

# PREA Facility Audit Report: Final

**Name of Facility:** Richmond Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 09/01/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Sara Jones	<b>Date of Signature:</b> 09/01/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Jones, Sara
<b>Email:</b>	sjones@merrimac-center.net
<b>Start Date of On-Site Audit:</b>	04/21/2025
<b>End Date of On-Site Audit:</b>	04/23/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Richmond Juvenile Detention Center
<b>Facility physical address:</b>	1700 Oliver Hill Way, Richmond, Virginia - 23219
<b>Facility mailing address:</b>	1700 Oliver Hill way, Richmond, - 23219

Primary Contact
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<b>Name:</b>	Ralph Harmon
<b>Email Address:</b>	ralph.harmon@rva.gov
<b>Telephone Number:</b>	8044619516

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	LeKeisha Henry - Interim Superintendent
<b>Email Address:</b>	Lekeisha.Henry@rva.gov
<b>Telephone Number:</b>	8046463371

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Demetria Hueston
<b>Email Address:</b>	Denetria.Hueston2@rva.gov
<b>Telephone Number:</b>	8046463463

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	60
<b>Current population of facility:</b>	35
<b>Average daily population for the past 12 months:</b>	30
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys

<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	10-17
<b>Facility security levels/resident custody levels:</b>	Detention
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	60
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

**AGENCY INFORMATION**

<b>Name of agency:</b>	Richmond Department of Justice Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	730 East Broad Street , 8th Floor, Richmond, Virginia - 23219
<b>Mailing Address:</b>	
<b>Telephone number:</b>	8046462937

**Agency Chief Executive Officer Information:**

<b>Name:</b>	Dawn Barber
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<b>Email Address:</b>	Dawn.Barber@richmondgov.com
<b>Telephone Number:</b>	8046463763

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Ralph Harmon	<b>Email Address:</b>	ralph.harmon@rva.gov

## **Facility AUDIT FINDINGS**

### **Summary of Audit Findings**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
43	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-21
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2. End date of the onsite portion of the audit:	2025-04-23
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### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b></p>	<p>The auditor contacted Just Detention International (JDI) to determine whether any complaints or reports concerning RJDC had been received. JDI confirmed that a review of its records revealed no such reports within the twelve months preceding the audit.</p> <p>The auditor also verified that the Medical College of Virginia (MCV) Hospital provides Sexual Assault Nurse Examiner (SANE) and Sexual Assault Forensic Examiner (SAFE) services 24 hours a day, seven days a week. Additionally, the auditor contacted the YWCA, which provides victim advocacy, mental health support, and accompaniment during forensic medical exams. The YWCA confirmed that it had received no reports or allegations of sexual abuse or sexual harassment involving RJDC residents in the past year.</p> <p>As part of the audit process, the auditor tested the in-house telephones to ensure residents' access to external reporting resources. A test call to the Child Abuse and Neglect Hotline confirmed that any reports received would be referred to local Child Protective Services (CPS) for appropriate follow-up and investigation.</p>
<p><b>AUDITED FACILITY INFORMATION</b></p>	
<p><b>14. Designated facility capacity:</b></p>	<p>60</p>
<p><b>15. Average daily population for the past 12 months:</b></p>	<p>30</p>
<p><b>16. Number of inmate/resident/detainee housing units:</b></p>	<p>6</p>
<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) </p>

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	30
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The auditor conducted interviews with thirteen residents in total (10 random and 3 targeted interviews).</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>57</p>
<p><b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>1</p>

<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	10
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Upon arrival at the facility, the PREA Coordinator provided the auditor with the daily population report for the first day of the on-site audit.</p> <p>A random number generator was used to select individuals for participation in resident interviews. Three residents met the criteria for (4) targeted interviews and also completed the standard random interview protocol. In total, thirteen residents were interviewed, representing a range of genders, identities, races, ages, and each housing unit within the facility.</p>
<p><b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>3</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents with physical disabilities were present on the day of the on-site visit, as confirmed through the review of the Pre-Audit Questionnaire (PAQ), supporting documentation reviewed during the visit, and conversations with staff.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents with cognitive or functional disabilities were present on the day of the on-site visit, as confirmed through a review of the Pre-Audit Questionnaire (PAQ), on-site documentation, and interviews with staff and residents.</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents who were blind or had low vision were present on the day of the on-site visit, as confirmed through a review of the PAQ, on-site documentation, and interviews with staff and residents.</p>
<p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents who were deaf or hard of hearing were present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents who were limited English proficient (LEP) were present the day of the onsite visit as determined by review of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and residents.</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>

<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents who had reported sexual abuse at the facility were present on the day of the on-site visit, as confirmed through the PAQ, on-site documentation, and interviews with staff and residents. One resident had previously reported an incident of sexual harassment and was asked additional questions during the audit.</p>
<p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents who had ever been placed in segregated housing or isolation due to risk of sexual victimization were present on the day of the on-site visit, as confirmed through the PAQ, documentation reviewed on-site, and conversations with staff and residents.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Additional resident files were reviewed for those that fell into the targeted resident categories; appropriate/required documentation was present and identified by the auditor in those files.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>13</p>
<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>The auditor ensured that gender and race were also considered when identifying a representative sample of staff at the facility.</p>

<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>65. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>66. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

**67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>Many RJDC staff members hold multiple roles and responsibilities. As a result, several staff were interviewed using multiple protocols aligned with their specialized duties. The PREA Coordinator/Assistant Director identified which staff performed specialized functions. A random number generator was used by the auditor to select the appropriate number of interviewees, and the PREA Coordinator/Assistant Director confirmed that the selected individuals provided adequate representation of all required specialized roles.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

**71. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**75. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

**76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The Assistant Superintendent/PREA Coordinator served as the auditor's primary point of contact and provided guidance and information throughout the on-site visit. During the facility walkthrough, the auditor reviewed and asked questions related to the facility's physical layout. The auditor engaged directly with staff, recorded observations, and asked questions throughout the tour. The auditor reviewed the facility's camera system operations and verified the location of cameras throughout the building. PREA-related signage was displayed, including zero-tolerance messages and toll-free hotline numbers for both the PREA reporting line and local advocacy services (YWCA). These were posted near the resident Cidnet telephones in housing units. The auditor tested the phone system and confirmed the hotline numbers were operational. Staff were observed announcing their presence upon entering housing areas in accordance with §115.315. The auditor observed resident movement and daily operations, confirmed required staffing ratios, and asked questions regarding supervision practices as outlined in §115.313. All facility areas were visited, including the intake area, housing pods, bathrooms, outdoor recreation space, clinic, counseling rooms, visitation area, classrooms, kitchen, gymnasium, storage rooms, laundry, and administrative offices. The auditor spoke with teachers, medical and mental health professionals, and youth care staff. Although there were no resident admissions during the on-site visit, intake staff conducted a mock demonstration of the intake, screening, and classification procedures to illustrate the process.

### **Documentation Sampling**

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p><b>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>All files were selected using the same method as the interviews—a list of randomly generated numbers corresponding to the rosters provided to the auditor. The file review included twelve (12) comprehensive resident files and fifteen (15) employee/volunteer training files.</p>
<p><b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b></p>	
<p><b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b></p>	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

**79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	1	0	1	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

#### 81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

#### 82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

### Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	1	0	0	0
<b>Total</b>	1	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were zero allegations of sexual abuse at RVJDC in the twelve months prior to the on-site.

<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	A grievance alleging staff on inmate sexual harassment (inappropriate comments) had been submitted two weeks prior to the on-site portion of the audit. The staff member was removed from contact with residents while the incident was being reviewed. A disciplinary hearing had been scheduled but the staff person resigned the day of the on-site audit. The resident was made aware of the staff persons departure from the facility.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

**103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.311:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>RJDC PREA Policy</p> <p>Interviews Conducted:</p> <p>Superintendent (Designee)</p> <p>PREA Coordinator</p>

Random Staff

Random Residents

During the pre-audit period, the Richmond Juvenile Detention Center (RJDC) provided a 32-page written PREA policy that clearly establishes a mandate of zero tolerance for all forms of sexual abuse and sexual harassment within the facility. The policy, developed in alignment with the federal PREA standards, outlines RJDC's approach to preventing, detecting, and responding to sexual abuse and harassment. It includes comprehensive definitions of prohibited conduct, describes interventions and disciplinary sanctions, and details strategies designed to reduce and prevent such misconduct.

The facility makes this policy visible through posters and informational handouts distributed throughout the center. Interviews conducted with residents, staff, the PREA Coordinator, and the Assistant Superintendent confirmed a shared understanding and commitment to a "zero tolerance" culture. Staff consistently reported taking proactive measures to prevent, detect, and respond to sexual abuse and harassment, while residents affirmed they felt safe from sexual harm within the facility. The policy forms part of RJDC's standard operating procedures, is issued to staff at the time of hire, and is reviewed regularly, as verified through random staff training records. Residents are informed of the PREA policy during intake and receive periodic reviews through programming.

RJDC has recently appointed a new upper-level PREA Coordinator, who also serves as the Assistant Superintendent. In his interview, he confirmed that he has the time and authority to develop, coordinate, and oversee the facility's PREA compliance efforts and works closely with administration to ensure staff understand and adhere to the standards. The position is formally designated in RJDC's PREA policy and reports directly to the Superintendent. Documentation further confirmed that the PREA Coordinator has participated in PREA-specific webinars offered by the PREA Resource Center and the National Institute of Corrections to strengthen his expertise in this role.

The PREA Coordinator identified his responsibilities as providing annual PREA training for all staff, conducting investigations, monitoring staff-resident interactions, maintaining PREA-related records, and ensuring overall compliance with PREA standards. The Superintendent emphasized that resident sexual safety and PREA compliance are priorities for the facility and expressed confidence in the PREA Coordinator's ability to carry out these responsibilities. She also confirmed that the Coordinator has full authority to dedicate the necessary time and resources to ensure compliance.

