which goes on to describe methods residents may use to report. Resident are also provided the information at intake upon time of arrival.</p> <p>b. The facility has a resident phone system installed in each housing unit that allows resident access to dial #333. This number connects directly to the hotline that is managed by the local community sexual abuse advocate service. The facility and the Center for Sexual Assault Survivors in Newport News, VA has an MOU signed by both parties for the Sexual Assault Center to provide these services. The auditor also interviewed the PREA coordinator and a random sample of resident, all of which indicated that they were aware of the phone hotline service that was available. In addition, the auditor interviewed the coordinator from the Center for Sexual Assault Survivors whom validated that the facility has an active MOU with the detention center. During the facility tour, the auditor made test calls on the resident phone system and found the system to be in operating condition. The auditor was able to speak with a person from the hotline each time.</p> <p>c. It is facility Policy and practice that they accept reports made verbally, in writing, anonymously, and from third parties. The policy requires that staff immediately report through the chain of command and document all reports received. The auditor interviewed a random sample of staff and residents, all interviewed were aware that staff are required to report information received of sexual abuse and harassment from residents immediately.</p> <p>d. Interviews conducted with residents support that staff provided the necessary tools for residents to report incident in writing and verbally. If a resident needs a writing utensil, paper or a grievance to report an incident, they can request it from any staff member.</p>

e. Facility Policy 115.351 states that staff can report incidents of abuse or harassment to any senior of supervisor. Staff may also report to any administrator verbally, in writing via email or incident report. All staff are mandatory reporters. The auditor, during interviews with staff questioned as to if staff were aware of how they could report an incident of sexual abuse or sexual harassment, all staff indicated that they were aware of the ways with which they could report.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Policy 115.351 (pg. 77-78) Resident Reporting
Newport News Juvenile Secure Detention MOU with the Center for Sexual Assault Services
Interview with the Center for Sexual Assault Services coordinator
Newport News Juvenile Secure Detention Pre-Audit Questionnaire
Interview with PREA coordinator, security staff and residents

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.352</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.352 Exhaustion of Administrative Remedies and Policy 100 /6VAC 35-101-100 are the policies that outline the resident grievance system. The facility submitted both policies through the PAQ provided to the auditor.</p> <p>b. Policy 115.352 states that the facility will not impose a time limit of residents as to when they can submit a grievance regarding abuse or harassment. For incidents of a non-sexual nature, the facility may impose time limits. Residents are not required to use the grievance system to report abuse or attempt to resolve the issue with the staff. Nothing in this section shall restrict the facilities ability to defend a lawsuit. The auditor reviewed the facilities resident handbook and found this information to be available to the residents.</p> <p>c. The facility Policy 115.352 states that a resident shall not be required to submit a grievance that alleges sexual abuse or sexual harassment to the staff member that is subject to the complaint and that the resident is not referred to the staff member that is subject to the complaint.</p> <p>d. Facility Policy 115.352 states that the facility shall issue a final decision on the merits of the grievance filed within 90 days of the initial filing. Time computation shall not include time needed for the resident to appeal the administrative decision. The facility may request a time extension of up to 70 days if the initial 90-day time frame was not sufficient to make a decision. The resident must be notified in writing of this extension. Anytime the resident does not receive a response in the policy stated time frame, the resident may consider the no response as a level denial. The facility had in the 12 months prior to the onsite visit 243 resident grievances filed. Of those grievances filed, one was submitted regarding sexual abuse. At the time of the audit, the resident was not available for interview. This was verified by a review of the grievances filed. The auditor interviewed 16 residents regarding their knowledge of the resident grievance system, although all resident stated they were aware of the ability to file a PREA complaint via the grievance system, none had done so.</p> <p>e. Facility Policy 115.352 states that third-parties such as staff members, fellow residents, attorneys and outside advocates may be permitted to assist residents in filing of requests for administrative remedies relating to allegations of sexual abuse and sexual harassment and permitted to file such request on the behalf of the resident. Policy also states that the resident may deny having the complaint filed on his or her behalf. If this occurs, the facility will document the resident's refusal. A parent or legal guardian may file a complaint on the behalf of the resident and the resident may not deny having this complaint filed. During the 12-month period prior to the onsite audit there were no declination of third-party request filed.</p> <p>f. Facility Policy 115.352 states that in the event an emergency grievance is filed that</p>

discussed the potential immediate threat of sexual abuse, the supervisor on duty shall immediately ensure the safety of the resident and immediately report the incident through the chain of command. In the event an emergency grievance is filed that a resident is in imminent risk of sexual abuse, the agency shall immediately forward the emergency grievance to a level of review where immediate action can take place. Also, that the initial response will take place in 48 hours and that a final facility decision be issued within five calendar days. The final response shall state the facilities response to the emergency grievance and the action to be taken. During the 12-month period prior to the onsite audit there one grievance filed that alleged sexual abuse. A review of facility documents shows that an initial response was received by the resident within the required 48-hour time frame. There were no grievances filed that accreted a risk of imminent sexual abuse.

