

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 19, 2016

Auditor Information			
Auditor name: Susan Heck			
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Telephone number: 757-784-1675			
Date of facility visit: August 3-4, 2016			
Facility Information			
Facility name: Henrico County Juvenile Detention Home			
Facility physical address: 4201 East Parham Road, Henrico, VA 23228			
Facility mailing address: <i>(if different from above)</i> P.O. Box 90775, Henrico, VA 23273-0775			
Facility telephone number: 804-501-4946			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Michael Bingham			
Number of staff assigned to the facility in the last 12 months: 60			
Designed facility capacity: 20			
Current population of facility: 12			
Facility security levels/inmate custody levels: Orientation through Honor (intake facility/short term-short LOS)			
Age range of the population: 10-17			
Name of PREA Compliance Manager: Jerry Jackson		Title: Assistant Superintendent	
Email address: jac18@henrico.us		Telephone number: 804-501-4943	
Agency Information			
Name of agency: Henrico County			
Governing authority or parent agency: <i>(if applicable)</i> Henrico County			
Physical address: Click here to enter text.			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: Click here to enter text.			
Agency Chief Executive Officer			
Name: John A. Vithoukias		Title: County Manager	
Email address: vit@henrico.us		Telephone number: 804-501-4943	
Agency-Wide PREA Coordinator			
Name: Jerry Jackson		Title: Assistant Superintendent	
Email address: jac18@henrico.us		Telephone number: 804-501-4943	

AUDIT FINDINGS

NARRATIVE

The Henrico Juvenile Detention Home (HJDH) received an onsite PREA audit on August 3-4, 2016. A meeting was held on August 3, 2016 with the PREA Coordinator for the facility, Jerry Jackson.

The Henrico Juvenile Detention Home is a secure detention facility for youth aged 11-17 years of age which serves as an intake facility for court ordered Henrico County youth, and was the county's first detention home. It has a maximum capacity of 20 youth. The average length of stay is seven days. The facility is primarily used as an intake facility before residents go to James River Detention Home for the duration of their secure confinements. Residents also move back and forth from James River Detention Home to the Henrico Detention Home for court hearings, doctor appointments, etc.

The facility was toured by this auditor on August 3, 2016. It is a one story brick structure, rectangular in shape, with a large outdoor recreation yard in the back. It was built in 1979. The building and outdoor recreation area in the back are surrounded by a fence on three sides. The front entrance faces a parking lot. The front entrance of the facility opens into a lobby which has secure doors leading to the administrative part of the building or through to the part of the building that houses residents. The administrative area is located through the door on the right hand side of the lobby. The administrative area includes a reception area, cubicles and the offices of the superintendent, assistant superintendents and other administrative staff.

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

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

There are two housing units, one on each side of the large multi-purpose room, the boys side and the girls side. Each has a large quiet room with a door to a hallway with ten, single-occupancy sleeping rooms and a shower area. Each sleeping room has a small window in the door to allow for supervision of youth. The quiet room has couches, chairs, tables, a television, and a staff desk area. There is a bulletin board with information readily accessible to residents. PREA information, including the Notice of Audit, were visible on both the boys and girls sides. The quiet room is rectangular in shape with windows in the wall facing the multi-purpose room area. There is a door to the sleeping room areas which also has a glass (this glass was covered at the time of the audit along with some other windows; auditor discussed the value of having windows uncovered for clear lines of sight).

There is also a hallway on the right of the building between the Girls' Quiet room and the classroom leading to the facility's medical unit. This part of the building was added in 2011 and includes space for the medical unit, a conference room, and bridges the Detention Home with the Juvenile Court building. The medical unit, including an office area for the doctor and nurse, waiting room and exam rooms, and a staff conference room are located in this area. The door which connects the Detention Home to the juvenile court is a secure door.

