

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 1/13/17

Auditor Information			
Auditor name: Susan Heck			
Address: PO Box 6032, Williamsburg, VA			
Email: susanheckva@gmail.com			
Telephone number: 757-784-1675			
Date of facility visit: November 14-17, 2016			
Facility Information			
Facility name: Lynchburg Regional Juvenile Detention Center			
Facility physical address: 1400 Florida Avenue, Lynchburg, VA 24501			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 434-455-4060			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" 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: Bernard Mitchell, Superintendent			
Number of staff assigned to the facility in the last 12 months: 57			
Designed facility capacity: 48			
Current population of facility: 24 (on day of audit; 27 when questionnaire filled out)			
Facility security levels/inmate custody levels: All custody levels.			
Age range of the population: 10-21 (10-17 for pre-D; up to 21 for Community Placement Program youth)			
Name of PREA Compliance Manager: JT Smith, III		Title: Compliance Officer	
Email address: jt.smith@lynchburgva.gov		Telephone number: 434-455-4076	
Agency Information			
Name of agency: Lynchburg Regional Juvenile Detention Center			
Governing authority or parent agency: <i>(if applicable)</i> City of Lynchburg, Department of Juvenile Services			
Physical address: Click here to enter text.			
Mailing address: <i>(if different from above)</i> Department of Juvenile Services, 99 Ninth Street, Lynchburg, VA 24504			
Telephone number: 434-455-5850			
Agency Chief Executive Officer			
Name: Dan Fallen		Title: Residential Services Director	
Email address: dan.fallen@lynchburgva.gov		Telephone number: 434-455-5802	
Agency-Wide PREA Coordinator			
Name: JT Smith, III		Title: Compliance Manager	
Email address: jt.smith@lynchburgva.gov		Telephone number: 434-455-4076	

AUDIT FINDINGS

NARRATIVE

The City of Lynchburg, VA Department of Juvenile Services' Lynchburg Regional Juvenile Detention Center (LRJDC) serves the cities of Lynchburg and Bedford, and the counties of Amherst, Appomattox, Bedford, Campbell, Charlotte and Nelson. The mission of the LRJDC is to serve at-risk youth and families who are before the 24th Judicial Juvenile and Domestic Relations Court by providing a continuum of services that include prevention, early intervention, residential services, home-based services and secure detention. Programs are based on a restorative justice model which emphasizes public safety, accountability and rehabilitation.

The Juvenile Services Director provides leadership and supervision to the Division's residential youth programs: Lynchburg Regional Juvenile Detention Center, Lynchburg Youth Group Home and the non-residential programs: Post-Dispositional services, Outreach Detention Services (GPS), Community Casework Services, Residential Aftercare Program, Youth and Prevention Services and Comprehensive Services Act (CSA).

The on-site portion of the audit of the LRJDC started on November 14, 2016 and concluded on November 17, 2016. This auditor met with the PREA Coordinator/PREA Compliance Manager to finalize staff interview schedules and select residents to interview. The facility tour was conducted on 11/14/16 and included the PREA Coordinator and the Superintendent of the facility. All areas of the facility were toured; a detailed description of the tour is below under "Description of Facility Characteristics". The facility has a capacity of 48.

On the day of the audit, 24 youth were in population at LRJDC. Twelve of the residents (called detainees at this facility) were interviewed. At least two residents from each housing unit were interviewed, chosen randomly from the daily population sheets. No residents had reported abuse while at the facility; one resident reported being a prior victim of sexual abuse during intake screening and a speciality interview was conducted with this resident to determine if a follow-up meeting with a medical/mental health professional had been offered (facility was in compliance).

The facility reports having 57 staff; there are 24 youth counselors (direct care staff). Twelve random staff interviews were conducted with youth counselors, including staff from all three shifts and covering multiple units (this number includes both full and part-time/relief workers). Since this is a small facility without designated staff for its Intake Unit, two staff (different shifts) who took part in random staff interviews were also interviewed as staff who conduct resident education at intake and administer vulnerability assessments. In addition to interviews conducted with youth counselors, 19 speciality interviews were conducted with other staff members based on job functions and duties at the facility. In total, 31 distinct interviews were conducted with staff at LRJDC (approximately 54% of staff took part in some part of the interview portion of the on-site audit).

