Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities

☐ **Interim** ☒ **Final**

Date of Report October 27, 2020

Auditor Information

Name: Susan Heck	**Email:** susanheckva@gmail.com
Company Name: Susan Heck Consulting, LLC	
Mailing Address: PO Box 6032	**City, State, Zip:** Williamsburg, VA 23188
Telephone: 757-784-175	**Date of Facility Visit:** September 23-24, 2020

Agency Information

Name of Agency Henrico County Juvenile Detention Home		**Governing Authority or Parent Agency** *(If Applicable)* Henrico County, Virginia	
Physical Address: 4201 E. Parham Road		**City, State, Zip:** Henrico, VA 23228	
Mailing Address: PO Box 90775		**City, State, Zip:** Henrico, VA 23273-0775	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☒ County	☐ State	☐ Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: John A. Vithoulkas	
Email: vit@henrico.us	**Telephone:** 84-5014386

Agency-Wide PREA Coordinator

Name: Jerry Jackson	
Email: jac18@henrico.us	**Telephone:** 804-501-4943
PREA Coordinator Reports to: Edward Martin, Superintendent, HCJDH	**Number of Compliance Managers who report to the PREA Coordinator:** 0

Facility Information

Name of Facility: Henrico County Juvenile Detention Home			
Physical Address: 4201 E. Parham Road		**City, State, Zip:** Henrico, VA 23228	
Mailing Address (if different from above): PO Box 90775		**City, State, Zip:** Henrico, VA 23273-0775	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☒ County	☐ State	☐ Federal

Facility Website with PREA Information: https://henrico.us/juvenile-detention/prea-policy

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☒ Other (please name or describe: VA Department of Juvenile Justice for Virginia Standards Compliance

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
USDA Audit, Henrico County Audit, Environmental and Safety Audit

Facility Administrator/Superintendent/Director

Name: Edward Martin	
Email: mar24@henrico.us	**Telephone:** 804-501-4944

Facility PREA Compliance Manager

Name: Jerry Jackson (Mr. Jackson fills both the PREA Coordinator and PREA Compliance Manager roles for this facility)	
Email: jac18@henrico.us	**Telephone:** 804-828-9448

Facility Health Service Administrator ☐ N/A	
Name: Dr. Richard Brookman	
Email: Richard.brookman@vcuhealth.org	**Telephone:** 804-828-9448

Facility Characteristics	
Designated Facility Capacity:	20
Current Population of Facility:	10
Average daily population for the past 12 months:	12
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☐ Males ☒ Both Females and Males
Age range of population:	11-17
Average length of stay or time under supervision	18 days
Facility security levels/resident custody levels	Medium
Number of residents admitted to facility during the past 12 months	696
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	529
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *10 days or more:*	142
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☒ Yes ☐ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☒ State or Territorial correctional agency ☒ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text.

	☐ N/A
Number of staff currently employed by the facility who may have contact with residents:	59
Number of staff hired by the facility during the past 12 months who may have contact with residents:	3
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	1
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	2
Number of single resident cells, rooms, or other enclosures:	20
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0

Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	4
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☒ Local police department ☒ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: Local CPS) ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	5
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☒ Agency investigators ☒ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☒ Local police department ☐ Local sheriff's department

	☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: Henrico Human Resources) ☐ N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-on-site 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.

An on-site PREA audit of the Henrico Juvenile Detention Home (HJDH) was conducted over the course of two days, September 23-24, 2020. Mr. Edward Martin is the facility's Superintendent. Jerry Jackson, Assistant Superintendent of Administration, serves as the facility's PREA Coordinator/PREA Compliance Manager. This facility is one of two detention homes used by the county and is located adjacent to the Juvenile Court of Henrico County. It serves primarily as an intake facility (discussion of this arrangement below).

The Henrico Juvenile Detention Home is a secure detention facility for youth aged 11-17 years of age which serves as an intake facility for court-ordered Henrico County youth; it was the county's first detention home. It has a maximum capacity of 20 youth and was built in 1979; its daily average population in the past year has been 12. The current average length of stay in this facility is 18 days. This facility is used primarily as an intake facility before residents go to James River Detention Home for the duration of their secure confinements. Residents move back and forth from James River Detention Home to the Henrico Detention Home for court hearings, doctor appointments, etc.

During the pre-audit phase of this audit the facility sent the following for this auditor's review thirty days prior to the on-site audit: the facility's Pre-Audit Questionnaire; its policies and procedures; training certificates for staff which included any specialty training required of staff; copies of all Memoranda of Agreement; the facility's Unannounced Rounds log; the PREA training outlines for staff and residents; the PREA training outline for its annual training; its current PREA brochures for residents (English and Spanish); the resident handbook; copies of the grievance procedure and the grievance form; the form used for its annual assessment of its staffing plan dated May 2020 and August 2019; its PREA Protection Against Retaliation form; its Organization Chart; the form used to refer residents for follow-up meetings with medical or mental health professionals following a resident's report of sexual abuse; a copy of a form provided by Henrico County Social Services on how to file a CPS report; and a brochure provided to parents of residents on how to report sexual abuse and the facility's Zero Tolerance policy. In addition to review of these documents, this auditor also reviewed the facility's website which included all information required by the standards. The auditor completed the pre-audit portion of the Auditor Compliance tool by using the information provided by the facility and checking the website. Communication between the auditor and the facility's PREA Coordinator/Compliance Manager continued during the time leading to the on-site audit.

The on-site audit began on September 23 at 9:00. This auditor was met by Mr. Jackson and we talked through the process for the coming days of the audit. The facility had set up space in the staff conference room for this auditor to work; this space was also used for most of the staff interviews. (Interviews for overnight staff were conducted in the housing units' quiet/living rooms to enable staff to be able to respond to any resident needs should they arise.)

Copies of staff rosters, a population report for current residents, and a list of residents for the prior year were requested at the initial on-site meeting with Mr. Jackson. Staff members who would be interviewed that day were chosen from each of the two housing units and included staff from each shift.

This facility has two housing units, one for male residents and one for female residents. Each shift is comprised of a shift manager/supervisor and at least one staff for each of the housing units along with other staff who support the housing unit staff. A full staff for the day would include 15 staff. This facility currently has three shifts; 7am-3pm (four staff), 3pm-11pm (four staff), 11pm-7am (two staff), and a swing staff (four staff). The facility currently has one staff vacancy.

Ten secure staff interviews were completed during the on-site portion of the audit including an interview with a brand-new staff member. These interviews included staff from both housing units and staff from each shift, including the midnight to 7:00 am shift (which was conducted at 6:00 am prior to waking of residents).

Twenty specialty interviews were completed and included two investigators, one staff monitoring retaliation, one HR staff, the superintendent, one medical staff, one mental health staff, the PREA Coordinator, one administrator conducting unannounced rounds, one member of the facility's incident review team, four staff conducting PREA education at intake, and five staff conducting vulnerability assessments). The interviews included staff from each housing unit and included staff from all shifts). Staff members for interviews were chosen from each shift.

This is a small facility with a total of 59 staff members. Staff members often perform multiple duties. This facility does not have specific staff assigned to an intake unit; intake is handled by a staff on shift depending on whether the resident entering the facility is male or female. For this reason, some of the staff who took part in the secure staff interviews were also interviewed as staff who provided PREA education and conducted vulnerability assessments. This was necessary to cover the different aspects of the PREA standards represented in the interview formats. These interviews also included staff from both housing units and were chosen from multiple shifts.

The personnel files and training records of each staff interviewed were reviewed to check for required background checks, Virginia's Central Registry checks (CPS) and required PREA training. All current staff files contained the required checks. The facility did a background check on all staff before its audit in 2016 to ensure that they were in compliance with the standard requiring such checks every five years. The facility has a plan for doing record checks every five years, even if staff members have only been with the facility for a year, to ensure they remain in compliance with all requirements of the standard.

Initial PREA training is provided for all staff prior to the staff member working alone with residents. All staff take part in annual training which includes training on conducting cross-gender pat-down searches. (The facility uses the training provided by PRC through NIC for the cross-gender search training.) Training records were also reviewed for all staff who required specialty training and all were documented in the training records. The facility makes excellent use of the resources available through PRC and NIC.