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

Storage areas in the facility were locked as appropriate. The facility was built with many internal windows, making the line of sight in the building very good for constant monitoring of residents and staff. The resident phone is located on the wall outside the Girls' Quiet Room and is clearly labeled "PREA Phone". This phone connects with local Department of Social Services, Child Protective Services during the day and to the state hotline after 4:00 pm. Another phone for resident use is inside the Video Conferencing room and important numbers are posted next to it. This auditor suggests the posting of outside advocacy and reporting resources be posted beside the "PREA Phone".

The facility has a nurse at the facility five days a week, and the doctor from VCU Health makes regular visits. In the event of a sexual assault, residents are transported to St. Mary's Hospital (part of the BonSecours Richmond Health System) which has a SAFE/SANE 24/7;

an MOU is in place and was reviewed by this auditor. The medical area is open; the waiting room is covered with a camera but no cameras are in the exam rooms. This auditor suggests that PREA posters be added to the waiting room of the medical area.

Mental health clinicians are provided five days a week through an agreement with Henrico Area Mental Health and Developmental Services. All allegations of sexual abuse are investigated; the facility has investigators to handle administrative and sexual harassment investigations, all of whom have taken the Investigator Training provided by the PRC through NIC. Criminal investigations are referred to the Henrico County Police Department. Although there is not an MOU in place with the Henrico Police, there is an email from the Police Chief stating that they will do all the investigations, that the Henrico Police Department is the designated investigative agency, and that there is no need for an MOU. There is an MOU with the Henrico County Department of Social Services that addresses their role and partnership with the police in investigating any allegations of sexual abuse at the facility. It was reviewed by this auditor. Victim advocates for emotional support services related to sexual abuse may be accessed 24/7 by calling the Victim Services Unit of the police department, by calling the YWCA of Richmond or Safe Harbor of Richmond. Additional mental health services are provided through Bon Secours Richmond Health System. MOUs are in place with all these agencies and providers and were reviewed by this auditor.

Required PREA Auditor Notices were evident in the facility. Zero tolerance posters were also evident. Additional PREA posters were evident; this auditor suggested some additional posters, especially in areas such as the medical waiting room. All residents knew about the zero tolerance policy, knew how to report and to whom, and that they were protected against retaliation. They were less knowledgeable about outside support services and this was discussed with the facility's PREA Coordinator.

This facility has a maximum of 20 residents and 60 total staff (including relief workers, administrators, etc.). The population was twelve on the first day of the audit. All twelve residents were interviewed; one resident was reluctant but did answer several questions and stated that the "facility has this PREA thing; they're on it". All twelve residents' files were reviewed for vulnerability assessments and PREA education.

Of the 60 total staff, 10 secure staff interviews (of sixteen available) were completed; 14 speciality interviews were completed (including investigators, staff monitoring retaliation, HR staff, superintendent, medical and mental health staff, PREA Coordinator, administrators conducting unannounced rounds, members of incident review team); four intake staff interviews were completed; and four staff who administer vulnerability assessment interviews were completed. Staff were chosen from each shift, including the midnight to 7:00 am shift. This is a small facility, and staff members often perform multiple duties. Note that some staff took part in more than one interview (they were interviewed as a secure staff, staff who did intake and education, and staff who conducted vulnerability assessments, for instance). This was necessary to cover the different aspects of the PREA standards represented in the interview formats. Just over half of the staff at the facility took part in more than one interview.

DESCRIPTION OF FACILITY CHARACTERISTICS

Henrico County Juvenile Detention Home is a secure detention facility for males and females from 10-17 serving the County of Henrico. Average length of stay is 7 days.

Staffing ratios meet and often exceed the standard (which has an implementation date of 2017). Staffing plans add additional staff at based on the population; extra staff are called in when the population includes residents who have negative relationships with each other in the community or if the composition of residents in population call for extra attention or supervision.

Education of residents is provided through Henrico Public Schools, Special Education Department, and is provided on site.

All residents shower separately and sleep in single occupancy rooms. Residents are allowed to bathe, shower, toilet without viewing by the opposite gender.