Facility policy states that all allegations of sexual abuse and sexual harassment are investigated; the facility's Compliance Officer (who serves as the PREA Coordinator/PREA Manager for the facility) was designated to handle administrative and sexual harassment investigations; he has taken the Investigator Training provided by the PRC through NIC. This auditor recommended that another administrative staff member be trained as an investigator to ensure proper handling of administrative investigations of sexual abuse or sexual harassment. The facility has identified additional persons for this duty but as of the writing of this final report that training has not occurred. Criminal investigations are referred to the Lynchburg Police Department. Although there is not an MOU in place with the Lynchburg Police Department, there is a memo from the Deputy Police Chief stating that they will do all the investigations, that the Lynchburg Police Department (LPD) is the designated investigative agency. LPD has the legal authority to conduct such investigations. There is an memorandum on file detailing the Lynchburg Department of Social Services role in any investigation; since Lynchburg Social Services (including Child Protective Services) is in the same department (Lynchburg Juvenile Services) as LRJDC, any allegation received by City of Lynchburg Child Protective Services will be referred to the Department of Child Protective Services in a neighboring jurisdiction to avoid any conflict of interest. Victim advocates for emotional support services related to sexual abuse may be accessed 24/7 by calling the YWCA of Central Virginia, Sexual Assault Response Program (SARP).

DESCRIPTION OF FACILITY CHARACTERISTICS

Lynchburg Regional Juvenile Detention Center is a one-story, mostly brick and concrete building which houses both male and female detainees from the ages of 10-21. All custody levels are represented in the resident population; the facility houses youth prior to commitment to the Department of Juvenile Justice and also has one unit with residents who are committed to the state and are serving their lengths of stay (LOS) locally.

The facility was built in 1997, and has four housing units with classrooms joining three of the housing units. The Notice of PREA Audit was plainly visible on the front door of the building and was posted in all housing units and throughout the building where staff and residents could see them. The lobby area holds a bulletin board with information for all visitors; this auditor suggested adding more PREA information (such as posters and information on how to make a third party report) to this bulletin board. A door on the right of the lobby leads to the administrative offices and a door straight ahead leads into the housing units and main portion of the building. A small area just through the lobby door leading into the main part of the building houses an area that is used for video hearings/conferences. The next door leads to the main part of the building which houses resident housing units, classrooms, the gym, the medical unit, an area designated for the mental health clinician's office, the kitchen, and the Intake Unit.

To the left after entering this main part of the building is the door to the gym. The gym is covered well by cameras and has PREA posters. The Control Room is just past the doorway to the gym and serves as the hub of control for the facility. Control room staff monitor an electronic system which opens doors and monitors movement throughout the building. Control room staff also control and view a large monitor showing the feeds from the facility's 40 cameras. The monitor faces the control room staff (not able to be viewed by residents). This auditor reviewed the camera feeds and no cameras view residents while bathing or conducting personal hygiene. This area has large clear windows on three sides that look at the main hallways and across to interview rooms used for attorney meetings, etc., and the large activity rooms of three housing units. 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.

Three resident housing units are along this main corridor and face the control room. Each housing unit consists of a large activity/living room where residents have groups, enjoy free time, watch television, and eat meals; a classroom connects to each of these areas. Both the activity/living room and the classrooms have walls that are half glass, making most activity clearly visible to the control room and anyone walking in the main hallway. A hallway at the back of each large activity/living room leads to the shower area (two shower rooms for one person at a time) and 16 single occupancy sleeping rooms in two of the housing units and eight single occupancy rooms in the third unit- Unit C (houses female residents). Also attached to each of the living areas is a small interview room with half glass walls on two sides and doors which lead both to the hallway and into the living unit. These rooms are used for attorney visits and other interview or meeting needs. One of the rooms also holds a telephone available to make calls to Child Protective Services. This auditor suggests the posting of outside advocacy and reporting resources be posted beside this phone. This part of the facility has excellent visibility. PREA posters were clearly evident and included posters in Spanish. There were reminders to staff to announce opposite gender posted on doors to the living units. The Notice of Audit was posted in all three of these living units.