As noted above, a current population report was also requested during the initial meeting. This facility has a capacity of 20; there were nine residents on the first day of the on-site audit and ten residents on the second day of the on-site audit. All ten of these residents were interviewed as part of the on-site portion of the audit to comply with the requirement for a minimum of ten resident interviews. Residents entered into the interviews willing and all stated they had received their PREA education on the same day they arrived at the facility. They all remembered the facility's Zero Tolerance policy. All the residents affirmed that the facility had asked them questions to determine their vulnerability. None of the residents in current population stated that they had disclosed any prior abuse or harassment and none stated they had been abused or harassed while at this facility. Residents weren't as familiar with resources available to them in the community, and this was discussed with the PREA Coordinator/PREA Compliance Manager. The files of all residents interviewed at the facility during the on-site audit were reviewed and all had gotten their PREA education and vulnerability assessments within the timeframes required by the standards. One non-English speaking resident came into the facility on the second day of the on-site audit and was interviewed with the assistance of the interpreter who was there to assist with the intake process for this resident.

The facility also provided a list of all residents who had been in the facility for 2019. Of the 306 unduplicated residents (this facility had 815 intakes during 2019; of the 815, 509 residents had multiple intakes, either on new charges or because they went to another facility such as mental health hospital stay), 55 randomly selected files (representing 18%) were selected for review. These files were chosen from the lists of residents in each of the housing units (male and female). The files of the selected names were reviewed during the on-site portion of the audit to determine if residents had received PREA education,

had been given information on the facility's Zero Tolerance policy, had taken part in vulnerability assessments, and were offered follow-up meetings with mental health or medical professionals based on those assessments. All had received the PREA education and vulnerability assessments within the times indicated in the PREA standards. For the youth who screened as vulnerable, special notations were made in terms of how the facility would monitor those youth. Of the four youth who answered that they had either been victims of prior sexual abuse or had previously perpetrated sexual abuse, all four had referrals to the facility's mental health provider for follow-up meetings in the files.

This facility has a unique relationship with its sister detention home. James River Detention (referred to as "the River" by staff and residents) is located in mostly rural Powhatan County, VA outside the greater Richmond, VA area, and is the facility that houses Henrico County juveniles for the bulk of their court-ordered detentions. Henrico Juvenile Detention Home receives residents from the police and residents stay at HJDH until their initial court appearances. At the court appearances, residents receive their court-ordered sentences for detention. Residents who will be detained for longer than 10 days and have no significant health concerns that would require them to be held closer to hospital services are sent to James River to serve their periods of confinement. Any time they need to be seen by an outside medical provider or come back to court during the time they are serving their detentions they are moved from James River back to HJDH. This may happen several times over the course of their confinement. If a resident is moved just between HJDH and James River during the same period of confinement, that resident is not considered a "new" intake by either facility. If the resident is released and then comes back in with a new charge, or if a resident is sent to a mental health or medical placement, then it is considered a new intake. Currently residents aren't given new education or vulnerability assessments if they are moved between the two facilities during the same period of confinement.

Mr. Jackson and this auditor discussed changing the current practice to conduct new vulnerability assessments each time the resident returned to HJDH, even if from James River. This new practice will ensure that the resident has suffered no new sexual abuse or sexual harassment and provides for reporting and responding to any such incidents and providing follow-up meetings with medical or mental health providers as soon as possible after an alleged incident. The practice change was discussed with Mr. Martin, Superintendent, and the change was implemented the same day.

The facility tour was conducted on September 23 after the initial meeting and included all areas of the facility. No area of the facility was off-limits to this auditor and included the housing units, the outside recreation yard, the control room, the administration office areas, the intake room, the medical space, and the kitchen and the dining areas. Detailed physical space descriptions of the facility are included in the Facility Characteristics part of this report. The control room staff gave a description of the camera system and all camera views were reviewed by this auditor. None of the cameras were located in a way that invaded a resident's privacy for bathing, dressing or toileting.

The on-site portion of this audit was completed at the end of the second day (total hours on-site were approximately 24) . The post-audit phase of the audit included writing up the report and the resolution of any questions this auditor had for the PREA Coordinator/PREA Compliance Manager. In addition, this auditor talked with the Executive Director of Safe Haven, the advocacy organization which provides any needed advocacy support to residents of HJDH following an incident of alleged sexual abuse.

The Supplementary Questionnaire on Community Advocate Engagement was used during the interview with SafeHarbor's executive direction. In addition to the executive director, the agency's director of clinical services joined the interview. They confirmed that they have an ongoing relationship with HJDH and that there is an MOU in place between them and HJDH. They noted that Mr. Jackson was their primary contact and that the relationship started approximately four years ago.

They also talked about the discussions they have been having with HJDH to provide trainings to the staff and to the residents. They had been in discussion with the facility prior to Covid-19 to provide training to residents about topics such as dating violence, staying safe in relationships, community resources available to them or anyone in the community, etc. Their advocates do not usually provide support during court appearances, but there is a program within the network of service providers that would cover this need.

They were aware that HJDH would transport any alleged victim of sexual abuse to St. Mary's Hospital which is part of a Richmond, VA consortium (RHART) of service providers for victims of sexual abuse. St. Mary's has staff available or on-call 24 hours a day to provide forensic exams and advocates are assigned to all victims in the community right away. Services for residents at HJDH would be determined on a case by case basis depending on the resident's LOS and placement.

Although they are equipped to receive calls from residents, the phone line provided to residents goes directly to Henrico County CPS.

They stated that they had never been called to respond to a resident of the facility and did not think the facility had experienced an incident of sexual assault at the facility. They stated that they have a number of bi-lingual staff and that the county's language line is available to them should a resident have a translation need other than Spanish. Both administrators from SafeHarbor were eager to return to discussions with the facility as soon as Covid-19 precautions were lifted.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee 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 Henrico Juvenile Detention Home is a secure detention facility for youth aged 11-17 years of age which serves as an intake facility for court ordered Henrico County youth; it was the county's first detention home. It has a maximum capacity of 20 youth and was built in 1979; its average daily population over the past year has been 12. The current average length of stay in this facility is 18 days. It describes itself as a medium security juvenile detention facility.

The Henrico Juvenile Detention Home (HCJD) facility was toured by this auditor on September 23, 2020. It is a one-story brick structure, rectangular in shape, with a large outdoor recreation yard in the back. The building and outdoor recreation area in the back are surrounded by a fence on three sides. The front entrance faces a parking lot. The front entrance of the facility opens into a lobby which has secure doors leading to the administrative part of the building or through to the part of the building that houses residents. The administrative area is located through the door on the right-hand side of the lobby. The administrative area includes a reception area, cubicles and the offices of the superintendent, assistant superintendents and other administrative staff.

There is a short hallway (behind the lobby) that leads from the administrative offices to the kitchen area (this door is secured; entrance is controlled by a wall box with a code or by contacting the control room). The kitchen is a large rectangular area with a storage room at the end. There is a roll up aluminum window that opens during mealtime for residents to get their food. Residents are not allowed into the kitchen area at any time. (Any resident or staff going into the kitchen would pass the control room; there is a camera that covers the kitchen hallway.) A door just to the right (also secured by a wall box or the control room) just before the kitchen area door leads into a very small vestibule and another secured door which leads to the main part of the building used by staff and residents.

This part of the building is centered around a very large, open, multi-purpose/recreation area (roughly the size of half a basketball court). Ceiling height windows make the space very light. Surrounding this area are the control room, dining room with access to laundry room (secured door; only staff do laundry), intake office, video conferencing room, the classroom and both housing units. A door along the back wall opens to the outside recreation area which has a basketball court and large grassy areas. All the rooms/areas which surround the multi-purpose room have windows or doors with glass openings, making for an excellent line of sight throughout this space.

There are two housing units, one on each side of the large multi-purpose room, one for male residents and one for female residents. The housing units are identical; each has a large quiet room with a door to a hallway with ten, single-occupancy sleeping rooms and a shower area. Each sleeping room has a small window in the door to allow for supervision of residents. The quiet/living room has couches, chairs, tables, a television, and a staff desk area. Each has a bulletin board with information readily accessible to residents. PREA information, including the Notice of Audit, were visible on both housing units. There were also posters designed by the residents on the walls of each of the housing units.

The quiet/living room of each housing units is rectangular in shape with windows in the wall facing the multi-purpose room area. There is a door to the sleeping room areas which also has a glass (this glass was covered at the time of the audit along with some other windows; this auditor discussed the value of having windows uncovered for clear lines of sight with Mr. Jackson).

A hallway to the left of the male housing unit leads to the mental health staff office and an intake area right beside the sallyport at the end of the hall. The intake unit contains a shower area, filing cabinets, and desks for staff. Residents come here as soon as they enter the building and intake includes their PREA education and vulnerability assessment. Residents are

showered and given clothing and are then assigned to a housing unit. With only two housing units, placement of each resident is done on a case-by-case basis. The camera in this area does not interfere with resident privacy.