g. Facility Policy 115.352 states that the facility the may only discipline the resident if the grievance filed by the resident was filed in bad faith. This decision by policy must be determined by the facility director only. There were no incidents of disciplinary action having been taken upon a resident for the filing of an emergency grievance.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Policy 115.352(pg. 80-81) Exhaustion of Administrative Remedies

Newport News Juvenile Secure Detention Pre-Audit Questionnaire

Interview with PREA coordinator, security staff

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.353</p> <p>Compliance Determination Narrative</p> <p>a. The facility Policy 115.353 Resident Access to Outside Support Services and Legal Representation states that the facility will provide residents with access to outside victim advocates for emotional support services related to sexual abuse. They will provide mailing address, telephone numbers including toll free hotline numbers for residents to make contact with of state and local rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies and these methods of contact be confidential. The facility submitted to the auditor the resident handbook. This handbook contains all the contact information the resident needs to contact these services. The auditor took note during the facility tour that this information is posted in varying places around the facility where residents can read the information. The auditor also interviewed a random selection of 16 residents, all stated that they were aware of how they could contact these services.</p> <p>b. Facility Policy s115.353 states that the facility shall inform residents prior to giving them access, of the extent such communication will be monitored and how reports of abuse will be forwarded as a result of mandatory reporting laws. The auditor conducted interviews with 16 residents, all stated that they were aware of this information.</p> <p>c. The facility has entered an MOU with the Center for Sexual Assault Survivors. This MOU provides for emotional support services for resident that have experienced sexual abuse. The facility provided a copy of this MOU to the auditor.</p> <p>d. The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The auditor conducted interviews with the facility director, PREA coordinator, and a random selection of residents. In each case the interviewees were all aware of the facilities policy on allowing reasonable access to attorneys and parent or guardians to resident. The auditor asked several residents if they ever had an issue requesting contact with their legal representation or parent and they stated no.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Policy 115.353(pg. 82-83) Resident Access to Outside Support Services and Legal Representation Newport News Juvenile Secure Detention Pre-Audit Questionnaire Interview with facility director, PREA coordinator, and randomly selected residents MOU between facility and the Center for Sexual Assault Services</p>

	<p>Auditor tour of facility</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354</p> <p>Compliance Determination Narrative</p> <p>Facility Policy 115.354 states that it shall provide information on how to make a third-party report on its in-house television information system in the facility front lobby and provide written material in the front lobby and visitation room. Also, the facility posts this information on the facility web site. The auditor reviewed this information on the facility web site and saw it on the facility television information system as well. The auditor interviewed 16 random residents, all of which were aware of the availability of third-party reporting information for parent and guardians.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Policy 115.354 Third Party Reporting Newport News Juvenile Secure Detention Pre-Audit Questionnaire Interview with facility randomly selected residents Auditor tour of facility</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.361</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.361 Staff and Agency reporting Duties states that staff must immediately report any knowledge suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. It goes on to state that whether or not that facility is part of its own agency, retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation is prohibited. The auditor interviewed a random selection of staff, all indicated that they were aware of this provision.</p> <p>b. The facility states in its policy also that staff must adhere to mandatory reporting laws. The Commonwealth of Virginia requires that all youth care workers report immediately any incident of sexual abuse or harassment to the appropriate agencies. The auditor interviewed random staff, and all stated they were aware of this requirement. All staff were aware that they were mandatory reporters.</p> <p>c. Staff are made aware by their training and facility Policy 115.361 that they are not to disclose any confidential information to anyone other than the extent necessary to determine appropriate treatment, investigation and other security management decisions. The auditor conducted random staff interviews, and all indicated that they were aware of this requirement.</p> <p>d. Medical and mental health care staff are required by policy to report sexual abuse to designated supervisors and officials as well as to designated state and local agencies as required by law. This is outlined in policy 115.361. The auditor interviewed 2 medical or mental health staff members, both were aware of this requirement.</p> <p>e. Facility Policy 115.361 states that the facility head shall promptly report allegations to the appropriate agencies and to the alleged victim's parent or legal guardians unless the parent or legal guardians should not be notified, and this is documented. In the event the resident in in the care of child welfare, notification shall be made to the caseworker assigned care of the resident. In the event juvenile court maintains jurisdiction over the resident, the courts shall be notified within 14 days. The auditor interviewed the facility director and PREA coordinator, in both cases they answered in the affirmative that they were aware of this obligation.</p> <p>f. Facility Policy 115.361 states that all allegations of sexual abuse and harassment shall be reported to the facilities designated investigators. The facility PREA coordinator is the designated investigator for all administrative investigations. Criminal investigations are referred to the Newport News Police Department Special Victims Unit. The auditor interviewed the facility director regarding this provision, the director indicated that they were aware of this provision.</p>