SUMMARY OF AUDIT FINDINGS

The on-site audit of Henrico Juvenile Detention Home (HJDH) was completed on August 4, 2016.

Compliance with the PREA standards and a true commitment to keep residents in their care safe and free from sexual abuse and sexual harassment is evident in everything that happens at HJDH. Although not specifically addressed in the PREA standards, the number of five year background checks that needed to be done for staff at this facility speaks to the facility's staff retention rates and the strength of its leadership team. All staff encountered expressed faith in their administrative team (to the point of asking why they would even need a way to report privately because their administrative team is solid and "does the right thing") and a genuine concern for the residents.

Sincere thanks to Jerry Jackson, Assistant Superintendent (and PREA Coordinator/PREA Compliance Manager) for his help throughout the onsite audit process. His responsiveness to questions and quick turnaround on any needed changes contributed greatly to the ability to provide this report in less than the thirty days allowed. His challenges were spot on and very helpful and contributed to the growth of both the facility and this auditor.

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

HJDH Policy 6.1, I -Prevention Planning, II-Policy, pp. 1-4

Organizational Chart

Interview with PREA Coordinator

Policy is thorough and covers all elements of the standard. Very good description of prohibited actions (includes correspondence with residents as a prohibited action) and methods to prevent and detect; policy also clarifies that residents may not consent-- addresses claims of consent by residents. This facility is a stand alone facility and has a PREA Coordinator. The organizational chart was submitted and reviewed. Notation on organizational chart that the Assistant Superintendent of Operations is the PREA Coordinator; interview with him confirms his commitment to this role and he is very knowledgeable about the standards.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Evidence:

HJDH Policy 6.1, Contracting with other entities for the confinement of residents, pg. 4.

At this time, this facility does not contract with other entities for the confinement of residents. Policy states that it will ensure PREA compliance if its residents are housed at another facility or agency.

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Evidence:

- HJDH PREA Policy 6.1, Supervision and Monitoring, pg. 5-6
- Interview with Superintendent
- Interview with administrative staff who conduct unannounced rounds
- Review of Unannounced Rounds log

All elements of the standard are considered in the facility policy. Interview with the superintendent corroborated adherence to the staffing plan which is at 1:8 and 1:16, ahead of the 2017 deadline. (State regulations remain at 1:10 for waking hours.) Superintendent stated that they have a consistent and solid core group of relief staff and they call in extra staff depending not only on the number of youth in the facility, but also on the makeup of the population. Anything that suggests a need for extra staff triggers bringing in extra relief staff. There have been no incidents of not meeting the staffing plan in the past twelve months.

Agency recently began to document their compliance with the (d) requiring at least an annual review of the staffing plan by putting it on their administrative meeting agenda and including it in the meeting minutes. The plan is to continue this level of discussion annually.

Agenda of the meeting was reviewed.

Interviews with staff who conduct unannounced rounds were consistent with the facility’s written policy requiring the practice. Logs of the rounds were reviewed. Auditor suggested ensuring that these rounds are separate and apart from other rounds by including “PREA” in the title and writing in some of the things a PREA round is to monitor to serve as prompts.

Standard 115.315 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

- HJDH PREA Policy 6.1, Limits to Cross-gender viewing and searches
- Interviews with secure staff
- Interviews with residents
- Interview with medical staff

Policy defines "exigent", "gender nonconforming", "intersex", and "transgender". Staff indicated that they do not do cross-gender strip searches or cross-gender visual body cavity searches. Medical staff indicated that a body cavity search would be done at the hospital. There were no transgender or intersex residents in the current population. Facility used the Cross-Gender Search training available on the PRC to train all staff and provided training rosters that were reviewed by this auditor.

Staff indicated that they do announce their presence although female staff rarely go into the male living unit (all administrators of this facility are male). This was confirmed through resident interviews. Both residents and staff noted that the female staff usually announce if one of the male staff (including administrators) come into the female unit. Again, male staff rarely enter the female housing unit.