Because RJDC operates a single facility, a separate PREA Compliance Manager is not required, and provision 115.311(c) does not apply.

Compliance Determination:

Based on a review of RJDC's PREA policy, staff training records, and interviews with staff, residents, the Superintendent, and the PREA Coordinator, the auditor finds that RJDC meets this standard. No corrective action is required.

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.312:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>Interviews Conducted:</p> <p>Interview with PREA Coordinator</p> <p>Interview with Superintendent (designee)</p> <p>Review of the PAQ, supported by interviews with RJDC administration, confirmed that the facility operates independently and does not contract with outside entities for the confinement of residents. Accordingly, this standard is not applicable. It is noted, however, that RJDC does provide housing and programming for youth referred by the Department of Juvenile Justice.</p> <p>Compliance Determination:</p> <p>Based on the evidence reviewed and interviews conducted, the auditor finds the facility in compliance with this standard. No corrective action is required.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.313:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>RJDC PREA Policy</p> <p>RJDC Policy Manual</p>

RJDC Annual PREA Reports 2022-2024

Interviews Conducted:

PREA Coordinator

Superintendent

Interviews with Specialized Staff (Intermediate/Higher Level)

Interviews with Random Staff

Observations during Facility Site Review

RJDC has developed, implemented, and documented a staffing and supervision plan that ensures adequate staffing levels to protect residents from sexual abuse and sexual harassment. This plan is further supported by the facility's video monitoring system. Since the last PREA audit, RJDC has maintained an average daily population (ADP) of 30 residents, consistent with the ADP reflected in the Pre-Audit Questionnaire (PAQ) and used as the basis for staffing projections. For review, the facility provided its staffing plan, population reports, and Annual PREA Reports for 2022, 2023, and 2024.

Review of the Policy Manual and annual reports confirmed that staffing decisions—whether current, modified, or future—are based on the eleven provisions outlined in PREA Standard 115.313(a). These include consideration of the facility's physical plant, resident population composition, supervisory staff numbers and placement, programmatic operations by shift, and applicable state and local requirements. To further enhance supervision, RJDC operates 97 cameras throughout the facility, which allow continuous monitoring of resident and staff movement and activities, thereby strengthening sexual safety practices.

According to the PAQ, RJDC reported zero deviations from its staffing plan during the past twelve months. Interviews with the PREA Coordinator, supervisors, and staff confirmed that any future deviations would be fully documented. The auditor reviewed unannounced rounds logs, which verified compliance with required staffing ratios.

During the on-site visit, the auditor confirmed appropriate staffing and supervision levels through direct observation of the six housing pods, gym, classrooms, clinic, dining hall, and intake area. Additional verification through video monitoring and review of pod rosters and work assignments further demonstrated that staffing patterns were considered across all shifts. Staff interviews across shifts affirmed that RJDC consistently strives to maintain the required 1:8 staff-to-resident ratio during waking hours and 1:16 during sleeping hours, in alignment with PREA standards.

RJDC also conducts an Annual PREA Assessment, completed by an upper-level staff

	<p>member and reviewed by the city, to evaluate compliance with Department of Justice PREA standards. The 2022–2024 assessments confirmed that the facility reviewed staffing patterns, considered the need for additional monitoring technology, and evaluated further PREA training requirements. The facility’s 97 cameras, supplemented by audio capabilities in the intake area, continue to strengthen surveillance efforts.</p> <p>The RJDC Policy Manual also requires that unannounced rounds be conducted and documented by high-level supervisors or program administrators to identify and deter sexual abuse and harassment. Staff are prohibited from alerting others to these rounds. Interviews with supervisors confirmed their understanding of this requirement, and both staff and residents indicated that supervisors are frequently present on the pods, such that the timing of official rounds cannot be anticipated. Documentation reviewed by the auditor confirmed that unannounced rounds are conducted on all shifts as required.</p> <p>Compliance Determination: Based on the evidence reviewed—including documentation, direct observations, and interviews—the auditor concludes that RJDC meets the requirements of this standard.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.315:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC PREA Policy</li> <li>RJDC Policy Manual</li> <li>Staff Training Records</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Interviews with Random Staff</li> </ul>

## Interviews with Random Residents

### Observations during Facility Site Review

In accordance with RJDC Standard Operating Procedures (SOPs) and the Pre-Audit Questionnaire, the facility does not conduct cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches, except in exigent circumstances. Over the past twelve months, there were no cross-gender searches of any kind. The RJDC Policy Manual (p. 69) requires that all searches, along with justification for the actions taken, be documented.

The auditor interviewed thirteen randomly selected direct care staff members, representing all shifts and teams. All staff stated that they have never, and would never, conduct cross-gender searches, noting that staffing levels provide sufficient coverage for searches to be conducted in line with policy. Thirteen randomly selected residents were also interviewed, and all confirmed that they had never been subjected to cross-gender searches. A review of twelve random resident files further found no evidence of such searches. Staff rosters reflected an appropriate male-to-female staff ratio, eliminating the need for cross-gender searches.

RJDC policy requires that residents are afforded privacy when showering, using the toilet, or changing clothing, and that non-medical staff of the opposite gender do not view resident breasts, buttocks, or genitalia, except in exigent circumstances or when incidental to routine checks. The auditor verified during observation of the master control room that camera placements do not compromise resident privacy in showers or toilet areas. Interviews with staff, the PREA Coordinator, and residents confirmed strict adherence to this policy, with residents reporting that they feel safe, respected, and provided with adequate privacy in their rooms.

The RJDC Policy Manual also requires staff to announce “male on the unit” or “female on the unit” prior to entering housing pods of residents of the opposite gender. This practice was verified through facility observations and confirmed by both staff and resident interviews.

Additionally, the RJDC Policy Manual (p. 70) prohibits staff from searching or physically examining transgender or intersex residents solely to determine genital status. If such status is unknown, it may only be determined through resident disclosure, review of medical records, or as part of a private medical examination conducted by a licensed practitioner. Interviews with the PREA Coordinator and staff confirmed adherence to this standard. During the on-site audit, one transgender resident reported that staff had been respectful of their privacy and gender identity. At intake, it was agreed that searches would be conducted by male staff, which the resident confirmed was acceptable.

All security staff (100%) have received training on conducting cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner consistent with the facility’s security needs. Training records reviewed by the auditor confirmed this requirement, and both staff and residents attested to the quality and consistency of the training. Documentation

	<p>of this training is maintained in each employee’s personnel file.</p> <p>Compliance Determination: Based on the evidence reviewed—including interviews, observations, policy, documentation, and resident/staff files—the auditor concludes that RJDC is in compliance with this standard. No corrective action is required.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.316:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC Policy Manual</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Interviews with Staff</li> <li>Interviews with Specialized Residents</li> <li>Observations during Facility Site Review</li> </ul> <p>RJDC has established procedures to ensure that residents with disabilities are provided equal access to all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The RJDC Policy Manual outlines how residents with disabilities will be accommodated, including the provision of interpretive services when necessary. According to the Pre-Audit Questionnaire and the PREA Coordinator, no residents with hearing, vision, or speech disabilities have been housed at the facility during the past twelve months. However, the facility has access to a language line to provide interpretive services when needed.</p> <p>RJDC policy prohibits the use of resident interpreters, readers, or assistants, except in rare exigent circumstances where a delay in obtaining professional interpretive services could compromise resident safety, interfere with first responder duties, or impede an investigation. Interviews with staff confirmed that a resident interpreter</p>

	<p>would only be used under such limited circumstances and that any occurrence would be documented. There were no such instances during the past twelve months.</p> <p>The auditor also verified that facility documents and program forms are available in both English and Spanish, and PREA-related information is posted in both languages throughout the facility.</p> <p>Compliance Determination: Based on the documentation reviewed, interviews conducted, and on-site observations, the auditor concludes that RJDC meets this standard. No corrective action is required.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.317:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC Policy Manual</li> <li>City of Richmond’s Administrative Regulations Manual</li> <li>Review of Personnel Files</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>Superintendent</li> <li>PREA Coordinator</li> <li>Human Resources Staff</li> </ul> <p>The RJDC PREA Policy Manual (p. 20) and the City of Richmond Administrative Regulations Manual, Section 4.14, require child abuse registry checks and sex offender registry checks for all employment candidates and applicable positions. Policy further requires consultation with child abuse registries before hiring or contracting with any individual or volunteer who will have contact with residents.</p>

Within the past twelve months, all new staff with potential resident contact underwent criminal background checks. Interviews with Human Resources staff confirmed that annual background checks are conducted through the state police by the City.

In accordance with the City's Administrative Regulations Manual, employees promoted, reassigned, or transferred to certain positions may be subject to additional background checks beyond initial hire. Employees must notify their appointing authority or department head of any changes affecting their background check status; failure to do so may result in disciplinary action. Policy also requires all applicants to disclose any prior misconduct, with omissions subject to termination. RJDC uses a disclosure form requiring staff signatures to ensure compliance with this standard. Interviews with Human Resources staff, the PREA Coordinator, and the Superintendent confirmed these hiring practices and compliance with PREA standards.

The auditor was granted full access to personnel files for employees, contractors, and volunteers. Review of files confirmed that 100% contained completed criminal background checks and documentation verifying that applicants were asked about past conduct during the hiring or promotion process.

Human Resources staff further stated that any incidents of sexual harassment are considered during hiring and promotion decisions, and that information uncovered during background checks related to sexual abuse or harassment would be factored into hiring determinations. These requirements also extend to contractors and volunteers who have contact with residents.

The Pre-Audit Questionnaire reported ten staff hired within the past twelve months. The auditor randomly selected fifteen files for review, representing recent hires, tenured staff, and contractors/volunteers. Each file contained background check documentation and disclosure forms. None of the files indicated self-admissions or documented incidents of sexual abuse or sexual harassment at the time of hire. Interviews with the Assistant Superintendent and Human Resources staff confirmed that RJDC makes best efforts to contact prior institutional employers to verify whether applicants had substantiated allegations of sexual abuse or resigned while under investigation. Additionally, RJDC provides such information to other institutional employers when requested.