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Policy 115.361(pg. 85-86) Staff and Agency Reporting Duties

Newport News Juvenile Secure Detention Pre-Audit Questionnaire

Interview with facility director, PREA coordinator and security staff

Newport News Juvenile Secure Detention Pre-Audit Questionnaire

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.362</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.362 states that when a facility becomes aware that a resident is subject to imminent risk of sexual abuse it must take immediate action to protect the resident. In the past 12 months prior to the onsite audit, the facility had zero incidents where it was determined that the resident was in imminent risk of sexual abuse. The auditor interviewed the facility director and a random sample of staff (10), in all cases, staff stated that they were aware of no cases of residents having been at risk of imminent sexual abuse.</p> <p>Evidence relied upon to make auditor's determination:</p> <p>Newport News Juvenile Secure Detention Policy 115.362 Agency Protection Duties Newport News Juvenile Secure Detention Pre-Audit Questionnaire Interview with facility director and security staff and PREA coordinator</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.363</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 1154.363 Reporting to Other Confinement Facilities states that upon receiving an allegation that a resident was sexually abused at another facility, the receiving facility director will notify the head of the facility where the abuse occurred and also notify the appropriate investigating facility. In the past 12 months prior to the onsite visit, the facility had zero cases where sexual abuse was reported to have occurred at another facility. The auditor reviewed the facility policy and finds it to comply with this provision.</p> <p>b. The facility shall document when an instance of sexual abuse from another facility occurs within 72 hours of receiving the allegation. The facility had zero cases of reported sexual abuse from other facilities.</p> <p>c. Facility Policy 115.363 states that when such notification is, it shall be documented. The facility has no reported incidents in the last 12 months.</p> <p>d. The facility director shall ensure that the reported incident of sexual abuse is investigated in accordance with these procedures. The facility had no reported cases during the 12 months preceding the audit. The auditor interviewed the facility director regarding this requirement. The director stated they knew of this requirement.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Policy 115.363(pg. 88) Reporting to Other Confinement Facilities Newport News Juvenile Secure Detention Pre-Audit Questionnaire Interview with facility director</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.364</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.364 Staff First Responder Duties states that when a staff member first learns that a resident has been sexually abused, the staff member must separate the alleged victim and abuser, preserve and protect the crime scene and evidence, if the abuse occurred within a time period that allows for the collection of viable evidence, request that the alleged victim not take actions that might destroy evidence, for example showering, brushing of teeth etc. In the last 12 months prior to the onsite audit, the facility had three allegations of sexual abuse. The following are facility responses to this provision: Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser 0. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence 0. Of these allegations, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report: preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0, requested 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: 0, Ensured 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: 0. The auditor reviewed 6 total cases that involved sexual abuse or sexual harassment. The breakdown is as follows; 3 cases of alleged sexual abuse and 3 cases of alleged sexual harassment. Of those cases of sexual abuse, one case was alleged between a staff member and a resident for both abuse and harassment and two cases between 2 residents. In all three cases, the allegations were deemed unfounded. The auditor finds that the investigations were done thoroughly and promptly. The auditor interviewed 10 random security staff that were classified as first responders also. In each case the staff members were able to articulate in their responses all the duties of the first responder.</p> <p>b. Facility Policy 115.364 states that in the event the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that might destroy evidence. Of the allegations of sexual abuse in the last 12 months, the number of times a non-security staff person was not a first responder, the facility states 0. Of those allegations responded to first by a non-security staff member, the number of times that the staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0. The auditor conducted 10 random interviews with security staff and 11 specialized staff interviews, all interviewed were fully aware of their obligations as a first responder. As for those not first responders, they were fully aware of their responsibilities as outlined in this provision.</p> <p>A review of the investigations conducted during the last 12 months, there were no incidents</p>

where first responders were notified within a time frame that allowed for the collection of evidence, or where the first staff person to address the incident was not a security staff member.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Policy 115.364(pg.) Staff First Responder Duties

Newport News Juvenile Secure Detention Pre-Audit Questionnaire

Interview with facility first responders and other specialized staff

Interview with PREA coordinator Review of submitted facility documentation of investigations