To the right after entering the main part of the building the hallway branches into four distinct areas including the fourth living unit; the medical/mental health offices and staff locker and lounge areas; the kitchen; and the intake area with sally port. The fourth housing unit is currently used for the Community Placement Program (residents in this unit are committed youth serving their lengths of stay locally); residents can be up to age 21 in this unit. The unit is basically the same as the other units with a main living/activity area and eight single occupancy rooms. There is no classroom attached to this housing unit. The principal's office is in this unit and is the first door on the way to the residents' sleeping rooms; its window was covered by an almost opaque spray paint. This auditor suggested that the window covering be removed due to the location of the office; maintenance was called and a work order was filled out. There were two small posters in this unit; the PREA Coordinator and Superintendent stated that larger posters had been in the unit and the PREA Coordinator ordered replacement posters for the entire facility before the end of the on-site audit. (Pictures of the new posters mounted on the walls in housing units were subsequently sent for review.)

The door to the kitchen is just past the door to the third housing unit. No residents are ever in the kitchen for dining or for any other purpose. The Notice of Audit was on the wall.

The Intake Unit is just past the kitchen and has five single occupancy rooms, a shower, and an office for intake use. The sally port is off this area and is the main entry point for residents. Both male and female residents may reside here when first brought in and before being assigned to a housing unit. There is a sign on the entrance to the unit alerting staff as to the gender of youth residing in the Intake Unit at any given time. Showers serve both genders, one resident at a time. The shower area cannot be viewed from the individual rooms. There is a storage area beside the shower area that houses clothing and hygiene items; this auditor suggested keeping this area secured at all times although there is excellent staff and camera coverage for this area. There are PREA posters in this area.

The medical unit is directly across the hall from the Intake Unit facing the activity room of the fourth housing unit (Unit D). It houses the nurse's office, a small exam room with adequate privacy, and the office for the mental health professional (CSB staff). The facility has a nurse on staff who is at the facility five days a week. In the event of a sexual assault, residents are transported to Lynchburg General

Hospital which has SAFE/SANE staff on duty or on call 24/7. The laundry room, staff locker rooms and staff lounge are physically located behind the medical area; the door to this area is located on the main hallway. There is a door to the outside from the staff lounge.

SUMMARY OF AUDIT FINDINGS

The on-site audit of Lynchburg Regional Juvenile Detention Center (LRJDC) was completed on November 17, 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 at LRJDC. All staff interviewed expressed faith in their administrative team and a genuine concern for the residents.

Sincere thanks to JT Smith (PREA Coordinator/PREA Compliance Manager) for his help throughout the on-site audit process and throughout this interim period. His responsiveness to questions and quick turnaround on needed changes contributed greatly to the ability to provide this report in a timely manner. His dedication to this facility was evident from the beginning and is to be commended. He sees this initial audit as a first step and was planning future efforts as this audit was concluding.

Number of standards exceeded: 1

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3-115.312-this facility does not contract with other facilities for the confinement of its youth; 115.352 Exhaustion of Administrative Remedies; 115.366-Virginia is a non-union state

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:

Lynchburg Regional Juvenile Detention Center and Lynchburg Youth Group Home Prison Rape Elimination Act Policy*, A. Zero Tolerance
SOP 58, Prevention and Intervention of Sexually Abusive Behavior
Reviewed job description of Compliance Manager/Lynchburg Youth Group Home
Interview with PREA Coordinator/Compliance Manager

*Note: The Lynchburg Regional Juvenile Detention Center and the Lynchburg Youth Group Home Prison Rape Elimination Act Policy is hereafter referred to as the "PREA Policy" in this document.

PREA Policy clearly articulates Zero Tolerance policy. In addition, SOP 58 "Prevention and Intervention for Sexually Abuse Behavior" addresses Zero Tolerance goals and expectations and disciplinary strategies for staff (including contractors and volunteers) and residents.

PREA Coordinator position is not on an organizational chart; a newly created job description, "City of Lynchburg Juvenile Services Certification and Training Manager", articulates PREA compliance responsibilities and will be in place in the next year. At the time of this audit, a memorandum from the Director of Residential Services designates JT Smith, Lynchburg Youth Group Home Compliance Officer, as the PREA Coordinator for the agency and as PREA Compliance Manager for this facility. The agency has two residential facilities; Lynchburg Regional Juvenile Detention Center (LRJDC) and Lynchburg Youth Group Home (LYGH). Lynchburg Youth Group Home Compliance Officer/PREA Coordinator reports to Director of Lynchburg Juvenile Services and has the time and authority to fulfill this duty.

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)

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, B. Contracting with other entities for the confinement of residents.

This standard does not apply to this facility. It does not contract with any other agency for the confinement of its residents.