To the right of the entrance to the female housing unit between it and the classroom is a hallway leading to an expansion of the building which done in 2011. This hall includes a large conference room for staff, the facility's medical unit and a doorway which bridges the Detention Home with the Juvenile Court building through a secure door at the end of the hall.

The facility's medical unit includes an office area for the doctor and nurse, a waiting room, and exam rooms. Information about outside resources is available in a rack in the waiting area. There are no windows in the doors of the exam rooms and there are no cameras in them.

There is a nurse at the facility five days a week, and the doctor from VCU Health makes regular visits. In the event of a sexual assault, the resident is transported to St. Mary's Hospital (part of the BonSecours Richmond Health System) which has a SAFE/SANE 24/7; an MOU is in place with the hospital and was reviewed by this auditor. The MOU specifically includes the availability of a SAFE/SANE staff and that advocacy follow-up services would be provided. The MOU also provides for cross-training of staff.

Cameras and video monitoring are well positioned throughout the building, also covering the outside recreation area, the sallyport area and the front of the facility. There are 27 total cameras, 20 inside the facility and seven covering the outside. Six of these cameras were purchased since 2012 and their placement was carefully planned to cover blind spots in the facility. One interior camera was added in 2014 and three exterior cameras and two interior cameras were added in 2016. This auditor noted the placements of cameras on the blueprint of the facility provided at the time of the audit; no blind spots were noted by this auditor. Cameras may be viewed from the desks of administrators, the nurse's desk and from the control room. The cameras in the control room were observed, no cameras were positioned in ways that interfered with residents' privacy during changing, bathing, toileting activities. The camera system has limited storage; the superintendent noted during his interview that he would like to move to a digital system with more storage.

Storage areas in the facility were locked as appropriate. The facility was built with many internal windows, making the line of sight in the building very good for constant monitoring of residents and staff.

The resident phone is located on the wall outside the Girls' Quiet/Living Room and is clearly labeled "PREA Phone". This phone connects with local Department of Social Services, Child Protective Services during the day and to the state hotline after 4:00 pm. This auditor placed a call on the phone; it connected to the Henrico County DSS. There are various PREA-related posters surrounding the area of the phone. There is another phone for resident use inside the facility's Video Conferencing room and important numbers are posted next to it. The use of this small room has been modified during the Covid-19 time to help facilitate the facility's efforts to keep residents safe; there are no in-person attorney or probation officer visits being allowed during this time—these meetings are being accomplished through video conferencing. Residents are being given extra phone calls with their parents/guardians until in-person visits are again authorized.

Mental health clinicians are provided five days a week through an agreement with Henrico Area Mental Health and Developmental Services. There is a MOU in place and it was reviewed by this auditor.

All allegations of sexual abuse are investigated; the facility has five investigators to handle administrative and sexual harassment investigations, all of whom have taken the Investigator Training provided by the PRC through NIC. Criminal investigations are referred to the Henrico County Police Department (HCPD). HCPD declined to sign an MOU, stating in an email that they are aware of the PREA and its requirements and that they are the legal authority to handle such an investigation should there be an allegation of sexual assault. There is an MOU with the Henrico County Department of Social Services that addresses their role and partnership with the police in investigating any allegations of sexual abuse at the facility. It was reviewed by this auditor. Victim advocates for emotional support services related to sexual abuse may be accessed 24/7 by calling the Victim Services Unit of the police department, by calling the YWCA of Richmond or Safe Harbor of Richmond. The facility has secured MOUs with these organizations; all were current and reviewed by this auditor. Additional mental health services are provided through Bon Secours Richmond Health System.

Required PREA Auditor Notices were evident throughout the facility. Zero tolerance posters were also evident. Additional PREA posters were evident including posters that had been created by residents. All residents knew about the zero-tolerance

policy, knew how to report and to whom, and that they were protected against retaliation. They were less knowledgeable about outside support services and this was discussed with the facility's PREA Coordinator.

This facility has a maximum of 20 residents and 59 total staff (including relief workers, administrators, etc.). The population was nine on the first day of the audit, and ten on the second day of the audit. All ten residents were interviewed; one resident was non-English speaking and was interviewed through the interpreter who was working with this resident during his intake to ensure he understood what was happening and got the required PREA education. All ten residents' files were reviewed for vulnerability assessments and PREA education.

Of the 59 total staff (which includes part-time staff), fifteen secure staff were on shift each day over the course of the on-site audit. Ten secure staff interviews were completed including an interview with a brand-new staff member. Twenty specialty interviews were completed (including investigators, staff monitoring retaliation, HR staff, superintendent, medical and mental health staff, PREA Coordinator, administrators conducting unannounced rounds, members of incident review team, staff conducting PREA education at intake, and staff conducting vulnerability assessments); four intake staff interviews were completed (these interviews included staff from each housing unit and multiple shifts); and five staff who administer vulnerability assessments were interviewed (these interviews included staff from each housing unit and included staff from all shifts) . Staff members for interviews were chosen from each shift, including the midnight to 7:00 am shift.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: Click or tap here to enter text.

311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
367 Agency protection against retaliation
381 Medical and mental health screenings; history of sexual abuse

Standards Met

Number of Standards Met: 40

312 Contracting with other entities for the confinement of residents
313 Supervision and monitoring
315 Limits to cross-gender viewing and searches
316 Residents with disabilities and residents who are limited English proficient
317 Hiring and promotion decisions
318 Upgrades to facilities and technology
321 Evidence protocol and forensic medical examinations
322 Policies to ensure referrals of allegations for investigations
331 Employee training
332 Volunteer and contractor training
333 Resident training
334 Specialized training: Investigations
335 Specialized training: Medical and mental health

341 Obtaining information from residents
342 Placement of residents in housing, bed, program, education, and work assignment
351 Resident reporting
352 Exhaustion of administrative remedies
353 Resident access to outside support services and legal representation
354 Third-party reporting
361 Staff and agency reporting duties
362 Agency protection duties
363 Reporting to other confinement facilities
364 Staff First Responder Duties (PREA Response Protocol)
365 Coordinated response
366 Preservation of ability to protect residents from contact with abusers
368 Post-allegation protective custody
371 Criminal and administrative investigations
372 Evidentiary standard for administrative investigations
373 Reporting to residents
376 Disciplinary sanctions for staff
377 Corrective action for contractors and volunteers
378 Interventions and disciplinary sanctions for residents
382 Access to emergency medical and mental health service
383 Ongoing medical and mental health care for sexual abuse victims and abusers
386 Sexual abuse incident reviews
387 Data collection
388 Data review for corrective action
393 Audits of standards
401 Frequency and scope of audits
402 Auditor qualifications
403 Audit contents and findings

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: na

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ 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.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH Policy 6.1, I -Prevention Planning, II-Policy, pp. 1-2
Organizational Chart
Interview with PREA Coordinator
Interview with Superintendent
Facility tour

The facility's policy is thorough and covers all elements of the standard. It contains a very good description of prohibited actions (including listing correspondence that is romantic in nature with residents as a prohibited action). The policy includes a discussion of what actions will be part of the overall strategy to prevent and detect sexual abuse and sexual harassment along with how the facility will respond should an incident be reported. The policy also clarifies that residents may not consent and references federal law. The policy addresses any potential claims of consent by residents and states that all allegations will be investigated.

This facility is a stand-alone facility and has a PREA Coordinator who is the Assistant Superintendent of Administration and reports to the superintendent of the facility. This auditor reviewed the facility's organizational chart; while it does not specifically note that the Assistant Superintendent of Administration is the PREA Coordinator, the facility's policy states that the person in this position is the designated PREA Coordinator for the facility. Interviews were conducted with the superintendent of the facility and Mr. Jackson, PREA Coordinator and Assistant Superintendent for Administration, interview and both confirmed that he is the person designated for this role at the facility. Mr. Jackson's interview further confirms his commitment to this role and that he has enough time to devote to his duties as the PREA Coordinator. He is very knowledgeable about the standards. He has several teams in place to help ensure that the facility addresses the standards thoroughly. He makes use of the information disseminated by the PREA Resource Center and shares this information with the facility's management team regularly, making sure everything is up to date.