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

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

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

Facility has the use of Henrico County Employee and Citizen Language Bank for residents who are non-English speaking. Resident brochure was available in Spanish (the most often non-English language represented). Staff interviews confirm that residents are not used to translate for other residents. There were no residents who were not English proficient in population at the time of the audit. Superintendent stated that they use the Henrico County language bank noted in “Evidence” above or ask for assistance (during regular business hours) from a staff member in the Henrico County JDR Clerk’s Office who speaks/reads/writes Spanish fluently.

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

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

The facility’s policy is consistent with all elements of the standard. All required background checks are conducted. Facility does background checks at least every five years. "HJDH PREA Questionnaire for Fitness to Hire, Promote or Continue Contract" ensures compliance with all parts of the standard and is used for hiring, promotion, contractors and annual reviews. Hiring managers at the facility refer questions from other facilities to the Henrico County HR Department. All staff recently completed "HJDH PREA Questionnaire for Fitness to Hire, Promote or Continue Contract" during a staff meeting/training; these forms were reviewed by this auditor.

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

HJDH PREA Policy 6.1, Upgrades to facilities and technologies, pg. 9

Interview with PREA coordinator

Interview with superintendent

Policy mirrors standard. Facility was build in 1979. Interview with superintendent and PREA coordinator indicate that cameras added to blind spots and to secure the outside of the building. One interior camera was added in 2014, two additional interior cameras and three exterior cameras were added in 2016. There are no meeting minutes or other tangible documentation of the consideration delineated in the standard; interviews with PREA coordinator and superintendent indicate that these things were considered.

Standard 115.321 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Evidence:

HJDH PREA Policy, Evidence protocol and forensic medical examinations, pg. 10

MOU with Henrico County Department of Social Services

MOUs with Bon Secours Richmond Health System (St. Mary's Hospital); YWCA of Richmond and Safe Harbor in Richmond

Email from Henrico County Police Department

The facility will only conduct administrative sexual abuse investigations. As soon as an allegation is received, the facility will refer the allegation to the Henrico County Police or Henrico County Sheriff’s Department and the Henrico County Department of Social Services (CPS) to conduct any and all sexual abuse investigations. Facility has MOUs in place with Bon Secours Richmond Health System (St. Mary’s Hospital); YWCA of Richmond and Safe Harbor in Richmond to provide victim advocates as referenced in (d) and (e) of the standard. To the extent possible, the facility will ask that the investigating entity follow the recommended uniform evidence protocols. Facility policy states that any resident who experiences sexual abuse will be offered access to forensic exams at St. Mary’s Hospital which has SAFE/SANE staff available 24/7. There will be no financial cost to the resident. There have been no allegations of sexual abuse in the past 12 months.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

HJDH PREA Policy 6.1, Policies to ensure referrals of allegations for investigations; , #1, pg. 10
 MOU with Henrico County Department of Social Services
 Email from Henrico County Police Department

Facility policy mirrors standard. HJDH will ensure allegations of sexual abuse which may be criminal in nature are referred to Henrico Police Department or Henrico Sherriff’s Department, agencies with the legal authority to conduct criminal investigations. There have been no allegations of sexual abuse.

Standard 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Evidence:

HJDH PREA Policy 6.1, V. Training and Education, Employee Training, pg. 11-12
 Training records of all staff interviewed were reviewed
 Certificates reviewed
 Interviews with secure staff (10 of available 16 staff on days of on-site audit were interviewed)

Employee signs pages listing all components are part of the training. In addition to new employee orientation by a member of the HJDH staff, the facility has made excellent use of the on-line resources available on the PRC. All staff have seen: PREA: Your Role Responding to Sexual Abuse , Respectful Communication with LGBTI Residents, training on first responder responsibilities and training on conducting Cross-Gender Pat Down searches. Facility makes use of NIC/PRC training for many topics. Reviewed training records of all staff selected for interviews. Interviewed 10 of 16 staff on shift on the days of the audit. All indicated they had received the training, and a review of their training records confirmed.