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.365	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.365</p> <p>Compliance Determination Narrative</p> <p>a. Facility 115.365 Coordinated Response states that in the event of an incident of sexual abuse in the facility, staff first responders, medical and mental health practitioners, investigators, and facility leadership will enact the facilities coordinated response plan. The facility has submitted the response in the PAQ. The auditor has reviewed this plan and agrees that it meets the requirements of this provision. The plan delineates the proper steps for all levels of responders and supervision to administrators and outside partners to take and who is responsible for follow up of each step. The auditor interviewed the facility director regarding this plan, the director is fully aware of the plans content and the responsibilities of those staff and partners as described in the plan.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Policy 115.365(pg. 91-97) Coordinated Response Plan</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire</p> <p>Interview with facility director</p> <p>Interview with PREA coordinator</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. 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>115.366</p> <p>Compliance Determination Narrative</p> <p>a. Newport News Juvenile Secure Detention is not a collective bargaining facility. This provision is not applicable.</p> <p>Evidence relied upon to make auditor’s determination: Newport News Juvenile Secure Detention Policy 115.366(pg. 98) Preservation of Ability to Protect Residents from Contact with Abusers Newport News Juvenile Secure Detention Pre-Audit Questionnaire Interview with PREA coordinator</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that provision is not applicable to the facility, no corrective action is required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.367</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.367 Agency Protection Against Retaliation states that the agency shall establish a policy to protect all residents and staff who report sexual abuse or cooperate with investigations from retaliation by others. The agency provides the names and titles of staff members responsible for monitoring retaliation. They are Dean Collins / Secure Detention Administrator and Larry Powell, / Power Team Supervisor.</p> <p>b. The agency shall employ multiple protection measures, such as housing changes, removal of alleged staff or abusers from contact with victims, emotional support services for residents or staff who fear retaliation. The auditor interviewed the director of secure detention. The director states they are responsible for retaliation monitoring of residents. During the last 12 months prior to the onsite audit, the facility had no founded or unsubstantiated cases of sexual abuse or sexual harassment. As a result, no retaliation monitoring occurred. The auditor interviewed the facility director and asked how does the facility protect residents and staff from retaliation? The director responded by stating that the facility has a comprehensive plan and policy in place that all staff are trained on. The residents also receive information regarding their rights to be free from retaliation by staff or residents. In the event an abuse takes place, the resident is protected from the alleged abuser by separating the two and maintaining contact with the victim for possible indication of retaliation by staff or residents. Residents are also offered emotional support services if needed. No residents were in isolation at time of audit or that had been placed as a result of retaliation towards an alleged victim.</p> <p>c. Facility Policy 115.367 Agency Protection Against Retaliation states that the facility will monitor for at least 90 days following a report of sexual abuse. The agency will monitor the conduct or treatment of the resident or staff who reported to have suffered the abuse. They will closely monitor for changes that suggest possible retaliation. In the event such activity is found, administration shall act promptly to address the issue. The monitoring shall continue past the 90-day time frame if warranted. In the last 12 months, there have been no instances of retaliation or a need to monitor for retaliation.</p> <p>d. In cases of residents, retaliation monitoring shall include periodic status checks to determine if changes have occurred that could be the result of retaliation. During the 12months prior to the audit, no retaliation monitoring was required.</p> <p>e. Facility Policy 115.367 states that in the event any other individual who cooperates with an investigation expresses concern that they are being retaliated against, the facility will take appropriate action to address it. No case occurred in the last 12 months.</p> <p>f. The facility policy indicates that in the event the alleged case of abuse was deemed unfounded, it terminates the agencies need for monitoring. In the 12 months prior to the audit,</p>

there were 6 cases deemed unfounded out of 6 cases reported.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Policy 115.367(pg. 99-100) Agency Protection Against Retaliation