Posters referencing the facility's Zero Tolerance stance on instances of sexual abuse and sexual harassment are throughout the facility including several designs by residents.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- 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.) ☐ Yes ☐ No ☒ NA

115.312 (b)

- 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.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

This facility does not contract with another facility/agency for the housing of its residents.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No

- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.313 (c)

- 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)
  ☒ Yes ☐ No ☐ NA

- 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☐ Yes ☒ No

115.313 (d)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.313 (e)

- 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 ☐ No ☐ NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, Supervision and Monitoring, pg. 5-6
Interview with Superintendent
Interview with PREA Compliance Manager
Review of the staffing plan
Interview with administrative staff who conduct unannounced rounds
Review of Unannounced Rounds log
Attempted review of video documentation

Interview with the Superintendent corroborated adherence to the staffing plan which is at 1:8 and 1:16. Superintendent stated during interview that the facility's staffing plan is developed for the year in terms of planning and is reviewed weekly based on makeup of current resident population and planned activities to ensure staffing that is compliant with the standards.

The PREA Compliance Manager (PCM) stated during his interview that he has the necessary time for this task. The PCM is also the Assistant Superintendent for Operations and he stated that he utilizes teams in the facility to accomplish all PREA tasks. The PCM said that all elements listed in the standard are considered when assessing the staffing plan.

The policy lists all elements of the standard and both the Superintendent and the PCM stated that all are considered when the staffing plan is developed. Compliance with the staffing plan is monitored every day by checking against the shift schedules. There have been no incidents of not meeting the staffing plan in the past twelve months.

The agenda of the annual meeting that included a review of the facility's staffing plan was reviewed. HJDH PREA Staffing/Facility Logistics Assessment was provided for 2019 and 2020. All elements of the standard are listed on the form used to access staffing plan review. The staffing plan signed by the Superintendent and the PCM/PREA Coordinator.

An interview with an administrator who conducts unannounced rounds corroborated that they are conducted in a way that is consistent with the facility's written policy requiring the practice. The facility uses a form to document all unannounced rounds; the form lists things to consider during the round and has places to note the date, time, shift, current population (including how many male and female residents are currently housed at the facility) and also notes whether there are contractors/volunteers present, which staff are on shift and if any PREA concerns are noted. The administrator interviewed stated he has made rounds, that they are documented on a form and filed in a log specifically for these forms and that staff members are used to seeing the administrators at all times of the day/night/day of the week, so wouldn't know they were there to conduct an unannounced PREA round. Logs of the rounds were reviewed and covered all shifts. One of the forms listed a check of the PREA phone available to residents to report any instances of sexual harassment or sexual abuse during the unannounced round and included the name of the staff from the Henrico County DSS/CPS hotline who spoke with the administrator conducting the round.

This facility's video system does not have the capacity to store more than 30 days and there was not an opportunity to review an unannounced round.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 ☐ No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

115.315 (d)

- Does the facility have policies 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 ☐ No

- Does the facility have 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 ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No

- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☐ Yes ☐ No ☒ NA

115.315 (e)

- 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 ☐ No

- 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 ☐ No

115.315 (f)

- 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 ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, Limits to Cross-gender viewing and searches
Interviews with secure staff
Interviews with residents (10 residents in population during audit, all ten interviewed)
Interview with medical staff

The facility's PREA Policy clearly states the limits on cross-gender viewing and searches and includes definitions of the terms "exigent", "gender nonconforming", "intersex" and "transgender" in its general definition section. The policy also includes a reference to the Virginia Department of Juvenile Justice's standard on this topic. There have been no cross-gender strip searches, cross-gender visual body cavity searches, or cross gender pat-down searches at this facility in the past year. Interviews with medical staff personnel, secure staff and residents confirmed that the facility does not conduct cross-gender searches. All staff members who took part in interviews were aware of the policy that prohibited searching a resident to

determine his/her genital status. Medical staff noted that any cross-gender visual body cavity search would be conducted at the local hospital.

All residents (ten residents were in population on the final day of the audit and all ten residents participated in interviews over the course of the audit) noted that they are able to bathe, change clothes, and toilet without being observed by staff of the opposite gender. No resident reported being naked in view of staff of the opposite gender and all residents stated that staff announce when they enter the housing unit of the gender opposite the staff member's gender.

All staff members have been trained on how to conduct a cross-gender search using the Cross-Gender Search training available on the PRC; training has been used to train all staff and training rosters were provided to and reviewed by this auditor. The training has also been incorporated into the facility's yearly training for all staff.

There were no transgender or intersex residents in population at the time of the audit.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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 deaf or hard of hearing? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

- 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 ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HJDH PREA Policy 6.1, Residents with disabilities & limited English proficient residents, pg. 8
Review of Henrico County Employee and Citizen Language Bank
Interview with Superintendent as Agency Head designee
Interviews with residents
Interviews with secure staff
Review of resident brochure in Spanish
Interview with Spanish-speaking resident through interpreter

The facility's policy is very explicit in terms of efforts to provide all residents with access to its efforts to prevent and respond to instances of sexual harassment and sexual abuse. The facility has access to the Henrico County Employee and Citizen Language Bank for any resident who speaks a non-English language which includes access to resources for any resident who might be visually impaired or hard or hearing or deaf. On the day of the audit, a resident who could not speak English had just come into population and this auditor was able to have an interview with him through the interpreter contacted by the facility. This resident was not able to read or write in Spanish either, but the interpreter had communicated the facility's zero tolerance policy and how to report anything that might happen to him on his first day at the facility. This was confirmed through the interpreter.

Posters and brochures are available in both English and Spanish (the two languages most often represented in the resident population) and are located throughout the facility and on the housing unit bulletin boards.

All residents and staff reported that residents are not utilized to interpret for other residents.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (e)

- 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 ☐ No

115.317 (f)

- 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 ☐ No

- 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 ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.317 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, Hiring and promotion decisions, pg. 9
Review of Henrico County HR policy
Interview with HR hiring manager at facility
Review of "HJDH PREA Questionnaire for Fitness to Hire, Promote or Continue Contract"
Review of facility personnel files (reviewed files of all staff interviewed during on-site audit)

The facility's policy includes all elements of the standard. The facility does background and CPS checks at least every five years and the personnel records of all employees interviewed were reviewed. Background checks are repeated if an employee is being considered for promotion.

The facility uses its "HJDH PREA Questionnaire for Fitness to Hire, Promote or Continue Contract" form to ensure compliance with all parts of the standard. This form is used for hiring, promotion, contractors and annual reviews. It is signed by all staff as part of their annual training and it includes a continuing duty to report. The forms are maintained by the Assistant Superintendent for Operations.

The facility did repeat checks for all its employees in preparation for its 2017 PREA audit. The facility will continue to do these checks every five years on all staff (even if staff have only been with them for a year) to ensure everyone has a background every five years. This is handled by Henrico County's Human Resources and an email is sent to the facility with results for employees.

Teachers at the facility are contracted through Henrico County Schools and all backgrounds/CPS checks are performed by them. The school system provides information to the facility, but does not provide the actual background checks. The school system certifies that the backgrounds have been conducted.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

115.318 (b)

- 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 ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, Upgrades to facilities and technologies, pg. 9
Interview with PREA Coordinator
Interview with Superintendent
Tour of facility

The facility's policy does a good job of pointing out areas where staff are to monitor and when blinds/shades may be used and includes all elements of the standard. The facility was built in 1979. The interview with the superintendent and PREA coordinator indicated that no cameras have been added and no modifications made to the facility since the last PREA audit. The superintendent also stated that he would like to upgrade the current camera system to a digital system and to have room scanners.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 ☐ No ☐ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.321 (c)

- 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 ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- 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 ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

- 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 ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:
HJDH PREA Policy, Evidence protocol and forensic medical examinations, pg. 10
Reviewed MOU with Henrico County Department of Social Services
Reviewed MOUs with Bon Secours Richmond Health System (St. Mary's Hospital); YWCA of Richmond and Safe Harbor in Richmond
Interviews with staff
Interview with PREA Compliance Manager
Reviewed email from Henrico County Police Department

This facility will only conduct administrative sexual abuse investigations. As soon as an allegation is received, the facility will refer the allegation to the Henrico County Police or Henrico County Sheriff's Department and the Henrico County Department of Social Services (CPS) to conduct any and all sexual abuse investigations. All facility designated investigators have been through training on conducting investigations.