All interviewed staff confirmed they are required to report sexual abuse, sexual harassment, or any neglect/violations of duty that may contribute to such incidents.

**Compliance Determination:**

Based on the evidence reviewed—including policy, personnel files, and interviews—the auditor concludes that RJDC meets this standard. No corrective action is required.

	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following evidence was used to determine compliance for standard 115.318:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>Observations during Facility Site Review</p> <p>Interviews Conducted:</p> <p>Superintendent</p> <p>PREA Coordinator</p> <p>According to the Pre-Audit Questionnaire, RJDC has not undertaken any expansions or modifications to the facility within the past twelve months. This information was confirmed during interviews with the Superintendent (designee) and the Assistant Superintendent/PREA Coordinator. Both also indicated that camera placement is regularly evaluated to ensure it effectively supports resident and staff monitoring and supervision.</p> <p>Compliance Determination: Based on the evidence reviewed, the auditor finds RJDC to be in compliance with this standard. No corrective action is required.</p>

<p><b>115.321</b></p>	<p><b>Evidence protocol and forensic medical examinations</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following evidence was used to determine compliance for standard 115.321:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p>

RJDC PREA Policy

RJDC MOU with YWCA

RJDC MOU with Richmond Behavioral Health

Interviews Conducted:

PREA Coordinator

Medical and Mental Health Staff

YWCA (Phone Contact)

MCV SANE/SAFE (Phone Contact)

RJDC conducts administrative investigations into all reported allegations of sexual abuse and sexual harassment, with oversight provided by the PREA Coordinator. Allegations that rise to the level of a criminal complaint are referred to the Richmond City Police Department (RCPD), which has affirmed its commitment to respond to and investigate any crime occurring within its jurisdiction.

RJDC PREA Policy, Section II.L. (p. 7), specifies the use of a uniform evidence protocol designed to maximize the potential for obtaining usable physical evidence in both administrative proceedings and criminal prosecutions. This protocol is developmentally appropriate for youth and is based on the U.S. Department of Justice, Office on Violence Against Women publication A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents (most recent edition), or an equivalent comprehensive protocol developed after 2011.

Any resident who experiences sexual abuse while at RJDC is offered access to a forensic medical examination at no cost. These examinations are conducted at the Medical College of Virginia (MCV) by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), available 24/7. RJDC policy requires that all efforts to secure a SANE/SAFE examiner be documented.

RJDC also attempts to secure the services of a victim advocate from the rape crisis center. If an advocate is unavailable, a qualified staff member may be designated to accompany the resident, providing emotional support, crisis intervention, information, referrals, and assistance throughout the forensic examination process. RJDC maintains a Memorandum of Agreement (MOA) with the YWCA to provide victim advocacy services. The auditor reviewed this MOA and confirmed that it meets the requirements of this standard. In addition, residents are provided access to free phone contact information on each housing pod, including numbers for the YWCA and the National Sexual Assault Hotline.

According to the Pre-Audit Questionnaire and the PREA Coordinator, no incidents of

	<p>sexual abuse occurred at the facility within the past twelve months. As a result, there were no forensic medical exams, no use of SANE/SAFE services, and no related records available for review. No residents with relevant experiences were available for interview at the time of the on-site audit.</p> <p>Compliance Determination: Based on the evidence reviewed, the auditor concludes that the facility is in compliance with this standard. No corrective action is required.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.322:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC PREA Policy</li> <li>RJDC PREA Brochure</li> <li>Facility Site Review Observations</li> <li>RJDC Website (<a href="https://www.rva.gov/justice-services/prison-rape-elimination-act--prea">https://www.rva.gov/justice-services/prison-rape-elimination-act--prea</a>)</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Medical and Mental Health Staff</li> <li>Interviews with random staff</li> <li>Interviews with residents</li> </ul> <p>It is the policy of RJDC to ensure that every allegation of sexual abuse or sexual harassment is subject to either an administrative or criminal investigation. All allegations that rise to the level of a criminal offense are referred to the Richmond City Police Department (RCPD), which holds the legal authority to conduct such</p>

	<p>investigations. While RJDC’s website is maintained by the City of Richmond and is not fully up to date, the facility ensures that PREA-related information is readily available upon request.</p> <p>According to the Pre-Audit Questionnaire, there was one allegation of sexual abuse or sexual harassment reported within the past twelve months. An administrative investigation was conducted, and the auditor reviewed the associated allegation and investigation report.</p> <p>During the facility site review, the auditor observed PREA informational postings in each housing pod and throughout the facility. Residents reported that they are introduced to PREA during the intake process and that they have continuous access to the facility’s PREA brochure. Interviews with staff across various roles confirmed their understanding of the facility’s obligation to ensure resident safety and initiate an investigation for any allegation of sexual misconduct.</p> <p>The auditor also interviewed members of the Incident Review Team, who demonstrated an understanding of the importance of thoroughly investigating all allegations of sexual abuse, sexual harassment, or sexual misconduct to their logical conclusion.</p> <p>Compliance Determination: Based on the evidence reviewed, the auditor finds the facility to be in compliance with this standard. No corrective action is required.</p>
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<b>115.331</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.331:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC PREA Policy</li> <li>RJDC Policy Manual</li> <li>RJDC PREA Training Module for Employees (online and in-person)</li> <li>Training Personnel/Training Records</li> </ul>

Interviews Conducted:

PREA Coordinator

Human Resources Staff

Interviews with Random Staff

RJDC PREA Policy (p. 9) requires that all employees, volunteers, and contractors who may have contact with residents receive comprehensive training on all aspects of the Prison Rape Elimination Act (PREA). Review of the training curriculum, staff training records (including orientation, annual, and refresher training), and staff interviews confirmed that the training covers all required topics, including:

1. The facility's zero-tolerance policy for sexual abuse and sexual harassment;
2. Responsibilities under agency prevention, detection, reporting, and response procedures;
3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and staff to be free from retaliation for reporting;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. Common reactions of juvenile victims;
7. How to detect and respond to threatened or actual sexual abuse, including distinguishing between consensual sexual contact and sexual abuse between residents;
8. Avoiding inappropriate relationships with residents;
9. Effective and professional communication with residents, including those who identify as LGBTQI or gender nonconforming;
10. Compliance with mandatory reporting laws; and
11. Relevant laws regarding the applicable age of consent.

Training is tailored to the specific needs and characteristics of RJDC's population and is applicable to both male and female residents. Instruction is provided through online modules, in-person presentations, and informational handouts. All new staff receive PREA training during onboarding, and all staff complete annual refresher training.

Interviews with a random sample of staff confirmed that PREA training is conducted annually. Training records include employee signatures verifying completion and are maintained in staff files. Specialized training for investigative, medical, and mental health staff was also reviewed and confirmed to be complete.

Compliance Determination:

Based on the evidence reviewed, the auditor finds the facility to be in compliance with this standard. No corrective action is required.

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.332:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>RJDC Policy Manual</p> <p>Training Records</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Interviews with Volunteer</p> <p>RJDC ensures that all volunteers and contractors with resident contact receive training on their responsibilities related to the prevention, detection, and response to sexual abuse and sexual harassment. This includes instruction on the facility's zero-tolerance policy and procedures for reporting incidents, as outlined in RJDC's Policy Manual (p. 26). According to the facility's pre-audit report, one (1) volunteer currently has contact with residents, and documentation confirmed that this individual completed the required training. Completion is verified by the volunteer's signature on training forms, which are maintained in their training file.</p> <p>Compliance Determination:</p> <p>Based on the evidence provided, the auditor concludes that the facility is in compliance with the standard, and no corrective action is necessary.</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following evidence was used to determine compliance for standard 115.333:

Documents Reviewed:

RJDC Pre-Audit Questionnaire

RJDC PREA Policy

RJDC Policy Manual

PREA Youth Education Video

PREA Posters

Resident File Review

RJDC Facility Site Review

Interviews Conducted:

PREA Coordinator

Case Managers/Clinicians

Interviews with Random Residents

RJDC's PREA Policy (p. 10) outlines the education residents receive regarding PREA. At intake, residents are provided information on the facility's zero-tolerance policy for sexual abuse and sexual harassment, their right to be free from sexual abuse and retaliation, how to report incidents or suspicions of abuse/harassment, and how RJDC will respond to such reports. The Policy Manual (p. 97) further requires that resident education be delivered in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or who have limited reading skills. To support this, the facility maintains a contract with iSpeak Richmond to provide translation services as needed.

According to the PAQ, 206 residents were admitted to the facility in the past twelve months, all of whom received PREA information during intake. Full intakes are conducted for every resident upon admission. Although no intakes occurred during the on-site portion of the audit, the auditor interviewed the intake officer, who explained the intake process in detail. During intake, staff review the zero-tolerance policy and reporting procedures with each resident. Residents then sign and date a form confirming receipt and understanding of the information. In addition, each youth receives supplemental PREA education within ten days of intake. A review of 100% of resident files confirmed receipt of PREA information at intake. Random staff interviews also verified that staff consistently provide this information at admission and noted that materials are written in plain language and explained verbally to

	<p>ensure comprehension. In resident interviews, youth were able to identify multiple reporting methods, including dialing #77, telling a parent, or reporting directly to a trusted staff member.</p> <p>The PREA Coordinator confirmed that all residents receive a comprehensive PREA orientation during intake. Documentation of this orientation is maintained in resident files and includes dates and resident signatures acknowledging participation.</p> <p>During the site review, the auditor observed PREA information posted in age-appropriate formats throughout the facility. These postings were clearly visible and accessible to residents, staff, contractors, volunteers, and visitors.</p> <p>Compliance Determination:</p> <p>Based on the review of policy, documentation, staff and resident interviews, and on-site observations, the auditor concludes that the facility is in compliance with this standard.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.334:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC Policy Manual</li> <li>RJDC PREA Policy</li> <li>Review of Employee Training Files</li> <li>Review of Administrative Investigations</li> <li>National Institute of Corrections Website: <a href="https://nicic.gov">https://nicic.gov</a></li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Interviews with Specialized Staff (Investigative Staff)</li> </ul>

In addition to the general staff training required under §115.331, RJDC’s PREA Policy (p. 10) and job description for investigators in the Policy Manual (p. 199) require specialized training in conducting sexual abuse investigations within confinement settings. At RJDC, the PREA Coordinator/Assistant Superintendent serves as the facility investigator. In interview, the investigator reported that this specialized training was completed online through the National Institute of Corrections (NIC). The PREA Coordinator further explained that RJDC conducts only administrative investigations into allegations of sexual abuse and sexual harassment; any allegations that may constitute criminal conduct, as defined under PREA Standards 115.321 and 115.322, are referred to the Richmond City Police Department (RCPD) for investigation.