Newport News Juvenile Secure Detention Pre-Audit Questionnaire

Interview with PREA coordinator Secure Detention Director and Facility Director

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that provision is not applicable to the facility, no corrective action is required.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.368</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.368 Post Allegation Protective Custody states that any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342. Newport News Juvenile Secure Detention does not use segregated housing / isolation for administrative or disciplinary reasons. No residents were placed into isolation in the 12 months prior to the onsite audit. The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0. The auditor interviewed the facility director, medical and mental health staff, and security staff, none stated when asked if residents were placed into isolation for any reason that they were. When the auditor conducted the facility, no residents were in isolation.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Policy 115.368(pg. 101) Post Allegation Protective Custody Newport News Juvenile Secure Detention Pre-Audit Questionnaire Interviews with PREA coordinator, facility director, medical and mental health staff and security staff</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that provision is not applicable to the facility, no corrective action is required.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.371</p> <p>Compliance Determination Narrative</p> <p>a. The Newport News Juvenile Secure Detention facility submitted in the Pre-Audit Questionnaire (PAQ) that it has a PREA Policy 115.371: Criminal and Administrative Agency Investigations. In this policy it stipulates that the facility conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. It goes on to state that the Newport News Police Department shall conduct all criminal investigations into allegations of sexual abuse and harassment. The auditor reviewed six investigations of alleged sexual abuse or sexual harassment submitted by the facility for review. Of the six investigations reviewed, all cases were listed as administrative in nature and unfounded. The auditor reviewed all six reported cases and found the investigations to have occurred promptly, thoroughly, and objectively. The auditor conducted interviews with the facility PREA coordinator whom confirms that all six investigations were conducted in such a manner. It should be noted that no criminal investigations occurred for the auditor to review.</p> <p>b. The auditor reviewed training records for the facility PREA coordinator whom is responsible for conducting administrative investigations for sexual abuse and sexual harassment. The training file contained certificates of completion for training sessions conducted by the National Institute of Corrections. The training was for Investigating Sexual Abuse in a Confinement Setting. The coordinator completed this course in both 2018 and 2019. In addition, the coordinator has been conducting administrative investigations for several years and demonstrates extensive knowledge of the investigative process to the auditor. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.</p> <p>c. Upon receipt of an allegation of sexual abuse or sexual harassment, the facility enacts a coordinated response plan. Facility Policy 115.371 states that if the allegation is criminal in nature, the Newport News Police Department is immediately notified. In the event the incident is of a sexual abuse nature, investigators shall be assigned who have received training in dealing with juvenile cases. The policy also states that investigators will gather and preserve evidence, any available electronic monitoring data; shall conduct interviews and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The policy goes on to state that the Police will not terminate an investigation solely because the source of the allegation recants the allegation. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.</p> <p>d. Policy 115.371 states that when the quality of evidence appears to support criminal prosecution, the Police will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is</p>

the facility policy.

e. Policy 115.371 states 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. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.

f. Facility Policy 115.371 states that criminal investigations shall be documented in a written report that contains a thorough description. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.

f-1. Administrative investigations shall include an effort to determine whether staff actions or failures to act contribute to the abuse. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.

f-2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.

g. Facility Policy 115.371 states that criminal investigations will be documented that contains a thorough description and attaches copies of evidence. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.

h. Facility Policy 115.371 states that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.

i. Facility Policy 115.371 states that the agency shall retain all written reports referenced in this section 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. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.

j. Facility Policy 115.371 states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.

k. Facility Policy 115.371 states that any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.

l. Facility Policy 115.371 states that the Department shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The auditor conducted interviews with the facility PREA coordinator whom confirms that this is the facility policy.

m. It is the Policy of the facility to fully cooperate with the law enforcement or outside agencies investigation when they investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation

Auditors note: the facility policy mirrors the PREA standard. Because criminal investigations are immediately referred to the Newport News Police Department, the auditor did not have an opportunity to interview a Police Department representative. The auditor attempted to make contact on two occasions but never received a reply. However, interviews in house with the PREA coordinator and facility director shows that based on their responses to the auditor's questions, that they understood and accepted the investigative process and what the associated standards called for in the investigative process.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Pre-Audit Questionnaire

Newport News Juvenile Secure Detention PREA Policy 115.371 (pg. 102-103) Criminal and Administrative Agency Investigations

Interview with Newport News Juvenile Secure Detention Director and PREA Coordinator

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.372</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.372 Evidentiary Standard for Administrative Investigation states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor conducted an interview with the facility PREA coordinator whom serves as the facility administrative investigator for PREA related incidents. The coordinator confirmed that no standard higher than a preponderance is applied to the investigative process.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport News Juvenile Secure Detention Policy 115.372(pg. 103) Evidentiary Standard for Administrative Investigation Interview with Newport News PREA coordinator</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.373</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.373 Reporting to Residents states that following an investigation into a resident’s allegation of sexual abuse, the facility will inform the resident if the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility was 3 administrative. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified: 3. The auditor interviewed the PREA coordinator whom is responsible for administrative investigations, the coordinator is aware of the obligation and complies with its requirements.</p> <p>b. In the 12 months prior to the onsite audit, all allegations of abuse were administrative in nature and conducted in house.</p> <p>c. Facility Policy 115.373 states that following an allegation that a staff member has committed sexual abuse against a resident, the resident shall be notified when the staff member is no longer posted in the residents unit, is no longer employed at the facility, the staff member has been indicted or convicted of a charge. In the 12 months prior to the audit, no cases of sexual abuse by a staff member was deemed founded or substantiated.</p> <p>d. Anytime a resident is indicted for sexual abuse on another resident, the victim will be notified. This is listed in the facility policy 115.373. In the 12 months prior to the audit, no cases of criminal conviction or indictment have occurred against a resident on resident sexual abuse case.</p> <p>e. In the event such a conviction or indictment were to occur, the facility will document such notification. This is part of facility policy 115.373. No cases have occurred in the 12 months prior to the audit.</p> <p>f. The facilities obligation to report under this standard terminates when the resident is released from the facilities custody. This is part of the facilities Policy 115.373.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport News Juvenile Secure Detention Policy 115.373(pg. 104-105) Reporting to Residents Interview with Newport News PREA coordinator Review of all facility reported investigations</p> <p>Corrective Action</p>