The facility has a MOU in place with Bon Secours Richmond Health System (St. Mary's Hospital) to provide forensic treatment for victims of sexual abuse. The MOU specifies that any exam will be performed by a Sexual Assault Forensic Examiner (SALT) or Sexual Assault Nurse Examiner (SANE) and that crisis intervention and follow-up counselling will be provided through the Regional Hospital Agreement Accompaniment Response Team (RHART) which serves sexual assault victims throughout the greater Richmond, VA area. The facility has taken the additional steps of forming separate MOUs with the YWCA of Richmond and Safe Harbor in Richmond (both members of the RHART consortium) to provide victim advocates as referenced in (d) and (e) of the standard. Each of the MOUs specifies what services/supports will be provided by the agency. The MOU with Bon Secours Richmond Health System (which includes St. Mary's Hospital) further details what the facility will do to facilitate services to the victim including providing training to staff members on recognizing and responding to resident victims, taking part in cross-training opportunities, and providing information to all residents at the facility on how to access services.

The facility also has separate MOUs with both the Henrico County Sheriff's Department and the Henrico County Department of Social Services (CPS). Both the MOUs requests that the agencies follow the recommended uniform evidence protocols. The Henrico County Police Department provided an email stating that they did not feel an MOU with the HCJDH was necessary but acknowledged they were the agency with the legal authority to conduct a sexual abuse investigation. The facility's policy states that they will request any outside agency conducting investigations in the facility to follow the recommended uniform evidence protocol required by the standard.

Facility policy states that any resident who experiences sexual abuse will be offered access to forensic exams at St. Mary's Hospital which has SAFE/SANE staff available 24/7 and that there will be no financial cost to the resident. There have been no allegations of sexual abuse in the past 12 months.

Interviews with staff affirmed that they understood the process for collecting usable physical evidence in the event there was a sexual assault; they also knew that their responsibility was to protect the scene for facility investigators and Henrico Police Department. They were aware that Henrico Police Department would conduct investigations into allegations of sexual assault.

During his interview, the PREA Compliance Manager stated that MOUs were in place to ensure compliance with the standard and talked about the parameters of each. He stated that certifications were in place. He further stated that all services required by the standards would be provided to the resident victim free of charge. The policy also states that services will be provided free of charge.

There have been no allegations of sexual assault at this facility in the past twelve months. There have been no allegations since the time of the last audit.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice 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 ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy 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).) ☒ Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, Policies to ensure referrals of allegations for investigations; #1, pg. 10
Reviewed MOU with Henrico County Department of Social Services
Reviewed MOU with Henrico County Sheriff's Department
Reviewed Email from Henrico County Police Department
Reviewed website for HJDH
Interview with facility investigators (two of five were interviewed)
Review of facility/agency website

The facility policy addresses all required elements in the standard. HJDH's policy ensures allegations of sexual abuse which may be criminal in nature are referred to Henrico Police Department or Henrico Sherriff's Department; both agencies have the legal authority to conduct criminal investigations. There have been no allegations of sexual abuse at the facility.

The website for HJDH states that it will investigate all allegations of sexual assault or sexual harassment and provides information on what entities are responsible for investigating such allegations.

Interviews with two of the five facility investigators were conducted. They both stated that allegations of sexual assault would be referred to the agency with the legal authority to conduct such investigations and indicated that Henrico County Police Department would be called to investigate. All the facility designated investigators have received the training necessary to conduct investigations into sexual abuse and sexual harassment.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? ☒ Yes ☐ No

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- 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 ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, V. Training and Education, Employee Training, pg. 11-12

Training records of all staff interviewed were reviewed
Training rosters reviewed
Annual training rosters reviewed
Interviews with secure staff (10 of available 15 staff on days of on-site audit were interviewed)
Reviewed training outline and curriculum

HJDH requires employees to sign a form listing all components that are part of the initial training. In addition to new employee orientation provided by a member of the HJDH staff, the facility has made excellent use of the on-line resources available on the PRC. All staff have seen: PREA: Your Role Responding to Sexual Abuse, Respectful Communication with LGBTI Residents, training on first responder responsibilities and training on conducting Cross-Gender Pat Down searches. The facility makes use of NIC/PRC training for many topics.

Ten of the 15 staff on shift on the days of the audit were interviewed and their training records were reviewed; each had indicated that they had received required training and that they understood the training they received.

This facility provides PREA training to its staff annually and staff members sign that they have received the training. The training topic outline and curriculum was reviewed and included all elements required in the standard.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 ☐ No

115.332 (b)

- 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 ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, V. Training and Education, Employee Training, pg. 12
Interview with contractor (teacher)

The facility's policy contains all elements to be in compliance with the standard. Volunteers and contractors are trained on zero-tolerance policy; how to report sexual abuse; and their roles in helping to detect, prevent and respond to sexual abuse and sexual harassment. The training they receive is based on the services they provide. The facility documents that volunteers and contractors understand the training they receive with signatures on the "Prison Rape Elimination Act (PREA Acknowledgment Statement".

There are currently no volunteers serving this facility. The facility has teachers from Henrico County Public Schools and a mental health provider who are considered contractors. A teacher was interviewed and stated that she was aware of the facility's Zero Tolerance policy. She stated that she was provided an on-line training on PREA which required testing at the end of each module. She said that she knew what to look for and how to report.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

- 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 ☐ No
- 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 ☐ No

- 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 ☐ No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)? ☒ Yes ☐ No

- 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 ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.333 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, V. Training and Education, Resident Education, pg. 12
Reviewed Resident Handbook
Reviewed "How to Report Sexual Abuse" brochure, Spanish version available
Interviewed Intake Staff (one on each shift-total of four)
Interviewed residents (all ten in population)
Reviewed 55 of 306 (18%) past resident files for compliance

The average length of stay at this facility is 18 days. Of the 696 residents admitted over the past 12 months, 142 were in the facility for ten days or more. Of them, the facility reports that 100% were given PREA education on the day of intake as part of the intake process.

This facility does not have a specific intake unit. Most staff are able to do intake education with residents. Four staff members were interviewed with intake staff questions, representing one staff member from each shift in the facility with a mix of staff who work in the male and female unit. Each of the staff interviewed confirmed that PREA education is given at the time of intake and includes verbal instruction, a facility tour (point out PREA phoneline, posters, etc.) and given PREA facility brochure. The resident handbook was reviewed along with the PREA brochure (also available in Spanish). Resident's sign the "Resident Orientation" sheet indicating they have received the information and understand it. Information is made available to residents who are limited English- speaking or who otherwise have low reading skills.

Posters are in the dining hall and throughout the facility including the bulletin boards in each of the facility's two housing units. Several of the posters had been designed by the residents of the facility.

This facility has a unique relationship with a sister facility in Powhatan County which was developed to handle an increase in resident population and limited space at HJDH a number of years ago. HJDH is basically an intake facility; residents serve the bulk of their court-ordered detention time at James River Juvenile Detention ("the River"). While some residents stay at HJDH due to some special circumstance (very short sentences, complicated medical concerns that require staying close to a hospital, etc.), most move to JRJD a day or two after court. Residents come back to HJDH if they have court appearances or for doctor visits and then return to JRJD until time for their release. Residents receive PREA education for each new intake (if they are released and then return on new charges).

This auditor reviewed 55 randomly chosen files from January 1, 2019 to December 31, 2019. This represented 18% of the unduplicated intakes during this time period (see above paragraph re relationship with James River Juvenile Detention). The files were chosen from a list of intakes over this period provided to this auditor on the first day of the on-site portion of the audit. All of the files reviewed had documentation with the residents' signatures that the residents received PREA education on the day of intake.

In addition, ten of the ten residents in population during the time of the on-site audit were reviewed and all ten had gotten PREA education on the day of intake. Interviews with residents confirmed that they had gotten PREA information on the day of intake. Resident sign the "Resident Orientation" sheet acknowledging that they have received the PREA information and that they understand.

One resident in population during the on-site portion of the audit only spoke Spanish (he was not able to read either Spanish or English). This auditor was able to observe the facility's efforts on this resident's behalf and interviewed him through the interpreter brought in to ensure his needs were being met and that he did not have any questions. He stated through the interpreter that he had been given information on the Zero Tolerance policy and on how to report.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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 ☐ No ☐ NA

115.334 (b)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.334 (c)

- 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 ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, V. Training and Education, Specialized Training: Investigations, pg. 13
Review of NIC training (auditor has taken this training)
Reviewed certificates of completion from NIC training available on PRC
Interviews with two of five facility investigators

All five facility investigators have taken "PREA: Investigating Sexual Abuse in a Confinement Setting" and "Investigating Sexual Abuse in a Confinement Setting Advanced Investigations". Facility investigators serve in this role in addition to their regular duties; two of five were interviewed and indicated understanding of the training they received.