Standard 115.332 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Evidence:
HJDH PREA Policy 6.1, V. Training and Education, Employee Training, pg. 11-12
Interview with volunteer

Volunteer signs pages listing all components are part of the training. This auditor reviewed training record for volunteer interviewed.

Standard 115.333 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Evidence:
HJDH PREA Policy 6.1, V. Training and Education, Resident Education, pg. 12
Reviewed Resident Handbook
Reviewed "How to Report Sexual Abuse" brochure, Spanish version available
Interviewed Intake Staff
Interviewed residents

The average length of stay at this facility is 7 days. Of the 1245 residents admitted over the past 12 months, 136 were in the facility for ten days or more. Of them, 90 were given the resident education in the first 10 days (just over 66%). Since residents stay such a short time, any residents missed before the orientation started happening at intake could not be educated later. Education is now done at intake. Intake staff and resident interviews confirm this practice. Reviewed resident handbook, PREA brochure and Resident Orientation sheet which residents sign indicating they have received the information and understand. Information is made available to residents who are limited English and have low reading skills. Posters are in the dining hall; this auditor suggested the addition of PREA related posters in the medical area’s waiting room.

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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corrective actions taken by the facility.

Evidence:

HJDH PREA Policy 6.1, V. Training and Education, Specialized Training: Investigations, pg. 13
Certificates of completion from NIC training available on PRC

All staff who conduct any type of investigation have taken the required training through the NIC training on the PRC. Certificates were available and reviewed. Three of five staff who will do investigations in addition to their regular duties were interviewed and indicate understanding of the training they received. Note that this facility refers all allegations of sexual abuse which may be criminal to Henrico County Police Department or Henrico Sheriff's Department for investigation.

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Evidence:

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

Medical personnel have all taken the required specialized training required by the standard. Certificates of completion for training were reviewed. Forensic exams are not conducted at the facility; residents are transported to St. Mary's Hospital. Interview with medical personnel confirm understanding of the training.

Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

HJDH PREA Policy 6.1, VI. Screening for risk of sexual Victimization and abusiveness; Obtaining information from residents, pg. 14
Interviews with residents
Interviews with staff who administer Vulnerability Assessment tool
Review of resident files to document administration of assessment using objective screening tool

Screening tool includes all elements in the standard in addition to others. There are prompts within the assessment to ask the resident directly (re perception of vulnerability). Policy references the Confidentiality Policy and Policy Record Organization and Management to ensure information is treated confidentially. Since this is an intake facility, additional records are often unavailable. Staff interviewed noted that they use court records when available and talked with parents when possible. All indicated that they ask questions of residents directly and resident interviews confirmed this.

Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Evidence:

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

PREA Coordinator stated that housing would be determined on a case by case basis considering current population and the resident's self identity. No transgender or intersex residents are part of the current population. Policy states that isolation is used for discipline purposes when other interventions haven't been effective; residents are not isolated based on information obtained in risk screening.

Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

HJDH PREA Policy 6.1, VII. Reporting, Resident Reporting, pg. 16
Resident handbook
Resident brochure "How to Report Sexual Abuse"
Resident interviews
Staff interviews
Interview with PREA coordinator

Information on how to report is in resident handbook and in brochure, "How to Report Sexual Abuse". Residents are provided with tools necessary to make a report in writing or by being given access to the phone. All staff indicated that verbal reports are accepted and documented immediately. Interviews with staff, residents and PREA Coordinator indicate that residents have multiple ways to report, including reporting outside the facility. Policy covers all elements of the standard.