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.376 Disciplinary Sanctions for Staff states that Staff shall be subject to disciplinary sanctions for violating sexual abuse or harassment policy. The auditor reviewed the submitted facility PAQ and found that no cases of staff disciplinary action has been taken, this has been confirmed by the facility director.</p> <p>b. Termination shall be the presumptive disciplinary sanction for staff found to have committed sexual abuse. In the 12 months prior to the audit, no cases of staff discipline had occurred resulting from sexual abuse. This is confirmed by the facility director.</p> <p>c. Facility Policy 115.376 states that disciplinary sanctions for violations of facility policy related to sexual abuse or sexual harassment shall be commensurate with the nature of the act. The staff members disciplinary history shall be considered, and sanctions imposed comparable to that of others. In the past 12 months no staff member has been disciplined for any act related to sexual abuse or sexual harassment. The auditor confirmed this data with the facility director.</p> <p>Evidence relied upon to make auditor's determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport News Juvenile Secure Detention Policy 115.376(pg. 106) Disciplinary Sanctions for Staff Interview with Newport News PREA coordinator Interview with facility director Review of PREA investigations completed</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.377</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.377 Corrective Action for Contractors and Volunteers states that any contractor or volunteer that engages in sexual abuse shall be prohibited from contact with residents. This policy demonstrates compliance with this provision. In the past 12 months, no volunteer or contractors have been reported to law enforcement for incidents of sexual abuse. The auditor confirmed this with the facility director.</p> <p>b. Facility Policy 115.377 states that the facility shall take into consideration whether to prohibit further contact with residents from volunteers or contractors for violations of any other sexual abuse or sexual harassment policies. The auditor finds this policy in compliance with this provision. The auditor confirmed that no cases of sexual abuse or sexual harassment occurred in the 12 months prior to the audit.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport News Juvenile Secure Detention Policy 115.377(pg. 107) Corrective Action for Contractors and Volunteers Interview with Newport News facility director Interview with facility PREA coordinator Review of PREA investigations completed</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.378</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.378 - Interventions and Disciplinary Sanctions for Residents states that a resident may only be subject to formal disciplinary actions following an administrative finding that the resident engaged in sexual abuse or following a conviction for sexual abuse. In the 12 months prior to the audit, 0 residents had disciplinary action imposed on them for sexual abuse. This is confirmed by the auditor interview with the facility director.</p> <p>b. The facility policy is to not use isolation for administrative or disciplinary purposes. The facility has had 0 instances of isolation in the past 12 months prior to the audit.</p> <p>In the past 12 months the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: 0. This is verified through interview with the facility PREA coordinator.</p> <p>c. Facility Policy 115.378 states 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. The auditor verified this information with the facility director.</p> <p>d. The facility will consider whether to offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse by an offender as a condition of a rewards based behavioral management system. The auditor interviewed medical and mental health staff regarding compliance with this provision, both staff interviewed indicated that this is the policy of the facility.</p> <p>e. The facility Policy 115.378 states that residents will only be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There have been no incidents of resident discipline for unauthorized sexual contact with staff. This is confirmed through interview with facility director.</p> <p>f. In the event a resident reports an incident of sexual abuse in good faith, the resident may not be disciplined if the resident had a reasonable belief that this incident occurred. This is confirmed by interview with the facility director.</p> <p>g. The facility in its policy 115.378 does not allow sexual contact between residents. Residents found to have engaged in consensual sexual contact may be disciplined accordingly. The</p>

facility will not deem the activity to be sexual abuse unless it is determined that the sexual activity was coerced.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Pre-Audit Questionnaire

Newport News Juvenile Secure Detention Policy 115.378(pg. 108-109) - Interventions and Disciplinary Sanctions for Residents

Interview with Newport News facility director

Interview with facility PREA coordinator

Review of PREA investigations completed

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.381</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.381 Medical and Mental Health Screening, History of Sexual Abuse states that if the resident has experience prior sexual victimization whether in an institutional setting or not, a 14 day follow up meeting will occur with medical or mental health staff. Facility medical staff protocol is that a meeting will occur within five days of the initial screening. Mental health staff will meet with the resident within 48 to 72 hours of the initial screening. The auditor verified this information via interviews with medical and mental health staff. In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100% It is facility practice that at the time of intake, all residents are seen by medical and mental health staff. This is confirmed by the auditor via interviews with intake staff. Medical and mental health staff maintain secondary documentation regarding the resident they see.</p> <p>b. All resident who perpetrated previous sexual abuse is offered follow-up meetings with medical and mental health staff with in 14 days. Facility medical staff protocol is that a meeting will occur within five days of the initial screening. Mental health staff will meet with the resident within 48 to 72 hours of the initial screening. The auditor verified this information via interviews with medical and mental health staff. In the past 12 months, the percent of residents who perpetrated previous sexual abuse who were offered a follow-up meeting with a medical or mental health practitioner: 100%. Medical and mental health staff maintain secondary documentation regarding the resident they see.</p> <p>c. It is facility Policy (115.381) that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. This is verified through questions asked by the auditor during the facility tour.</p> <p>d. It is facility policy that 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. This is verified by interviews with facility medical and mental health staff.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport News Juvenile Secure Detention Policy 115.381(pg. 111) Medical and Mental Health Screening, History of Sexual Abuse Interview with Newport News facility director Interview with facility PREA coordinator Interviews with facility medical and mental health staff</p>