Facility investigators handle sexual harassment and administrative investigations only. All five staff have completed training through the NIC training on the PRC, both original training for investigators and the advanced training. Certificates were available and reviewed.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.335 (b)

- 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 *or* the agency does not employ medical staff.) ☐ Yes ☐ No ☒ NA

115.335 (c)

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, V. Training and Education, Specialized Training: Medical and Mental Health Care, pg. 13
Review of Certificates of training from "PREA: Medical Care for Sexual Assault Victims in a Confinement Setting"
Interview with medical personnel
Interview with mental health personnel

The facility's policy contains all elements to be compliant with the standard. It includes the language that the specialized training provided to medical and mental health personnel is in addition to the general training provided to all employees.

Medical personnel have all taken the required specialized training required by the standard. Certificates of completion for training were reviewed. Forensic exams are not conducted at the facility; residents are transported to St. Mary's Hospital which has an MOU with the facility. The facility's medical personnel confirmed that she had received the required training and that she has a thorough understanding of the training she received.

The facility contracts with the local Henrico Mental Health and Developmental Services to have a mental health provider assigned to the facility. She stated that she had received the specialized training required to serve in this role and that she understood the training she received.

Certificates of training were reviewed for both of these interviewed staff members.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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 ☐ No

- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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 ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No

- Is this information ascertained during classification assessments? ☒ Yes ☐ No

- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

115.341 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, VI. Screening for risk of sexual victimization and abusiveness; Obtaining information from residents, pg. 14
Interviews with residents
Interviews with staff who administer Vulnerability Assessment tool
Interview with PREA Compliance Manager/Coordinator
Review of Vulnerability Assessment tool
Review of current resident files to document administration of assessment using objective screening tool
Review of 55 (18%) of files of residents from 1/1/2019-12/31/19 to document screening for risk of sexual victimization/abusiveness

The facility's policy contains all elements of the standard required for compliance. Each of the screening elements in addition to others (self-injurious and bullying) is included either in the Juvenile Detention Assessment form or in one of the other assessments given to residents at the time of intake. There are prompts within the assessment to ask the resident directly (re perception of vulnerability). The facility policy references the Confidentiality Policy and its Policy Record Organization and Management to ensure information is treated confidentially. Since this is an intake facility, additional records are often unavailable.

This is a small facility and there is not a specific intake unit. All staff are trained to do the initial vulnerability screening of residents and make referrals if anything within the objective tools they use for the assessment raises a red flag. Referrals are made right away to the mental health staff assigned to the facility and documented on a form within the resident's file. Since this assessment is part of the overall intake and multiple staff administer it, five staff members who routinely administer the assessment were interviewed covering all shifts and each of the housing units. Staff interviewed noted that they use court records when available and talked with parents when possible. All indicated that they ask questions of residents directly and use their own observations to complete the assessment. Interviews conducted with residents confirmed that they were asked directly. Staff members interviewed stated that the information gathered is only available to those staff who work with the resident directly on a need-to-know basis.

The average length of stay for residents at this facility is 18 days. Given this short time period, there is rarely a need to administer another assessment.

This auditor talked with the PREA Coordinator/PREA Compliance Manager and the Superintendent about doing an additional screening when residents come from James River Detention. (Please see discussion of relationship between HJDH and JRD in prior section about Resident Education.) The practice has been amended to repeat the screening for risk of sexual victimization and abusiveness each time a resident comes into the facility (even from James River Detention) to ensure that nothing has happened to the resident during his/her time at the sister facility that might indicate a need to provide services to that resident or changes his/her risk level in any way. This was acknowledged as a proactive/positive change in practice for the facility and it was implemented immediately.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.342 (b)

- 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? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? ☒ Yes ☐ No

115.342 (d)

- 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 ☐ No

- 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 ☐ No

115.342 (e)

- 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 ☐ No

115.342 (f)

- 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 ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

115.342 (i)

- 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? (N/A if the facility *never* places residents in isolation for any reason.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, VI. Screening for risk of sexual Victimization and abusiveness; HJDH Resident Placement, #5, pg. 16
Interviews with staff who conduct risk screening
Interview with PREA coordinator

The facility's policy is compliant with all aspects of the standard. During the interview with the PREA Coordinator, he stated that housing for transgender or intersex residents would be determined on a case by case basis considering current population and the resident's self-identity. No transgender or intersex residents are part of the current population.

The facility's policy also states that isolation is used for discipline purposes when other interventions haven't been effective; residents are not isolated based on information obtained in risk screening. The average LOS for residents at this facility is 18 days; there is usually not a need to reassess placement or programming decisions every six months.

This facility has only two housing units, one male and one female. Each of the housing units (along with the intake area which has its own shower for use when the resident first enters the facility) has one shower area with two shower stalls that are side by side. Residents can shower one in each separate stall, but residents who are transgender, gay, or intersex can be showered first or last as necessary.

Residents are not isolated in this facility based on information obtained during risk screening. There are no separate isolation rooms in this facility; residents serve isolation time due to behavior behind their doors. Zero residents have been placed in isolation because they were at risk of sexual abuse or of abusing others. No residents who are transgender, gay, or intersex were in population during the time of the on-site audit.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No

115.351 (b)

- 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 ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- 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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, VII. Reporting, Resident Reporting, pg. 16
Reviewed resident handbook
Reviewed resident brochure, "How to Report Sexual Abuse"
Interviews with residents
Interviews with staff
Interview with PREA Compliance Manager

The facility policy contains all elements to be in compliance with the standard. Both the resident handbook and the "How to Report Sexual Abuse" brochure contain information on how to make a report of sexual abuse or sexual harassment. These tools are posted on bulletin boards in the housing units or may be requested by the residents. Information on how parents can report is on the website.

Residents are provided with the tools necessary to make a report in writing or by being given access to the phone. Residents all noted that they could use the phone whenever they asked. All residents interviewed knew of multiple ways to make a report.

All staff indicated that verbal reports are accepted and documented immediately. Interviews with staff, residents and PREA Coordinator indicate that residents have multiple ways to report, including reporting outside the facility.

Residents are allowed to write a "grievance" to report, however, all are told that while they may use the grievance form (which they are familiar with and know from other facilities or periods of confinement), any allegation of sexual abuse or sexual harassment is immediately forwarded to an investigator and reported to police if the allegation appears to be criminal in nature.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

115.352 (b)

- 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 ☐ No ☐ NA

- Does the agency always refrain from requiring a 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 ☐ No ☐ NA

115.352 (c)

- 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 ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (d)

- 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 ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension,

may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- 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 ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (f)

- 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 ☐ No ☐ NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

PREA Policy 6.1, VII. Reporting, Exhaustion of Administrative Remedies, pg. 17
"How to Report Sexual Abuse" brochure
Grievance Procedure, 6 VAC 35-101-100
Resident Handbook
Resident interviews

The facility's policy mirrors all elements of the standard. The policy provides special instructions for an emergency grievance with a response required within 8 hours. The Resident Handbook mentions grievances, but it does not provide any of the timeframes required for answering a grievance or that grievances alleging sexual abuse or sexual harassment will be handled outside the grievance process. The "How to Report Sexual Abuse" brochure also tells residents they may file a grievance, but no further information about the grievance process. The grievance procedure is posted in the living units, multipurpose room and lobby and includes updated information on how grievances alleging sexual abuse and sexual harassment are referred to an investigator. It is accessible to residents and parents/legal guardians.

There have been no grievances filed alleging sexual abuse or sexual harassment. There have been no instances of the agency disciplining a resident for filing a grievance related to alleged sexual abuse or sexual harassment.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- 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 ☐ No

115.353 (c)

- 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 ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No

- Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

PREA Policy 6.1, VII. Reporting, Resident access to outside support services and legal representation, pg. 19
MOU with Safe Harbor reviewed
MOU with YWCA reviewed
MOU with Henrico County CPS reviewed
MOU with Bon Secours reviewed
"How to Report Sexual Abuse" brochure reviewed
Interviews with residents
Interview with Superintendent
Interview with PREA Compliance Manager
Interview with Executive Director and Director of Services at SafeHabor

The facility's policy is in compliance with the PREA standard.

Of the 10 residents interviewed, six knew about the outside support services available to them. Most of the residents had some understanding of the concept of mandated reporting and what that meant from community providers perspective. This auditor suggested this as an area for increased resident education.

Residents indicated they could see their attorneys if they signed up and it was arranged through a videocall visit (due to limits in outside persons being able to visit the facility during Covid-19 precautions). Residents indicated that they cannot see their parents in person during COVID, but said that phone call times/opportunities had increased.