Standard 115.352 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

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

The facility's policy mirrors all elements of the standard. There have been no grievances filed alleging sexual abuse. The policy provides special instructions for an emergency grievance with a response required within 8 hours. The Resident Handbook mentions grievances, but it does not provide any of the timeframes required for answering a grievance. Auditor recommends including information or adding supplemental information during intake. The “How to Report Sexual Abuse” brochure also tells residents they may file a grievance, but no further information about the grievance process. The grievance procedure is posted in the living units, multipurpose room and lobby. It is accessible to residents and parents/legal guardians.

Standard 115.353 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

PREA Policy 6.1, VII. Reporting, Resident access to outside support services and legal representation, pg. 19
MOU with Safe Harbor reviewed
MOU with YWCA reviewed
MOU with Bon Secours reviewed
“How to Report Sexual Abuse” brochure reviewed

Of the 12 residents interviewed only two knew about outside support services available to them without prompting. Auditor suggested to PREA Coordinator during de-brief that this is an area to provide more information or post information in more places; additional information is already in place. The facility has MOUs with outside support services including DSS/CPS, YWCA, Safe Harbor in place to provide confidential emotional support services.

Standard 115.354 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:
HJDH PREA Policy 6.1 Third-party reporting, page 20
Review of facility website.

Information on how to make reports is available on the facility’s website. Information posted at the facility in pamphlets.

Standard 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

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

Staff knew they could report outside the facility, but had such complete faith in their administrative team they kept noting that they wouldn't need to do so. Nurse has not received this type of report. No allegations of sexual abuse from this facility. PREA Coordinator and superintendent both knew their responsibility to report to parents, DSS, and the juvenile court. This facility has never had an allegation of sexual abuse.

Standard 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

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

Staff interviews

Superintendent interview

Agency has not received a report that a resident was subject to substantial risk of imminent sexual abuse. Policy mirrors standard. Staff were aware of their duty to respond and protect the resident immediately. Superintendent's expectation is that staff respond immediately.

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

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

The policy mirrors the standard. No reports have been made nor has the facility ever gotten a report from another facility that a resident was abused while housed at HJDH.

Standard 115.364 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

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

Staff interviews

Policy mirrors the standard, and has all elements. There have been no allegations of sexual abuse at this facility. All staff knew what they were required to do as first responders and listed the steps; most staff listed protection of alleged victim as the first step.

Standard 115.365 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

PREA Policy 6.1, VIII. Official Response Following a Resident Report, Coordinated response, pg. 23;

PREA Policy 6.1, XII Data Collection and Review, Sexual Violence Incident Reviews, pg. 31

The facility's policy does a thorough job of describing the purpose of a coordinated response, the necessary steps and who would be responsible for which parts. The interview with the superintendent indicated that the plan was understood and sufficient to ensure the safety of residents.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

PREA Policy .1 Preservation of ability to protect residents from contact with abusers

Interview with superintendent

This standard does not apply in Virginia. See The Commonwealth of Virginia CODE 40.1-57.2 Prohibition against collective bargaining.

Standard 115.367 Agency protection against retaliation

PREA Audit Report

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

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

This facility has had no allegations of sexual abuse. The facility’s PREA policy clearly defines the responsibility for monitoring for retaliation should an allegation be made. The facility has developed an excellent tool to monitor and track it’s efforts to monitor retaliation should it be necessary. The form incorporates all elements required by the standard. Interview with staff who will monitor retaliation indicates thorough understanding of steps necessary and their importance.

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

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

Facility policy mirrors standard. There have been no allegations of sexual abuse in this facility. Interviews with medical staff, superintendent indicate understanding of responsibilities if residents are in isolation after an allegation. Facility policy states that residents in isolation are to have access to large-muscle activity and legally mandated education or special education services. Further, policy states that residents shall receive visits from medical or mental health care clinician.