During interview, the investigator confirmed completion of specialized training and described the content, which included: techniques for interviewing juvenile victims of sexual abuse, appropriate use of Miranda and Garrity warnings, evidence collection in a confinement setting, and criteria for substantiating a case for administrative action or referral for prosecution. The investigator emphasized that criminal investigations are the responsibility of RCPD, noting that RJDC staff do not have the authority to Mirandize but are familiar with both Miranda and Garrity rights. He further explained that evidence collection is handled by RCPD, while RJDC staff are responsible for securing the scene and preserving evidence until law enforcement assumes control.

A review of facility records confirmed the investigator’s completion of specialized investigative training. The PREA Coordinator is responsible for conducting an administrative investigation into all allegations of sexual abuse and sexual harassment.

Although the auditor was not able to independently verify each element of the NIC training curriculum, NIC is a U.S. Department of Justice agency recognized for providing training, technical assistance, and policy support to correctional agencies nationwide. NIC has played a leadership role in PREA implementation since 2004 through its PREA Learning Center, which provides numerous e-learning courses specific to PREA requirements.

The auditor is not required to audit provision §115.334(d).

Compliance Determination:

Based on the evidence reviewed—including policy, file documentation, and staff interview—the auditor concludes that the facility is in compliance with this standard, and no corrective action is required.

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The following evidence was used to determine compliance for standard 115.335:

Documents Reviewed:

RJDC Pre-Audit Questionnaire

RJDC PREA Policy

Review of Employee Training Files

Interviews Conducted:

PREA Coordinator

Interviews with Specialized Staff (Medical and Mental Health)

RJDC's PREA Policy (p. 10) requires that all medical and mental health staff receive training consistent with PREA Standard §115.335(a). Through interviews and file reviews, the auditor verified that both the facility's nurse and mental health clinician completed this training. Each was able to demonstrate knowledge of the required topics, including: (1) detecting and assessing signs of sexual abuse and sexual harassment; (2) preserving physical evidence of sexual abuse; (3) responding effectively and professionally to juvenile victims of sexual abuse and harassment; and (4) reporting allegations or suspicions of sexual abuse and sexual harassment to the appropriate authorities.

Medical and mental health staff also receive the general PREA training required under §115.331, which covers the facility's zero-tolerance policy, incident reporting procedures, and prevention, detection, and response practices. Both the nurse and mental health clinician confirmed they had completed the required basic PREA training as well as specialized training relevant to their disciplines. The auditor confirmed that documentation of this training is maintained in their personnel files.

The nurse, mental health staff, and PREA Coordinator all confirmed that RJDC medical staff do not perform forensic examinations. Instead, the facility refers residents to qualified Sexual Abuse Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) at MCV for any forensic examinations, consistent with §115.321(c).

Compliance Determination:

Based on the evidence reviewed—including policy, training records, and staff interviews—the auditor concludes that the facility is in compliance with this standard, and no corrective action is required.

115.341	Obtaining information from residents
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1426 376">The following evidence was used to determine compliance for standard 115.341:</p> <p data-bbox="280 483 596 519">Documents Reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="280 555 695 591">RJDC Pre-Audit Questionnaire</li> <li data-bbox="280 627 552 663">RJDC Policy Manual</li> <li data-bbox="280 698 625 734">RJDC Assessment Forms</li> <li data-bbox="280 770 849 806">Observations during Facility Site Review</li> <li data-bbox="280 842 568 878">Resident File Review</li> </ul> <p data-bbox="280 985 596 1021">Interviews Conducted:</p> <ul style="list-style-type: none"> <li data-bbox="280 1057 529 1093">PREA Coordinator</li> <li data-bbox="280 1128 504 1164">Superintendent</li> <li data-bbox="280 1200 1078 1236">Interviews with Specialized Staff (Intake, MH, Screening)</li> <li data-bbox="280 1272 769 1308">Interviews with Random Residents</li> </ul> <p data-bbox="280 1415 1452 1621">RJDC Policy Manual (p. 97) and RJDC PREA Policy (p. 11) require that each resident be screened for risk of sexual victimization or abusiveness within 72 hours of admission and periodically thereafter during confinement. The Mental Health Screening Form includes items related to potential vulnerabilities or sexually aggressive tendencies.</p> <p data-bbox="280 1657 1481 2069">In the twelve months preceding the on-site portion of the audit, 206 residents were admitted to RJDC, all of whom received a screening within the required 72-hour timeframe. The auditor randomly reviewed twelve resident files, each of which contained completed classification assessments with appropriate dates and signatures. Screenings are conducted at every admission, even for youth with multiple admissions. In interviews with thirteen residents, most recalled being asked questions at intake regarding history of sexual abuse, gender identity, disabilities, and personal perceptions of vulnerability. Fewer residents remembered reassessments, although one did recall a follow-up conducted by mental health staff. Residents with multiple admissions confirmed that screenings were completed</p>

each time they entered the facility.

Intake staff, who are responsible for completing these assessments, reported that screenings are used to gather information to inform housing, supervision, and program decisions. The process includes conversation with the resident, review of state tracking data (BADGE), Department of Juvenile Justice documentation, court orders, and completion of objective screening instruments—the Mental Health Screening and the MAYSI-2 Questionnaire. Residents also view a PREA orientation video (in English or Spanish) and receive a handbook and “No Excuse for Abuse” brochure.

The auditor confirmed through file review that all twelve sampled files included an initial assessment completed within 24 hours of admission. For residents housed longer than three months (or with multiple admissions), reassessments were documented in accordance with policy and PREA standards. All forms were fully completed, signed, and dated.

RJDC’s screening process uses an objective instrument that collects information regarding:

1. Prior sexual victimization or abusiveness;
2. Gender nonconforming appearance, manner, or identification as LGBTI and any related vulnerability;
3. Current charges and offense history;
4. Age;
5. Emotional and cognitive development;
6. Physical size and stature;
7. Mental illness or disabilities;
8. Intellectual or developmental disabilities;
9. Physical disabilities;
10. Resident’s own perception of vulnerability; and
11. Any other information relevant to supervision, safety, or separation needs.

In addition, all new intakes complete the Massachusetts Youth Screening Instrument (MAYSI-2), a 52-question tool that identifies potential mental health needs of youth in the juvenile justice system. The instrument screens across seven domains—Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences. Results from both assessments inform decisions regarding safety, service needs, and placement.

To collect the information required under §115.341(c), staff rely primarily on resident self-report, supplemented with documentation from referring agencies, the state tracking system, and information from prior admissions. All assessment records are securely filed in the resident’s intake file to prevent misuse of sensitive information by staff or peers.

Compliance Determination:

	Based on review of policy, documentation, site observations, and staff and resident interviews, the auditor finds the facility in compliance with this standard. No corrective action is required.
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115.342	Placement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.342:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC PREA Policy</li> <li>RJDC Policy Manual</li> <li>RJDC Classification Assessment</li> </ul> <p>Observations during Facility Site Review</p> <p>Resident File Review</p> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Superintendent</li> <li>Interviews with Specialized Staff (Screening, Supervise Isolation, Medical, and MH)</li> <li>Interviews with Targeted Residents</li> </ul> <p>RJDC reported in its PAQ that information gathered during risk screenings, as required by §115.341, is used to inform housing, bed, program, education, and work assignments with the goal of keeping residents safe and free from sexual abuse. The PREA Coordinator explained that these screenings guide classification and housing decisions, including separating potential victims from potential abusers, informing programming, and enabling medical and mental health staff to provide check-ins as needed.</p>

RJDC Policy Manual (p. 170) states that residents may only be placed in isolation as a last resort when less restrictive measures are insufficient to maintain safety. Any such placement is temporary and limited to the time needed to arrange an alternative means of protection. Residents in isolation remain subject to PREA requirements under §115.342 and must be provided daily large-muscle exercise, access to legally required education and special education services, and daily visits from medical or mental health staff.

Staff who may supervise isolated residents affirmed during interviews that isolation would only be used as a last resort and that residents in isolation retain access to programs, privileges, education, and work opportunities. Nursing staff reported that they provide daily medical check-ins (more frequently if needed), while mental health staff confirmed their responsibility for daily clinical visits. The PAQ indicated that no residents at risk of sexual victimization were placed in isolation for protection in the twelve months preceding the audit; therefore, no denials of services such as education or exercise occurred during this period.

RJDC Policy Manual (p. 82) and RJDC PREA Policy (p. 11) require intake screenings to inform appropriate housing and programming decisions. Policy prohibits placing lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents in a specific pod solely based on sexual orientation or gender identity and prohibits classifying residents as sexually aggressive on that basis. The Superintendent confirmed that housing assignments are determined through a range of assessments conducted at intake and throughout confinement, not solely on gender identity or orientation.