The facility has done an excellent job forming and signing MOUs with DSS/CPS, YWCA, Safe Harbor and Bon Secours Hospital System to provide confidential emotional support services to resident victims of sexual abuse and sexual harassment. The Executive Director and Director of Services at SafeHarbor were interviewed and talked about SafeHarbor's relationship with HJDH and the services that would be provided at no cost to any resident who was a victim of sexual assault. They were also interested in doing training with the staff at HJDH and doing workshops with residents on topics such as healthy relationships, staying safe from sexual violence and community resources. The interview with the SafeHarbor staff was used using the tool from Just Detention International developed for use with community advocacy organizations.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1 Third-party reporting, pg. 20
Reviewed the facility website

The facility's PREA policy is in compliance with all elements of this standard.

Information on how to make reports of sexual abuse or sexual harassment is available on the facility's website. Information on how to report is also posted at the facility in pamphlets.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)

- 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 ☐ No

115.361 (d)

- 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 ☐ No

- 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 ☐ No

115.361 (e)

- 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 ☐ No

- 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 ☐ No

- If an 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? ☒ Yes ☐ No

- 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 ☐ No

115.361 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, VIII. Official Response Following a Resident Report, Staff and agency reporting duties, pg. 20
Secure staff interviews
Medical staff interview
PREA Coordinator/PREA Compliance Manager interview
Superintendent interview

The facility's policy is in compliance with the standard.

All staff interviewed knew of their requirement to report and knew they could report outside the facility. They expressed faith in the facility's administration to report as mandated and couldn't see a situation where they would do more than report up their chain of command.

The PREA Coordinator noted that the report would be made to the CPS in the locale where the abuse happened and that the guardians of the resident would be contacted if cleared by CPS. He said that they would report to the juvenile court.

The Superintendent stated that he would report up his chain of command and to the juvenile court and guardians. The superintendent also noted that all allegation would be referred to the facility's investigators and to Henrico Police Department, including any allegation that was made by a third party. All staff interviewed knew of their ongoing duty to report.

Neither the medical personnel or mental health professional has gotten this type of report but both knew of her duty to report. This facility has not had an allegation of sexual abuse since the last PREA audit.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, VIII. Official Response Following a Resident Report, Agency Protection Duties, pg. 21
Staff interviews
Superintendent interview

The policy of the facility includes all elements of the standard.

All staff interviewed stated that they would do whatever was necessary to ensure the safety of the resident at risk of imminent harm. They noted that they would take those actions immediately.

The Superintendent listed several possible actions that could be taken to protect the resident including one-to-one supervision,

showering first or last, etc. He noted that he would do whatever possible to protect the resident and that he expected his staff to respond immediately.

The facility has received no reports of imminent sexual assault.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 ☐ No

- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, VIII. Official Response Following a Resident Report, Reporting to other confinement facilities, pg. 21
Interview with superintendent

The facility's policy mirrors the standard. There have been no reports made nor has the facility ever gotten a report from another facility that a resident was abused while housed at HJDH in the last 12 months.

The superintendent stated that any report received from another facility would be investigated to the fullest extent. He noted that they have never received such a report.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.364 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, VIII. Official Response Following a Resident Report, Staff First Responder Duties, pg. 23
Staff interviews

The facility's policy mirrors the standard including all required elements.

All interviewed staff knew what they were required to do as first responders and listed the steps; most staff listed protection of alleged victim as the first step.

There have been no allegations of sexual abuse at this facility.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

PREA Policy 6.1, VIII. Official Response Following a Resident Report, Coordinated response, pg. 23;
PREA Policy 6.1, XII Data Collection and Review, Sexual Violence Incident Reviews, pg. 31
Interview with superintendent

The facility's policy does a thorough job of describing the purpose of a coordinated response, the necessary steps and who would be responsible for which parts.

In the interview with the superintendent, he indicated that the plan was understood by his staff and he felt it was sufficient to ensure the safety and appropriate response to the residents.

The facility has formed a Sexual Assault Response Team (SART) and defines its mission and purpose in this policy.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

The Commonwealth of Virginia is a non-union state.

The Commonwealth of Virginia CODE 40.1-57.2 Prohibition against collective bargaining.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)

- Does the agency employ multiple protection measures, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? ☒ Yes ☐ No

115.367 (c)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.367 (e)

- 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 ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, VIII. Official Response Following a Resident Report, Agency protection against retaliation, pg. 24
Interview with superintendent
Interview with staff member tasked with monitoring retaliation against staff or residents.

The facility's PREA policy does a very good job of defining the responsibility for monitoring for retaliation should an allegation be made and contains all elements to be in compliance with the standard. The facility also developed an excellent tool to monitor and track its efforts to monitor retaliation should it be necessary. The form also incorporates all elements required by the standard which provides further safeguards to stay in compliance.

The interview with the staff member who will monitor retaliation indicates his very thorough understanding of the steps necessary to monitor retaliation and their importance. The staff member listed a number of possible signs of retaliation and how they might present themselves.

The facility's policy states that monitoring will happen for 120 days or as long as necessary, longer than required by the standard.

This facility has had no allegations of sexual abuse.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1 Post-Allegation protective custody, pg. 25.
Interview with medical staff
Interview with mental health staff
Interview with superintendent

The facility policy is in compliance with the standard. It also references protections listed under "HJDH Resident Placement" (pg. 15) which ensures that any resident in isolation receives large muscle exercise, access to education and programming and visits from mental health and medical staff. The policy notes that well-being of alleged victim will be the primary focus in these decisions and states that the alleged victim will not be housed in the same area as the alleged perpetrator; staff or resident alleged to have perpetrated sexual abuse will be removed from contact with the alleged victim.

There have been no allegations of sexual abuse in this facility; there were no records of isolation following an allegation to review.

Interviews with the facility's mental health, medical staff, and superintendent indicate understanding of responsibilities if residents are in isolation after an allegation. The superintendent stated that residents are not held in isolation longer than necessary, even for behavior management reasons.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.371 (b)

- 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 ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

115.371 (e)

- 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 ☐ No

115.371 (f)

- 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 ☐ No

- 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 ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- 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 ☐ No

115.371 (h)

- 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 ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
  ☒ Yes ☐ No

115.371 (j)

- 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 ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
  ☒ Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

PREA Policy 6.1, IX Investigations, Criminal and administrative agency investigations, pg. 25
Review of training certificates of facility investigators
Review of MOU with DSS/CPS
Review of MOU with Henrico County Sheriff's Department
Interviews with investigators (two of five)
Interview with PREA Coordinator
Interview with superintendent

The facility's policy incorporates elements of standard. In this facility, any allegation that appears to be criminal in nature or might lead to a criminal investigation is referred to the Henrico County Police Department (which does not feel an MOU with the facility is required since they are already the legal authority to conduct such an investigation) or to the Henrico County Sheriff's Department (MOU on file) and also to the HCDSS/CPS (MOU on file). Facility investigators conduct administrative investigations.

Two of the five facility-designated investigators were interviewed. Both investigators interviewed stated that they had received training and briefly described the training they received. They noted that techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative referral were all covered in the training received. Both investigators described first steps which needed to take place in an investigation, the basic process for conducting an investigation and the types of direct or circumstantial evidence they would need to gather. Both noted that their facility does only administrative investigations and would call the HCPD to take over any investigation that appeared in any way to be a criminal matter. They stated that they would stay in touch with the agency conducting the criminal investigation to stay informed of the progress in the investigation. Both investigators indicated that they were confident that all investigations at both possible agencies which would be involved in a criminal investigation at their facility documented their findings and maintained those reports.

All facility investigators have taken both specialty trainings for investigators through NIC and the certificates of completion were reviewed. Two of five facility interviews indicated knowledge of procedures and process. Facility investigators conduct administrative investigations only.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Evidence:

PREA Policy 6.1 Evidentiary Standard for administrative investigations, pg. 26
Interviews with facility investigators

The facility's policy mirrors the standard and states that the evidentiary standard is preponderance of evidence. Two of five facility investigators were interviewed and understood the standard of evidence for administrative investigations.

This facility has had no allegations of sexual abuse; there have been no investigations.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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 ☐ No ☐ NA

115.373 (c)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.373 (d)

- 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 ☐ No

- 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 ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, IX Investigations, Reporting to residents, pg. 26
Interview with superintendent
Interview with investigators (two of five facility investigators interviewed)

The facility's policy contains all elements required to be in compliance with the standard.