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.382</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.382 - Access to Emergency Medical and Mental Health Services states that resident victims of sexual abuse shall receive timely access to emergency medical treatment and crisis intervention services. Medical and mental health professionals will determine the scope of such treatment based on their judgment. Medical and mental health staff shall maintain secondary materials.</p> <p>b. In the event no medical or mental health staff on duty at the time of the incident, first responders will protect the victim and immediately notify medical and mental health staff. The facility has an emergency response protocol already in place to address such issue. This is verified via interview with the facility director and PREA coordinator.</p> <p>c. Resident victims of sexual abuse are offered timely access to information and emergency contraception and prophylaxis in accordance with established medical best practice. This is verified through interviews with medical and mental health staff.</p> <p>d. Treatment services shall be provided free of charge to the victim whether the abuser is named or not. Facility Policy 115.382 verifies this information.</p> <p>Evidence relied upon to make auditor's determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport News Juvenile Secure Detention Policy 115.382(pg. 111) - Access to Emergency Medical and Mental Health Services Interview with facility PREA coordinator Interviews with facility medical and mental health staff</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.383

Compliance Determination Narrative

a. Facility Policy 115.383 - Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers' states that the facility shall offer medical and mental health services to any resident that has been that has been victimized by sexual abuse in any jail or institutional setting. The auditor conducted several Q&A periods with residents and staff during the facility tour. Both residents and staff indicated to the auditor that the facility provides these services for the residents.

b. Facility Policy 115.383 states that resident victims shall receive treatment and evaluation for follow up services that include treatment plans and referrals for continued care after transfer to or placement in another facility or setting. This is verified through interviews with medical staff.

c. The facility provides these services with levels consistent with community care. The auditor verified this question with facility mental health staff.

d. Resident victims that experience vaginal sexual penetration while incarcerated shall be offered pregnancy tests. This in verified through interviews with facility medical staff.

e. In the event pregnancy results from conduct as discussed in section d of this standard, victims shall receive timely information about pregnancy services. This is verified through interviews with medical staff.

f. Facility Policy states that resident victims of sexual abuse shall be offered test for sexually transmitted infections while incarcerated. The auditor reviewed resident medical files and found that file information is consistent with compliance to this provision.

g. Treatment services are provided without financial cost to the resident. This is verified by interview responses by the facility director.

h. The facility conducts a mental health evaluation of all known resident on resident abusers within 60 days of learning of such abuse history and offers treatment. This is verified to the auditor by interview responses received from mental health staff.

Evidence relied upon to make auditor's determination:

Newport News Juvenile Secure Detention Pre-Audit Questionnaire

Newport News Juvenile Secure Detention Policy 115.383(pg. 112) - Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

Interview with facility PREA coordinator

Interviews with facility medical and mental health staff
Review of resident medical files

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.386</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.386 - Sexual Abuse Incident Reviews states that the facilities incident review committee will review every administrative and criminal case of sexual abuse unless the allegation has been determined to be unfounded. In the 12 months prior to the audit, all three reported cases of sexual abuse were deemed to be unfounded. The auditor reviewed extensively the information surrounding each allegation of sexual abuse. The auditor found in each case that the findings of the investigator were sound investigative practice and that the conclusion of the investigation was accurate.</p> <p>b. Facility Policy 115.386 states that ordinarily, a review of the case will occur within 30 days. This is verified via interviews with the PREA coordinator and members of the incident review team.</p> <p>c. Facility Policy 115.386 states that the incident review team shall be comprised of upper level management officials. The auditor interviewed three members of the incident review team. Each member was in an upper management level role.</p> <p>d. The incident review team shall consider if a policy change needs to occur as a result of an incident. If a incident may have been prevented with adjustments to practice that would enable the facility to better respond to sexual safety, the committee should consider the motivations of the abuser, determine if the area that the incident occurred had physical barriers that helped enable the event such as blind spots, assess if enough staff were present and if staffing changes need to be made, asses if monitoring technology enhancements could help prevent future occurrences. Additionally, the PREA coordinator should have direct access to this process. The auditor had opportunity to discuss this process with three members of the committee, all are well versed in the requirements of this provision and actively participate in the committee process.</p> <p>e. The facility has a track record of being proactive regarding recommendations from this incident review committee. Since the last audit, facility administration has added cameras and mirrors to the facilities physical plant. This increase in technology and equipment assist sexual safety in the facility. This is verified through facility tour and interviews with committee participants. Also, through review of committee minutes.</p> <p>Evidence relied upon to make auditor's determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport News Juvenile Secure Detention Policy 115.386(pg. 113-114) - Sexual Abuse Incident Reviews Interview with facility PREA coordinator</p>