The PREA Coordinator and intake staff affirmed that housing and program assignments for transgender and intersex residents are determined on a case-by-case basis, prioritizing resident health and safety and considering management and security needs. Staff confirmed that the resident's own views regarding their safety are taken into account. Documentation review showed that intake assessments specifically inquire about a resident's fear for their safety. During the on-site review, one transgender resident was housed in general population with males. This resident reported understanding and accepting the placement. All residents at RJDC have single rooms and are permitted to shower individually.

The PREA Coordinator confirmed that housing and program assignments for transgender or intersex residents are reassessed at least twice annually—and more frequently if necessary—to evaluate potential threats to safety. Screening staff echoed this practice.

The PAQ reported that no residents were placed in isolation due to risk of sexual victimization during the twelve months prior to the on-site audit, and therefore no case files related to such placements were available for review.

**Compliance Determination:**

Based on review of RJDC policies, documentation, staff and resident interviews, and site observations, the auditor concludes that the facility is in compliance with this standard.

115.351	Resident reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.351:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"><li>RJDC Pre-Audit Questionnaire</li><li>RJDC Policy Manual</li><li>RJDCC PREA Policy</li><li>RJDC Handbook</li><li>RJDC MOA with YWCA</li></ul> <p>Observations during Facility Site Review</p> <p>Resident File Review</p> <p>Interviews Conducted:</p> <ul style="list-style-type: none"><li>PREA Coordinator</li><li>Interviews with Random Staff</li><li>Interviews with Random Residents</li></ul> <p>RJDC has established procedures that provide residents with multiple private avenues to report incidents of sexual abuse, sexual harassment, retaliation for reporting, and staff neglect or violations that may have contributed to such incidents. In accordance with PREA Policy (p. 12) and the resident handbook, reports may be made verbally, in writing, anonymously, or through third parties. Residents are encouraged to inform a staff member, complete a grievance or sick call form, notify a parent or probation officer, or use the Cidnet phone system to contact outside agencies such as the National Sexual Assault Hotline or the YWCA. This information is explained during intake and provided in the handbook issued to every resident.</p> <p>In interviews, all 13 residents were able to identify at least one reporting method, including: telling a supervisor, speaking with trusted staff, completing a grievance, dialing #77 on the pod phones, or notifying a family member. Random staff</p>

	<p>interviews reflected the same methods, with the addition of reporting directly to administration. Some residents recalled reading this information in the handbook, while others noted the phone lists posted near pod phones.</p> <p>Per PREA Policy (p. 11), residents must have access to writing utensils and forms to make written reports. Residents confirmed that staff provide grievance forms and writing instruments upon request and that phones were available for reporting. Policy further requires staff to document any verbal reports received.</p> <p>During the site review, the auditor observed postings throughout the facility describing the various reporting options, including external contacts independent of RJDC that can receive and forward reports confidentially, allowing residents to remain anonymous if requested. In addition to in-house reporting methods, residents may contact third parties such as family members, attorneys, the YWCA, DSS, or the National Sexual Assault Hotline. These numbers were posted near each pod phone.</p> <p>All 13 residents interviewed confirmed their awareness of verbal, written, and third-party reporting methods; nine were unaware they could also report anonymously. Staff interviews, as well as the PREA Coordinator, confirmed that all reporting methods are valid and that staff are required to document and act immediately upon receiving a report.</p> <p>Staff also identified multiple private reporting methods available to them, including informing a supervisor or administration, calling the posted hotline, or reporting directly to RCPD or CPS. The PREA Coordinator noted that these procedures are reviewed during onboarding and annual PREA refresher training.</p> <p>Compliance Determination:</p> <p>Based on review of RJDC policies, documentation, site observations, and resident and staff interviews, the auditor concludes that the facility is in compliance with this standard.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.352:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p>

RJDC PREA Policy

RJDC Policy Manual

RJDC Grievance Form

RJDC Resident Handbook

Interviews Conducted:

PREA Coordinator

RJDC has established an administrative procedure for addressing resident grievances related to sexual abuse, as outlined in the RJDC Policy Manual (p. 14) and PREA Policy (p. 12). The resident handbook advises residents that grievances concerning sexual abuse or sexual harassment may be submitted at any time, without fear of retaliation, and with staff assistance if needed.

The PREA Coordinator confirmed that RJDC does not impose time limits on filing grievances regarding allegations of sexual abuse or harassment. Residents are not required to attempt informal resolution, nor may a grievance be submitted to the staff member who is the subject of the allegation.

RJDC policy (p. 168) requires administrators to investigate grievances and respond within 48 hours. If the grievance is identified as urgent (i.e., PREA-related), it must be addressed within 8 hours. According to the PAQ, in the past 12 months there were no grievances filed alleging sexual abuse, no grievances that required extensions beyond 90 days, and no grievances that reached a final decision within the 90-day timeframe.

Grievance procedures are made available at intake, documented in the handbook, and posted throughout the facility. RJDC policy also recognizes and accepts third-party reports. The PREA Coordinator confirmed that third parties—including fellow residents, staff, family members, attorneys, and outside advocates—may assist residents with filing grievances or file on their behalf. Parents and guardians may also file grievances or appeals regardless of whether the resident agrees. If a resident declines third-party assistance, staff are required to document the decision. In the past 12 months, no grievances alleging sexual abuse involved third-party reports or documentation of a resident declining such assistance.

All grievances alleging sexual abuse or sexual harassment are treated as emergency grievances. When an emergency grievance alleges that a resident is at substantial risk of imminent sexual abuse, staff must immediately forward the grievance to the appropriate level for review and corrective action within 8 hours. Administrators are responsible for ensuring the resident is no longer at risk. The initial response and final decision must document whether the resident was

	<p>determined to be at substantial risk and what actions were taken. The PREA Coordinator confirmed that no emergency grievances alleging imminent risk of sexual abuse were filed in the past 12 months.</p> <p>Policy also states that residents who file grievances in bad faith (i.e., knowingly false allegations) may be subject to discipline. This is also communicated in the resident handbook. Facility records indicate that no grievances alleging sexual abuse in the past 12 months resulted in disciplinary action for filing in bad faith.</p> <p>Compliance Determination:</p> <p>Based on the evidence reviewed, including policies, documentation, and interviews, the auditor has determined that the facility meets the standard and no corrective action is required.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.353:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC Policy Manual</li> <li>RJDC PREA Policy</li> <li>RJDC Communication Request Sheet</li> <li>RJDC PREA Brochure</li> <li>Observations during Facility Site Review</li> <li>Resident File Review</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Interviews with Mental Health Staff</li> </ul>

Interviews with Random Staff

Interviews with Random Residents

RJDC policy ensures that residents have access to outside victim advocates for emotional support services related to sexual abuse. This is accomplished by providing, posting, or otherwise making available mailing addresses and telephone numbers—including toll-free hotline numbers, when available—for local, state, and national victim advocacy or rape crisis organizations. At intake, residents receive a PREA brochure (No Excuse for Abuse) along with their handbook, both of which include this information. Posters displayed near resident phones on each pod also indicate that residents may contact the National Sexual Assault Hotline, the Greater Richmond Regional Hotline, or the YWCA for support as it relates to abuse. Residents are further informed of confidentiality limits and mandatory reporting requirements through the handbook and informational flyers posted throughout the facility.

During on-site interviews, the PREA Coordinator and Superintendent confirmed that RJDC provides residents with access to outside victim advocates through the YWCA. The auditor verified a current MOU between RJDC and YWCA, which specifies that the YWCA will provide accompaniment for SANE/SAFE examinations, emotional support, crisis intervention, and counseling upon request. Additionally, the YWCA offers general information, referral resources, legal advocacy, and reports any services provided to a designated RJDC contact. The MOU also allows for staff training upon request. Policy further requires that residents be afforded reasonable and confidential access to attorneys, as well as reasonable access to parents or legal guardians.

While most residents interviewed indicated that they were aware of outside support services, few could name specific agencies. However, they stated that they knew where to find the contact information if needed. Residents also reported awareness that Cidnet phone calls are recorded, but confirmed that the system provides free access to rape crisis and advocacy hotlines.

During the site review, flyers and contact information for outside support services were clearly posted near phones on each pod and in the intake area. These postings included the YWCA, DSS, and national hotlines, with a reminder that calls are free, recorded, and monitored. RJDC does not detain residents solely for civil immigration purposes.

The auditor also reviewed the Communication Request Sheet, which residents may use to request contact with medical, mental health, intake/court, or educational staff (outlined in RJDC Policy Manual, p. 107). Residents interviewed confirmed that they have reasonable and private access to parents/legal guardians and professional visitors, whether in person, by phone, or in writing.

Compliance Determination:

Based on the evidence above, the auditor finds RJDC in compliance with this

	standard. No corrective action is required.
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.354:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>RJDC Policy Manual</p> <p><a href="https://www.rva.gov/justice-services/prison-rape-elimination-act-prea">https://www.rva.gov/justice-services/prison-rape-elimination-act-prea</a></p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>RJDC policy provides that reports of sexual abuse or sexual harassment may be submitted by any third party on behalf of a resident. According to the PAQ and PREA Coordinator, RJDC makes these reporting methods publicly available through multiple avenues: letters sent to parents, information provided during resident intake, postings throughout the facility, and online via the City of Richmond’s PREA webpage.</p> <p>RJDC maintains a zero-tolerance stance regarding sexual misconduct. Third parties are encouraged to help ensure resident safety by reporting any allegations directly to RJDC in person, in writing, or by phone.</p> <p>The facility has not received any third-party reports to date; therefore, no records were available for review.</p> <p>Compliance Determination: Based on the evidence reviewed, the auditor finds the facility in compliance with this standard. No corrective action is required.</p>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following evidence was used to determine compliance for standard 115.361:

Documents Reviewed:

RJDC Pre-Audit Questionnaire

RJDC PREA Policy

RJDC Policy Manual

Interviews Conducted:

PREA Coordinator

Superintendent (designee)

Random Sample of Staff

Medical and Mental Health Staff

Per RJDC PREA Policy (p. 8), all staff members—including medical and mental health staff—are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. Staff are also required to report any retaliation against residents or staff who report such incidents, as well as any staff neglect or failure of duty that may have contributed to an incident or retaliation. Additionally, RJDC policy manual (p. 21) requires that all staff comply with any applicable mandatory child abuse reporting laws.