There have been no allegations of sexual abuse or sexual harassment and no investigations or reports to review.

The facility conducts administrative investigations only. Interviews with the superintendent indicated his knowledge of proper procedure and process and the requirement to keep any resident making an allegation informed of the progress in the investigation and its response to the allegation (staff on leave/moved, etc.) and whether the allegation was substantiated, unsubstantiated or unfounded. Interviews with two of five facility investigators indicated their knowledge of the facility's requirement to report to residents.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.376 (c)

- 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 ☐ No

115.376 (d)

- 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 ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, X. Discipline, Disciplinary sanctions for staff, pg. 27

The facility's policy mirrors the standard, containing all elements to be in compliance with the standard. Facility policy also references Henrico County's personnel policy re disciplinary sanctions.

All documentation reviewed made it clear that staff would be subject to discipline up to and including termination for any infraction under its Zero Tolerance Policy. There have been no allegations against staff and no staff have been disciplined; there were no files to review.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, X. Discipline, Corrective action for contractors and volunteers, pg. 27
Interview with superintendent

The facility's policy contains all elements required by the standard. The policy further states that volunteers and interns serve at the discretion of the superintendent and that the facility has the authority and responsibility to deny access to ensure safety of residents.

There have been no reports against contractors or volunteers. The superintendent stated that they would prohibit further contact.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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 ☐ No

115.378 (b)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.378 (c)

- 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 ☐ No

115.378 (d)

- 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 ☐ No

- 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 ☐ No

115.378 (e)

- 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 ☐ No

115.378 (f)

- 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 ☐ No

115.378 (g)

- If the agency prohibits all sexual activity between 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

PREA Policy 6.1, X. Discipline, Interventions and disciplinary sanctions for residents, pg. 28
Interview with superintendent
Interview with mental health staff

The facility's policy mirrors standard. The facility prohibits all sexual contact between residents very explicitly and includes definitions that leave little doubt as to what is being prohibited. Residents may not be disciplined for sexual contact with a staff member unless the staff member did not consent to such contact.

There have been no allegations against a resident. All sexual contact between residents is prohibited by the facility.

During the interview with the mental health provider on contract with the facility from the local mental health agency, she stated that any substantial ongoing mental health treatment is referred to a community provider. Residents at this facility usually have a short LOS making instituting a treatment plan to address this type of issue all but impossible at the facility level. Referrals to an outside provider give ongoing treatment a much better chance for completion.

The superintendent indicated that any resident perpetrator would have consequences that might include isolation or additional charges. He also stated that the mental health of the perpetrator would be considered. The facility would refer all allegations for investigation and possible criminal charges.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- 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 ☐ No

115.381 (b)

- 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 ☐ No

115.381 (c)

- 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 ☐ No

115.381 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, XI. Medical and Medical Care, Medical and mental health screenings history of sexual abuse, pg. 30
Interview with mental health staff
Interview with staff who administers vulnerability assessment

The facility's policy is in compliance with the standard. The policy exceeds the standard in requiring that a referral for a follow-up meeting with medical staff or a mental health provider happen within 72 hours instead of the 14 days allowed by the standard. This short turnaround is possible because the screening is done at this facility as part of the intake process and the facility has a mental health contractor as part of its staff. The form requesting this follow-up meeting is generated at intake.

At the time of its last audit, the facility made an adjustment to its Soft-Tec system to prompt the person conducting the screening at intake to offer the required follow-up meeting with a mental health provider. The prompt requires the person to complete and send a referral form to the mental health provider at the time of intake.

This auditor randomly chose 55 files out of 305 unduplicated files for residents who entered the facility in 2019 to conduct file review. Residents from both housing units spaced over the course of the year were chosen. Of the 55 resident files reviewed, three residents disclosed prior sexual victimization at intake; no residents in the 55 files reviewed disclosed that they had previously perpetrated sexual abuse. All three of the files for the residents who disclosed prior victimization included the form requesting a follow-up meeting with the mental health provider and included the date the meeting was requested on the form. The mental health staff interviewed indicated knowledge of referral process and understanding of the standard. She stated that staff who do the assessment refer residents. She also stated that for this type of significant treatment residents would be referred to a provider in the community due to the short LOS times for residents at this facility.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 ☐ No

115.382 (b)

- 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 ☐ No

- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- 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 ☐ No

115.382 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, XI. Medical and Medical Care, Access to emergency medical and mental health services, pg. 30
Interview with nurse
Interview with secure staff

Facility policy includes all elements to be in compliance with the standard. There have been no allegations of sexual assault in this facility and there were no records to review.

The facility's nurse was interviewed and demonstrated knowledge of the process; residents would be transported to St. Mary's Hospital for treatment. She also indicated that residents received treatment right away and that the facility takes action based on her professional judgement

With no allegations at the facility, there were no staff members who acted as first responders to interview. Secure staff identified their first responsibility as protecting the victim and securing medical help.

Residents are provided services without cost.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 ☐ No

115.383 (b)

- 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 ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (e)

- 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. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- 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 ☐ No

115.383 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, XI. Medical and Medical Care, Ongoing medical and mental health care for sexual abuse victims and abusers, pg. 31
Interview with medical staff
Interview with mental health staff

The facility's policy mirrors the standard. There have been no incidents of sexual abuse at this facility.

Interviews with the facility's nurse and mental health provider confirmed that treatment is consistent with community level of care; residents are treated at St. Mary's Hospital and the facility's mental health professional is provided to the facility under agreement with community-based provider. Medical treatment provided at the facility is under a doctor's direction and after assessment at hospital. Interviews with mental health and medical staff demonstrate knowledge of requirements of the standard.

Residents would receive treatment without financial cost. Resident victims of sexually abusive vaginal penetration while incarcerated would be offered pregnancy tests and timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Any resident who is the victim of becomes pregnant as a result of sexual abuse that occurred at the facility would be offered services asap. Evaluations would be done on resident on resident abusers.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, XII Data Collection and Review, Sexual violence incident reviews, pg. 31
Interview with superintendent
Interview with PREA Coordinator
Interview with incident review team members (2)

The facility policy and formation of its incident review team mirror standard and contain all elements necessary to be in compliance with the standard.

There have been no incidents of sexual abuse at this facility and there were no reports to review. The superintendent indicated that they would use the guidance in the standard to address the incident and to make changes as necessary depending on the outcome of the incident review. The facility has a good understanding of the intent of the standard.

Interviews with members of the team, PREA coordinator, superintendent indicate understanding and commitment to the intent of the standard.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.387 (c)

- 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 ☐ No

115.387 (d)

- 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 ☐ No

115.387 (e)

- 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.) ☒ Yes ☐ No ☐ NA

115.387 (f)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, XII Data Collection and Review, Data collection, pg. 32

The facility's policy and plan for data collection mirrors the standard. There have been no incidents of sexual abuse or sexual harassment in the facility, so no data to collect. DOJ has not requested any data.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.388 (b)

- 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 ☐ No

115.388 (c)

- 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 ☐ No

115.388 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1 Data review for corrective action, pg. 33
Interview with superintendent
Review of annual report
Website review

The facility's website contains all elements to comply with the standard; it provided its annual report to this auditor for review. The annual report is posted on the facility's website and is available to the public. It is approved and signed by the facility superintendent. The report states its right to redact material from the report such as resident names or any identifying information. The report also describes what it will collect and the way it reviews the data collected for corrective action.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained? ☒ Yes ☐ No

115.389 (b)

- 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 ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.389 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence:

HJDH PREA Policy 6.1, XII Data Collection and Review, Data storage, publication, and destruction, pg. 33
Interview with PREA Coordinator

The facility's policy mirrors standard. There have been no incidents of sexual abuse in prior years. There have been no reports published.

In the interview with the PREA Coordinator, he indicated knowledge of the standard and the requirement to both make information publicly available and to remove personal identifiers. He talked about the confidential nature of the information and how the facility ensured it was held in a confidential manner.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This facility talked with this auditor about conducting this audit in early March. The audit was delayed in an abundance of caution in consideration of the COVID-19 Pandemic. Together, this auditor and the facility planned and executed the audit with a focus on doing everything possible to keep the residents, facility staff and this auditor safe. Strategies included delaying the on-site portion of the audit until there was better understanding of the virus itself and allowing time to develop a strategy. No residents, staff or this auditor have been ill since the time of the on-site audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence:

Review of facility website

The facility's Final Report issued at the end of this facility's last audit is on its website and available to the public. It was reviewed on the website by this auditor.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Susan P. Heck October 27, 2020

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.