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

PREA Policy 6.1, IX Investigations, Criminal and administrative agency investigations pg. 25

Review of training certificates of facility investigators

Review of MOU with DSS/CPS

Interviews with investigators

Interview with PREA Coordinator

Interview with superintendent

Facility's policy mirrors the standard. Facility investigators conduct administrative investigations only. Facility refers potentially criminal matters to Henrico Sheriff's Department or Henrico PD and to CPS. Police email indicates that they do not feel an MOU is necessary since they are the presumed responder. MOU on file with DSS/CPS. All facility investigators have taken specialty training for investigators through NIC. Certificates of completion were reviewed. Three of five facility investigators interviewed; interviews indicated knowledge of procedures and process.

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

PREA Policy 6.1 Evidentiary Standard for administrative investigations, pg. 26

This facility has had no allegations of sexual abuse; there have been no investigations. Three of five facility investigators were interviewed and understood the standard of evidence for administrative investigations.

Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:
HJDH PREA Policy 6.1, IX Investigations, Reporting to residents, pg. 26
Interview with superintendent

The facility's policy mirrors the standard. There have been no allegations/no investigations/no reports. The facility conducts administrative investigations only. Interview with superintendent indicated knowledge of proper procedure and process. No residents have made allegations so no residents to interview.

Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

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

The facility's policy mirrors the standard. There have been no allegations against staff. No staff have been disciplined; there were no files to review.

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

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

Policy mirrors the standard. There have been no reports against contractors or volunteers. Superintendent indicated that any volunteer or contractor who violated the agency's zero tolerance policy would not be welcome back to the facility.

Standard 115.378 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

PREA Policy 6.1, X. Discipline, Interventions and disciplinary sanctions for residents, pg. 28

Interview with superintendent

Interview with mental health staff

Facility policy mirrors standard. There have been no allegations against a resident. All sexual contact between residents is prohibited by the facility. Residents may not be disciplined for sexual contact with staff unless staff did not consent to such contact.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

HJDH PREA Policy 6.1, XI. Medical and Medical Care, Medical and mental health screenings history of sexual abuse, pg. 30

The facility states that no residents who came in in the past 12 months reported prior sexual victimization. No screening found residents vulnerable due to sexual victimization. Interview with mental health staff indicated knowledge of referral process if resident did report. He stated that staff who do the assessment have referred residents to him for other concerns that came out of the assessment. No resident files reviewed reported prior victimization.

Standard 115.382 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

HJDH PREA Policy 6.1, XI. Medical and Medical Care, Access to emergency medical and mental health services, pg. 30

Interview with nurse

Interview with secure staff

Facility policy mirrors standard. Interview with nurse demonstrated knowledge of the process; residents would be transported to St. Mary's Hospital for treatment; she indicated that administration defers to her medical judgement (and the doctor's) on any treatment decisions. Secure staff identified their first responsibility as protecting the victim and securing medical help.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

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

Interview with medical staff

Interview with mental health staff

The facility's policy mirrors the standard. There have been no incidents of sexual abuse. Treatment is consistent with community level of care; mental health professional provided to facility under agreement with community based provider. Medical treatment provided at facility under doctor's direction and after assessment at hospital. Interviews with mental health and medical staff demonstrate knowledge of requirements of the standard.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

HJDH PREA Policy 6.1, XII Data Collection and Review, Sexual violence incident reviews, pg. 31

Interview with superintendent

Interview with PREA Coordinator

Interview with incident review team members (3)

There have been no incidents of sexual abuse at this facility. Facility policy and formation of incident review team mirror standard. This

auditor suggested a "mock" incident review to ensure viability should the team need to meet due to an incident of sexual abuse. Interviews with members of the team, PREA coordinator, superintendent indicate understanding and commitment to the intent of the standard.

Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

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

Facility policy mirrors standard. DOJ has not requested any data.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Evidence:

HJDH PREA Policy 6.1 Data review for corrective action, pg. 33

Interview with superintendent

Review of annual report

Website review

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

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Evidence:

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

Facility policy mirrors standard. There have been no incidents of sexual abuse in prior years. There have been no reports published. Interview with PREA Coordinator indicated knowledge of the standard and the requirement to both make information publicly available and to remove personal identifiers.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



August 19, 2016

Auditor Signature

Date