The facility reports all allegations of sexual abuse and sexual harassment, including those submitted anonymously or by third parties. Upon receiving an allegation, the facility head or designee must promptly notify the appropriate agency office and the alleged victim's parents or legal guardians, unless documentation indicates that such notification is not permitted. If the alleged victim is in the custody of the child welfare system, the caseworker is notified in place of the parents or guardians. When a juvenile court retains jurisdiction, the facility head or designee is also required to notify the juvenile's attorney or other legal representative of record within 14 days of the allegation. Beyond these required notifications, agency policy prohibits staff from disclosing information related to reports of sexual abuse except as necessary to facilitate treatment, investigations, or essential security and management functions.

	<p>Staff interviews confirmed clear understanding of their mandated reporting responsibilities. Staff consistently stated they would immediately report and document any knowledge, suspicion, or information related to sexual abuse, sexual harassment, retaliation, or neglect. Random staff further explained that the limits of confidentiality are communicated to residents at intake. Medical and mental health staff also reported that they inform residents of these limits during treatment interactions.</p> <p>The facility's designated investigator is the PREA Coordinator/Assistant Superintendent, in accordance with §115.334(a). Random staff interviewed were able to identify at least one facility investigator and understood that administrative investigations are conducted by the PREA Coordinator, while criminal investigations are referred to the Richmond City Police Department (RCPD). The PREA Coordinator confirmed that he is notified of all allegations involving sexual abuse.</p> <p>Compliance Determination: Based on the evidence above, the auditor finds the facility in compliance with this standard. No corrective action is required.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.362:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC Policy Manual</li> <li>RJDC PREA Policy</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Superintendent (designee)</li> <li>Random Sample of Staff</li> </ul>

	<p>RJDC policy requires staff to take immediate action to protect any resident identified as being at substantial risk of imminent sexual abuse. The Superintendent (designee) and PREA Coordinator confirmed that all staff are trained to respond without delay in such situations. During random staff interviews, each staff member demonstrated awareness of this requirement and explained the steps they would take, including separating the alleged victim from the alleged perpetrator (such as by moving pods), notifying a supervisor and/or the PREA Coordinator, and documenting the incident.</p> <p>According to PAQ responses, during the past twelve months the facility did not encounter any instances in which a resident was determined to be at substantial risk of imminent sexual abuse.</p> <p>Compliance Determination: Based on the evidence reviewed, the auditor concludes that the facility is in compliance with this standard. No corrective action is required.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.363:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC Policy Manual</li> <li>RJDC PREA Policy</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Superintendent (designee)</li> </ul> <p>RJDC PREA Policy (p. 28) requires that when the Superintendent receives an allegation of sexual abuse occurring at another facility while the resident was detained there, the Superintendent must notify the head of that facility. Policy also requires notification to the appropriate investigative agency, including the DJJ</p>

	<p>Certification Unit. The PREA Coordinator reported that no such allegations have been made in the past twelve months; therefore, no notifications were required. The Superintendent confirmed understanding of this responsibility and stated that they would make the required notifications should such an allegation be reported.</p> <p>In accordance with policy, notification to another facility must occur as soon as possible, but no later than 72 hours after receiving the allegation. RJDC policy also requires documentation of any such notifications. The Superintendent acknowledged this expectation but reported that no allegations of this type were received in the past twelve months, leaving no documentation available for review.</p> <p>If RJDC were to receive notification from another facility regarding sexual abuse alleged to have occurred while the resident was detained at RJDC, the Superintendent would immediately forward the report to the PREA Coordinator for investigation. Per the PAQ responses, there were zero such allegations in the past twelve months.</p> <p>Compliance Determination: Based on the evidence reviewed, the auditor finds the facility in compliance with this standard. No corrective action is required.</p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.364:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC Policy Manual</li> <li>Employee Training Records</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Targeted Staff (First Responders)</li> </ul>

RJDC PREA Policy (p. 11) outlines first responder duties and responsibilities. As confirmed by the PREA Coordinator and verified through staff training records, all RJDC staff are trained as first responders and are required to take specific actions when responding to an allegation of sexual abuse, misconduct, or neglect. In accordance with §115.364(a), first responders must:

1. Ensure the alleged victim and alleged abuser are physically separated.
2. Preserve and protect any crime scene until proper evidence collection can occur.
3. If the assault occurred within a timeframe allowing for physical evidence collection, request that the alleged victim refrain from activities that could destroy evidence (e.g., bathing, brushing teeth, changing clothes, urinating, defecating, smoking, eating, or drinking).
4. Make similar requests of the alleged abuser to preserve physical evidence.

Staff interviews confirmed a clear understanding of these responsibilities. Staff consistently described the steps they would take to protect residents and preserve the crime scene, emphasizing that they are not responsible for evidence collection, which is conducted by the Richmond City Police Department (RCPD). Staff reported their duty is to secure the area, notify supervisors, and document their actions. Medical staff explained their role in providing first aid and referring residents for forensic medical examinations at MCV when necessary. Mental health staff confirmed their responsibility to ensure that an advocate is available to accompany residents during such examinations.

If the first responder is not direct care (security) staff, policy requires that they still take the above actions and immediately notify the Supervisor on Duty. These requirements are also addressed during volunteer and contractor training.

Per the PAQ, there were no incidents in the past twelve months requiring staff to act as first responders to an allegation of sexual abuse.

Compliance Determination:

Based on the evidence reviewed, the auditor finds the facility in compliance with this standard. No corrective action is required.

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following evidence was used to determine compliance for standard 115.365:
	Documents Reviewed:

	<p>RJDC Pre-Audit Questionnaire</p> <p>RJDC Policy Manual</p> <p>RJDC PREA Policy</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent (designee)</p> <p>RJDC has developed a written institutional plan, outlined in RJDC PREA Policy (p. 8), to coordinate the actions of staff first responders, medical and mental health practitioners, investigators, and administration in response to an incident of sexual abuse. The coordinated response plan addresses ensuring the safety of the alleged victim, removing the alleged abuser from the situation, notifying the PREA Coordinator, initiating investigations, providing medical and mental health services, engaging the Richmond City Police Department (RCPD), carrying out first responder duties, documenting the incident through a Serious Incident Report, making required notifications, and keeping all relevant parties informed.</p> <p>During interviews, the Superintendent and PREA Coordinator were able to clearly summarize the coordinated response process and identified available resources to support response efforts, including RCPD, MCV, YWCA, DSS, and DJJ.</p> <p>Compliance Determination: Based on the evidence reviewed, the auditor finds the facility in compliance with this standard. No corrective action is required.</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.366:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p>

	<p>RJDC Policy Manual</p> <p><a href="https://www.rva.gov/human-resources/collective-bargaining-agreements">https://www.rva.gov/human-resources/collective-bargaining-agreements</a></p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent (designee)</p> <p>RJDC Superintendent (designee) indicated that the facility does not enter into collective bargaining agreements. Collective bargaining did not exist in the Commonwealth of VA until recently. In 2022, the City of Richmond formally established five collective bargaining units:</p> <p>Police, represented by RCOP  Fire and Emergency Services, represented by IAFF 995  Administration and Technical, represented by SEIU  Professional, represented by SEIU  Labor and Trades, represented by The Teamsters.</p> <p>However, RJDC does not a part of these units and they do not limit the facility's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Compliance Determination:</p> <p>Based on the evidence discussed above, the auditor has determined that the facility meets the standard and no corrective action is required.</p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.367:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p>

	<p>RJDC Policy Manual</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Agency Head (designee)</p> <p>Specialized Staff (Monitor Retaliation)</p> <p>RJDC PREA Policy (p. 27) requires the facility to protect all residents and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other residents or staff. Responsibility for monitoring retaliation rests with the PREA Coordinator/Assistant Superintendent.</p> <p>In interview, the PREA Coordinator explained that RJDC employs multiple measures to safeguard against retaliation. These include close monitoring of resident behavior, housing changes, transfers to other facilities when necessary, removal of alleged staff or resident abusers from contact with victims, and provision of emotional support services for individuals who fear retaliation.</p> <p>Policy further requires that for at least 90 days following a report of sexual abuse, the PREA Coordinator monitor the conduct and treatment of the reporting party or cooperating witness for any changes that may indicate retaliation. If retaliation is suspected, immediate action must be taken to ensure safety. Monitoring may extend beyond 90 days if concerns persist. The facility reported zero incidents of retaliation within the past twelve months.</p> <p>The Agency Head (designee) also indicated that the City of Richmond Human Resources Department is in the process of establishing a hotline dedicated to retaliation reporting.</p> <p>Compliance Determination: Based on the evidence reviewed, the auditor finds the facility in compliance with this standard. No corrective action is required.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following evidence was used to determine compliance for standard 115.368:

	<p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>RJDC PREA Policy</p> <p>RJDC Policy Manual</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent (designee)</p> <p>Specialized Staff (Supervise Isolation, Medical and Mental Health Staff)</p> <p>RJDC PREA Policy (p. 9) requires the facility to ensure adequate separation between an alleged victim and alleged suspect, while making clear that such separation may not be used as a form of punishment for the alleged victim. Consistent with §115.342, residents may only be isolated as a last resort when less restrictive measures are insufficient to ensure safety, and only until an alternative means of protection can be arranged.</p> <p>During any period of isolation, residents must not be denied daily large-muscle exercise, legally required educational programming, or special education services. Residents in isolation are to receive daily visits from a medical or mental health clinician, and access to other programs and work opportunities to the extent possible.</p> <p>The Superintendent (designee) emphasized that RJDC would pursue alternative arrangements before resorting to isolation, though policy remains in place should an immediate situation require it. Medical staff confirmed that they would provide daily check-ins and interventions as needed, and the mental health clinician affirmed that residents in isolation would be regularly assessed for safety and well-being.</p> <p>Over the past twelve months, no residents alleging sexual abuse were placed in isolation; therefore, no records were available for review.</p> <p>Compliance Determination: Based on the evidence reviewed, the auditor finds the facility in compliance with this standard. No corrective action is required.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The following evidence was used to determine compliance for standard 115.371:

Documents Reviewed:

RJDC Pre-Audit Questionnaire

RJDC PREA Policy

Interviews Conducted:

PREA Coordinator

Investigative Staff

Specialized Staff (First Responders)

Review of the RJDC PREA Policy and an interview with the PREA Coordinator confirm that RJDC ensures all allegations of sexual abuse or sexual harassment are investigated promptly, thoroughly, and objectively, including those reported by third parties or anonymously. Administrative investigations are conducted by RJDC staff, while all criminal investigations are handled by the Richmond City Police Department (RCPD).