Interviews with facility incident review committee members

Corrective Action

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.387</p> <p>Compliance Determination Narrative</p> <p>a/c. Facility Policy 115.387 Data Collection states that it shall collect data in an accurate manner that documents every allegation of sexual abuse by using standardized instruments and a set of definitions. The data shall contain enough information to answer the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The facility uses a set of standardized definitions that it published in its PREA manual for staff and residents. This is verified through a review of the manuals and interviews with the facility PREA coordinator.</p> <p>b. The facility compiles this data annually and published its finding to the facility website. This is verified by review of data on the website.</p> <p>d. The facility collects its data from all available pertinent facility documentation to include incidents reports, investigations and sexual abuse incident reviews. This is verified by the auditor’s review of annual reports completed.</p> <p>e. The facility does not contract with other facilities for the confinement of its residents, this provision does not apply.</p> <p>f. The facility shall provide this data to the Department of Justice upon request no later than June 30. This is verified by interviews with the facility PREA coordinator.</p> <p>Evidence relied upon to make auditor’s determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport News Juvenile Secure Detention Policy 115.387(pg. 115) Data Collection Interview with facility PREA coordinator Review of facility website data</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.388</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.388 - Data Review for Corrective Action states that the facility reviews data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. Also taking corrective action and preparing an annual report. This is confirmed through interviews with the facility director and PREA coordinator.</p> <p>b. Facility Policy 115.388 states that the report shall include the current years data and corrective action taken with those from prior years. This is to provide a picture of the facilities progress in addressing sexual abuse. This verified through the auditor review of the annual report.</p> <p>c. The facility published its annual report on the facility website and makes it available to the public in written form. This is verified by the auditors review of the website and written reports. The annual report is reviewed and approved by the facility director prior to publication. This is verified by interview conducted with the facility director.</p> <p>d. When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. This is verified by interview conducted with the facility PREA coordinator.</p> <p>Evidence relied upon to make auditor's determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport News Juvenile Secure Detention Policy 115.388(pg. 116) - Data Review for Corrective Action Interview with facility PREA coordinator and facility director Review of facility website data</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389</p> <p>Compliance Determination Narrative</p> <p>a. Facility Policy 115.389 - Data Storage, Publication, and Destruction states that the facility ensures that incident-based and aggregate data are securely retained. This is verified by the auditor by observation of record retention and storage while conducting the facility tour. In addition, through interview with facility PREA coordinator.</p> <p>b. The facility makes all aggregated data available through the facility website and in written format to the public. This is verified by the auditor through review of the website and interview with the facility PREA coordinator.</p> <p>c. Prior to making personally identifiable data publicly available, the facility removes such information from the report. This is verified by the auditor by review of the report and interview with the facility PREA coordinator.</p> <p>d. The agency maintains sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. This verified by the auditor through interview with the facility PREA coordinator.</p> <p>Evidence relied upon to make auditor's determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Newport News Juvenile Secure Detention Policy 115.389(pg. 117) - Data Storage, Publication, and Destruction Interview with facility PREA coordinator Review of facility website data</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401</p> <p>Compliance Determination Narrative</p> <p>The facility is a singular entity, it does not operate more than one facility. The facilities last audit was December 13-December 14, 2016. The auditor finds that the facility is in compliance with this standard.</p> <p>Evidence relied upon to make auditor's determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Interview with facility PREA coordinator Review of facility last PREA audit</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403</p> <p>Compliance Determination Narrative</p> <p>The facility has published to its website the last PREA audit dated December 13, 2016.</p> <p>Evidence relied upon to make auditor's determination:</p> <p>Newport News Juvenile Secure Detention Pre-Audit Questionnaire Interview with facility PREA coordinator Review of facility last PREA audit</p> <p>Corrective Action</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. 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

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

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

	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

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.)	yes

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)	na

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

	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.)	no
	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

	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.)	na

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.)	yes

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?	no
	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

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.	no

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.)	yes
	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.)	yes

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.)	yes
	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.)	yes

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.)	yes
	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.)	yes
	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.)	yes

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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes

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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes

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.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.)	yes
	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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)</p>	yes