RJDC relies on RCPD for criminal investigations due to their specialized training in conducting investigations, collecting statements, and handling physical evidence. For administrative investigations, RJDC investigative staff complete specialized training as outlined in §115.334.

As referenced in §§115.364 and 115.382, all direct care staff are trained in first responder duties, including evidence preservation. Investigative staff acknowledged that RJDC does not collect physical evidence, which is the responsibility of RCPD. Interviews with staff confirmed understanding of roles in gathering information, interviewing alleged victims, suspects, and witnesses, and maintaining thorough documentation. The PREA Coordinator noted that video evidence is reviewed and retained for evidentiary purposes, and prior reports involving a suspected perpetrator are made available to investigators.

The PREA Coordinator confirmed that investigations are not terminated if the allegation source recants. Information gathered may be forwarded to RCPD if evidence supports potential criminal prosecution. Credibility of victims, suspects, or witnesses is not based on status as staff or resident; no individual is required to undergo polygraph or other truth-telling examinations, and all allegations are investigated on their merits.

	<p>All administrative investigations document whether staff actions or inactions contributed to abuse. Written reports include descriptions of physical and testimonial evidence, credibility assessments, investigative findings, and reasoning. To date, no cases have been referred to RCPD for criminal investigation. If criminal investigations are needed, the PREA Coordinator remains informed and reports as necessary to the Superintendent. There have been no substantiated criminal allegations requiring prosecution since the last PREA audit.</p> <p>Per RJDC PREA Policy (p. 7), written reports are maintained in employee files for the duration of employment plus five years, and resident case files for a minimum of five years. Investigations continue regardless of the departure of an alleged abuser or victim. A recent sexual harassment allegation under investigation resulted in the accused staff being removed from resident contact and scheduled for a disciplinary hearing. Although the staff member resigned during the audit, the investigation continues.</p> <p>Compliance Determination: Based on the above evidence, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>
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115.372	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.372:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC PREA Policy</li> <li>Investigative File</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Investigative Staff</li> </ul> <p>RJDC applies the standard of a preponderance of the evidence when determining</p>

	<p>whether allegations of sexual misconduct are substantiated, consistent with RJDC PREA Policy (p. 7). Review of an investigative file showed that findings are based on a range of evidence, including resident and staff statements, incident reports, and camera footage. Investigative staff demonstrated a clear understanding of the standard required to substantiate allegations.</p> <p>Compliance Determination: Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.373:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC PREA Policy</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Superintendent (designee)</li> <li>Investigative Staff</li> </ul> <p>RJDC PREA Policy (p. 15) requires that following an investigation into a resident’s allegation of sexual misconduct, the resident be informed of the outcome (substantiated, unsubstantiated, or unfounded). The PREA Coordinator is responsible for providing this notification.</p> <p>For investigations conducted by outside agencies, RJDC requests all relevant information to ensure residents are informed. The PREA Coordinator/Assistant Superintendent serves as the point of contact for such investigations and tracks their progress to update residents. No investigations by outside agencies occurred in the past 12 months.</p>

	<p>RJDC PREA Policy (p. 15) also specifies that when a resident alleges sexual abuse by staff, the resident will be notified unless the allegation is determined to be unfounded, under the following circumstances:</p> <ol style="list-style-type: none"> <li>1. The staff member no longer works in the resident’s pod;</li> <li>2. The staff member is no longer employed at the facility;</li> <li>3. The staff member is indicted on a sexual abuse-related charge within the facility;</li> <li>4. The staff member is convicted of a sexual abuse-related charge within the facility.</li> </ol> <p>For allegations of sexual abuse by another resident, notification is required if the alleged abuser is indicted or convicted on a sexual abuse-related charge within the facility. No such resident-on-resident allegations were reported in the prior 12 months.</p> <p>RJDC documents all notifications or attempts, as required by policy. The investigation ongoing at the time of the audit had not yet concluded, so notification had not been made; the auditor reminded the administration that documentation of the notification upon conclusion would be required, and the facility indicated compliance.</p> <p>Compliance Determination: Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.376:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>RJDC PREA Policy</p> <p>RJDC Policy Manual</p> <p>Investigative File</p>

	<p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>According to RJDC PREA Policy (p. 25), staff are subject to disciplinary sanctions up to and including termination for violating RJDC’s sexual abuse or harassment policies. Termination is the presumptive sanction for staff found to have engaged in sexual abuse.</p> <p>For other violations related to sexual abuse or harassment, disciplinary actions are determined based on the nature and circumstances of the conduct, the staff member’s disciplinary history, and sanctions imposed on other staff with similar histories. In the past 12 months, one staff member was disciplined for violating agency harassment policies but resigned prior to a disciplinary hearing.</p> <p>RJDC policy requires that all terminations for sexual abuse or harassment, or resignations that would have resulted in termination, be reported to law enforcement and relevant licensing bodies unless the conduct is clearly not criminal. The PREA Coordinator indicated that the Richmond City Police Department would receive such notifications. Documentation confirms that in the past 12 months, there were no terminations or law enforcement notifications related to sexual abuse or harassment violations at RJDC.</p> <p>Compliance Determination: Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.377:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>RJDC Policy Manual</p> <p>Interviews Conducted:</p>

	<p>PREA Coordinator</p> <p>Superintendent (designee)</p> <p>RJDC PREA Policy (p. 25) requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents and reported to law enforcement and relevant licensing bodies, unless the conduct is clearly not criminal.</p> <p>In the past 12 months, no contractors or volunteers were reported to law enforcement or other agencies for sexual abuse or harassment of residents. The Superintendent (or designee) confirmed that any contractor or volunteer violating RJDC sexual abuse or harassment policies would be barred from the facility. RJDC reported zero cases requiring disciplinary action for contractors or volunteers during this period.</p> <p>Compliance Determination: Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.378:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>RJDC Policy Manual</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>Superintendent (designee)</p> <p>Medical and Mental Health Staff</p>

	<p>RJDC PREA Policy (p. 26) specifies that residents may face disciplinary sanctions through a formal process following an administrative finding of resident-on-resident sexual misconduct or a criminal finding of guilt for resident-on-resident sexual abuse. According to PAQ responses, there were no administrative or criminal findings of resident-on-resident sexual abuse in the past 12 months.</p> <p>Disciplinary sanctions are determined based on the nature and circumstances of the abuse, the resident’s disciplinary history, any mental disabilities or mental illness, and sanctions imposed on other residents with similar histories. If confinement or isolation is imposed, residents are not denied daily large-muscle exercise or required educational/special education services, and they receive daily visits from medical or mental health clinicians. PAQ responses indicate that no residents were placed in isolation as a disciplinary sanction for sexual abuse in the past 12 months.</p> <p>RJDC provides therapy, counseling, or other interventions to address underlying motivations for abuse. Mental health staff confirmed that counseling is available through RBHA, with additional referrals provided as needed. Residents are disciplined for sexual contact with staff only when it is determined that the staff member did not consent. There were no disciplinary actions for sexual contact with staff in the past 12 months.</p> <p>For disciplinary purposes, reports of sexual abuse made in good faith are not considered false, even if unsubstantiated, while intentionally fabricated allegations may result in discipline, as outlined in §115.352 and the resident handbook. RJDC prohibits all sexual activity between residents and treats such activity as sexual abuse only when it is coerced. The PREA Coordinator confirmed that any sexual activity undergoes administrative review to determine appropriate sanctions.</p> <p>Compliance Determination: Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.381:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>RJDC PREA Policy</p>

RJDC Policy Manual

RJDC Screening Assessments

Observations during Facility Site Review

Resident Files

Interviews Conducted:

PREA Coordinator

Superintendent (designee)

Medical and Mental Health Staff

Specialized Staff (Risk Screening)

Random Residents

RJDC PREA Policy (p. 17) requires that if a resident discloses prior sexual victimization—either in an institutional setting or in the community—or prior perpetration of sexual abuse during risk screening (§115.341), the resident must be offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake. Staff interviews confirmed that residents who disclose prior victimization are typically offered a follow-up meeting the next business day. One resident interviewed on-site who had disclosed prior victimization confirmed they were offered and received a meeting with mental health staff within 48 hours of the request. Review of secondary medical and mental health forms and intake assessments demonstrated compliance with this provision.

RJDC policy further limits disclosure of information regarding sexual victimization or abusiveness in institutional settings to medical and mental health practitioners and other staff on a need-to-know basis to inform treatment plans and security/management decisions, including housing, work, education, and program assignments, or as otherwise required by law. The PREA Coordinator reported that this information is documented in residents' medical files with access restricted to designated staff.

Medical and mental health staff stated that informing residents of their mandated reporter status under Virginia law is one of the first actions upon meeting a resident, and consent for treatment is obtained at the initiation of services. RJDC PREA Policy (p. 18) supports this, requiring informed consent before reporting prior sexual victimization that occurred outside an institutional setting, unless the resident is under 18. Resident files reviewed confirmed that follow-up services were offered and provided as required.

Compliance Determination:

	Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.382:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC Policy Manual</li> <li>Observations during Facility Site Review</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Medical and Mental Health Staff</li> <li>Specialized Staff (First Responders)</li> </ul> <p>Medical and mental health staff reported that, although no incidents of sexual abuse occurred at RJDC in the past 12 months, any resident victim would receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of services would be determined by medical and mental health practitioners according to professional judgment, consistent with RJDC PREA Policy (p. 18). Sexual assault victims would be transported to MCV for emergency medical services, including SANE/SAFE examinations. Nurses and mental health clinicians maintain secondary records documenting all aspects of care, and all involved staff—including non-health staff—would document their actions (see §§115.322 and 115.351).</p> <p>As noted in §115.364, all RJDC staff are trained as first responders. During interviews, staff demonstrated clear understanding of their duties, including preliminary protection steps for victims if no qualified medical or mental health practitioners are on duty, and immediate notification of appropriate personnel, per §115.362 and RJDC PREA Policy (p. 18).</p>

	<p>The nurse confirmed that residents who are victims of sexual abuse while incarcerated are offered timely information and access to pregnancy-related medical services and prophylaxis for sexually transmitted infections, where medically appropriate. In cases of sexual assault, MCV provides initial medical services, and RJDC follows any recommended treatment or follow-up plan.</p> <p>RJDC PREA Policy (p. 18) further specifies that all treatment services are provided at no cost to the victim, regardless of whether the victim identifies the abuser or cooperates with further investigation (§115.321). There were no incidents in the past 12 months requiring emergency medical services or first responder action, so no files were reviewed.</p> <p>Compliance Determination: Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.383:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC PREA Policy</li> <li>Observations during Facility Site Review</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>Medical and Mental Health Staff</li> <li>Specialized Staff (Risk Screening)</li> </ul> <p>RJDC medical and mental health staff confirmed that any resident victim of sexual abuse will be offered ongoing medical and mental health evaluation and treatment,</p>

	<p>consistent with RJDC PREA Policy (p. 18). Staff noted that a coordinated response allows for immediate in-house services, emergency care/examination at MCV, counseling, and referrals for continued services.</p> <p>Per RJDC PREA Policy (pp. 18-19), medical and mental health clinicians provide care consistent with community standards. Resident victims of sexually abusive vaginal penetration are offered pregnancy tests, and if pregnancy results, victims are provided comprehensive information and timely access to all lawful pregnancy-related medical services. Victims are also offered testing for sexually transmitted infections as medically appropriate. No sexual abuse incidents were reported at RJDC over the past 12 months.</p> <p>As stated in §115.382, treatment services are provided at no cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.</p> <p>RJDC PREA Policy (p. 19) also requires that resident-on-resident abusers receive a mental health evaluation within 60 days of learning of such abuse history, with treatment offered as appropriate. Mental health staff reported that all residents are screened at intake, and referrals can be initiated at any time.</p> <p>Compliance Determination: Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.386:</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>RJDC Pre-Audit Questionnaire</li> <li>RJDC PREA Policy</li> <li>Observations during Facility Site Review</li> </ul> <p>Interviews Conducted:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> </ul>

	<p>Superintendent (designee)</p> <p>Incident Review Team</p> <p>RJDC PREA Policy (p. 20) requires that a sexual abuse incident review be conducted within 30 days of the conclusion of every sexual abuse investigation, including unsubstantiated allegations, unless the allegation is determined to be unfounded.</p> <p>The review team consists of the two Assistant Superintendents and the Compliance Manager, with input from shift supervisors, investigators, medical staff, and/or mental health practitioners.</p> <p>Per RJDC PREA Policy (p. 21), the review team considers the following:</p> <ol style="list-style-type: none"> <li>1. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual misconduct;</li> <li>2. Whether the incident was motivated by race, ethnicity, sexual orientation, gang affiliation, or other group dynamics;</li> <li>3. Whether physical barriers in the area where the incident occurred may enable abuse;</li> <li>4. Adequacy of staffing levels in that area during different shifts;</li> <li>5. Whether monitoring technology should be deployed or enhanced to supplement staff supervision; and</li> <li>6. Preparation of a report of findings, including recommendations for improvement, which is submitted to the Superintendent or designee.</li> </ol> <p>Interviews with the Superintendent (designee) and PREA Coordinator confirmed that all items are given serious consideration, and recommendations for improvement are either implemented or documented if not adopted.</p> <p>Compliance Determination: Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was used to determine compliance for standard 115.387:</p> <p>Documents Reviewed:</p>

	<p>RJDC Pre-Audit Questionnaire</p> <p>RJDC PREA Policy</p> <p>RJDC PREA Report 2021</p> <p>RJDC Annual Reports 2022-2024</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>RJDC PREA Policy (p. 22) requires the collection of accurate, uniform data for every allegation of sexual abuse using standardized instruments and definitions. Aggregated data is reviewed to improve sexual abuse prevention, detection, and response at the facility.</p> <p>The policy further requires annual aggregation of incident-based sexual abuse data, including all information necessary to respond to the most recent Department of Justice (DOJ) Survey of Sexual Violence. While the City manages the website and recent annual reports are not yet posted online, the PREA Coordinator is responsible for data collection, aggregation, and analysis. The aggregated data is made available to the public upon request.</p> <p>RJDC maintains and reviews all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, data from the previous calendar year is provided to the DOJ by June 30. The PREA Coordinator confirmed that no data requests have been made by the DOJ to date.</p> <p>The PREA Coordinator also confirmed that all sexual abuse or harassment allegations and investigations are documented, collected, reviewed, and securely stored. The auditor reviewed the 2021 PREA Report and Annual Reports from 2022 through 2024.</p> <p>Compliance Determination: Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following evidence was used to determine compliance for standard 115.388:

Documents Reviewed:

RJDC Pre-Audit Questionnaire

RJDC PREA Policy

RJDC Annual Reports 2022-2024

Interviews Conducted:

PREA Coordinator

Superintendent (designee)

As outlined in §115.387, RJDC reviews data from all sexual abuse reports to assess and improve the effectiveness of its prevention, detection, and response policies, practices, and training. This includes:

1. Identifying problem areas;
2. Implementing corrective actions on an ongoing basis; and
3. Preparing an annual report of findings and corrective actions.

The PREA Coordinator is responsible for this process and submits reports to the Superintendent for review and publication. The Superintendent confirmed that she signs the annual reports before making them available to the public upon request.

Annual reports include comparisons of current-year data and corrective actions with prior years, providing an assessment of RJDC's progress in addressing sexual abuse. Review of the 2022-2024 reports indicated that the facility accurately represents sexual abuse data, provides comparative analysis, and reflects overall PREA compliance.

RJDC removes personal identifiers and redacts specific information when publication could present a clear threat to safety or security, while indicating the type of material redacted. Examples include resident names, birth dates, and juvenile tracking numbers, ensuring confidentiality. The auditor reviewed three annual reports and confirmed that personal identifiers were appropriately removed.

Compliance Determination:

Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.

	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following evidence was used to determine compliance for standard 115.389:</p> <p>Documents Reviewed:</p> <p>RJDC Pre-Audit Questionnaire</p> <p>RJDC PREA Policy</p> <p>Interviews Conducted:</p> <p>PREA Coordinator</p> <p>As outlined in §115.388, RJDC ensures that all data collected on reports of sexual abuse is securely retained. The facility produces an annual report reflecting aggregated sexual abuse data, which is made available to the public upon request. Personal identifiers are removed from the data before publication to protect confidentiality.</p> <p>RJDC PREA Policy (p. 22) further requires that all data collected under this policy be securely retained for at least 10 years from the date of initial collection, unless otherwise required by federal, state, or local law. The PREA Coordinator confirmed to the auditor that data is retained in compliance with this 10-year requirement.</p> <p>Compliance Determination: Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following evidence was used to determine compliance for standard 115.401:</p> <p>Documents Reviewed:</p> <p>RJDC Records</p>

	<p>Observations during Facility Site Review</p> <p>RJDC’s last on-site PREA audit was conducted on August 17-18, 2021, with the final audit report issued in October 2021. For the current audit cycle, the on-site portion took place on April 21-22, 2025. While this fell outside the three-year audit cycle, it is important to note that RJDC previously attempted to secure a different auditor; however, that contract did not come to fruition. During this interim period, the facility continued its PREA compliance practices, including completing the 2024 Annual Report while working to secure the current auditor.</p> <p>The auditor was provided full access to all areas of RJDC. Requests for relevant documents, including electronically stored materials, were accommodated through the Online Audit System (OAS), in person during the on-site review, and via follow-up email correspondence with the PREA Coordinator and Assistant Superintendent.</p> <p>The auditor was permitted to conduct private interviews with residents and staff. Residents were also able to send confidential correspondence to the auditor in the same manner as communications with legal counsel. Audit notices posted throughout the facility included the auditor’s contact information. At the time of the final report, no resident correspondence had been received.</p> <p>Compliance Determination: Based on the evidence above, the auditor has determined that RJDC meets the standard and no corrective action is required.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was used to determine compliance for standard 115.403:</p> <p>Documents Reviewed:</p> <p>RJDC Audit Reports</p> <p><a href="https://www.rva.gov/justice-services/prison-rape-elimination-act-prea">https://www.rva.gov/justice-services/prison-rape-elimination-act-prea</a></p> <p>Interviews Conducted:</p>

PREA Coordinator

The City of Richmond maintains a webpage for RJDC, which currently reflects PREA audit reports last updated in 2022. The 2021 Final report is posted. RJDC does not have direct access to update this webpage independently. However, the facility ensures that the 2021 Audit Report and all annual reports are available to the public upon request.

The PREA Coordinator has confirmed that the current auditor's final report will be made available to the public upon request and will be submitted to the City of Richmond for posting during the next scheduled website update.

Compliance Determination:

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

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</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 OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	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?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</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.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	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
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

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

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	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
	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
	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
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</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?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</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
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</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

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	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.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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.)	no
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na