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)

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, C. Supervision and monitoring

Lynchburg Regional Juvenile Detention Center Operational and Policy Manual, Supervision and Control

SOP 61, Unannounced Rounds

Interview with Superintendent

Interview with administrative staff who conduct unannounced rounds

Review of Unannounced Rounds log

Meeting notes for annual review of staffing plan

Form documenting staffing plan review with signatures

Staffing at this facility is currently 1:10 but is on target for meeting the 2017 1:8 PREA requirement. Lynchburg Regional Juvenile Detention Center and Lynchburg Youth Group Home Staffing Plan details staffing plan currently in effect at LRJDC and LYGH under Commonwealth of Virginia's Department of Juvenile Justice standards and also under PREA standards. The superintendent stated that the facility routinely reviews its staffing needs and calls in additional help when necessary. This happens during administrative team staff meetings but prior to audit had not been formally documented as required by the PREA standard. This formal process was instituted in January, 2017 with a newly revised staffing plan detailing all elements in the standard and a place for annual review signatures. In addition, City of Lynchburg, VA, Lynchburg Regional Juvenile Detention Center Operational and Policy Manual, Supervision and Control, pg. 39 describes supervision procedures in detail. Superintendent stated facility has good coverage and a good cadre of relief staff to help the facility maintain its staffing ratio. There have been no incidents of failing to adhere to the staffing plan. Interview with PREA Coordinator and Superintendent indicate that close attention is given to each element of the standard, especially since this facility houses both male and female residents.

The formal annual staffing plan review as required by PREA standards is a new practice for this facility. The PREA Policy now includes all elements of the standard to be considered in the annual review of the staffing plan. The facility has developed a Staffing Plan review document that includes signatures lines for the Director of Residential Services and the PREA Coordinator. During the on-site audit de-brief meeting the decision was made to designate a specific Administrative Team monthly meeting for this review each year to ensure it receives the required focus.

This auditor reviewed Unannounced Rounds Log and encouraged making them more "PREA specific" to differentiate them from regular management rounds. This facility's Administrative Management Team adheres to "Management by Walking Around" and makes rounds daily at various times during the day. Staff and residents are accustomed to seeing the Administrative Staff throughout the building. Unannounced Rounds Log covers all areas of the facility and covers all shifts, day and night.

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:

PREA Policy, D. Limits to cross-gender Viewing and Searches
O&P Manual, Personal Hygiene/Showers
Resident Handbook
LRJDC SOP 1 Showers Procedures
Interviews with secure staff
Interviews with residents
Interview with medical staff

PREA Policy mirrors the standard. Resident and staff interviews confirm the facility's no cross-gender pat search policy. Residents are searched, but no cross-gender searches are conducted. All resident and staff interviews confirmed the facility's policy that residents may bathe, toilet, and change clothing without being viewed by staff of opposite gender.

There have been no cross-gender strip or visual body cavity searches done at this facility, including no searches of this nature by medical practitioners. Anything requiring this type of search would require transport to outside medical practitioners. There have been no incidences of cross-gender strip searches, cross-gender visual body cavity searches or cross-gender pat-down searches.

Resident and staff interviews confirm that staff announce their presence when they enter the housing unit of the opposite gender.

There were no transgender or intersex residents in population at the time of the audit, so no interviews with this specific population were conducted. All staff interviewed indicated they have been trained on cross-gender pat-down searches and this audit checked training records for all staff interviewed to determine compliance. Facility utilized training available through NIC for training staff to do cross-gender pat-down searches and searches of transgender and intersex residents.

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.

Evidence:

PREA Policy, E. Residents with disabilities and limited English
Interview with agency head
Interviews with residents
Interviews with secure staff
Review of resident brochure (also in Spanish)
Review of resident handbook (also in Spanish)
Facility tour; noted posters (also in Spanish)

Facility has done a good job of having important information translated into Spanish and identifying resources within the City's structure to provide for translation services for any youth requiring them. The resident handbook, brochures and posters have been translated into Spanish, the most often represented language other than English, and are hung in facility. Staff and residents were aware that residents could

not and should not translate for other residents and none could remember this occurring.

Interview with Residential Services Director confirmed that services are available through the City of Lynchburg for residents who are not English speaking.

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:

PREA Policy, F. Hiring and promotion
Review of HR policy for City of Lynchburg
Interviews with HR hiring managers at facility
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. The City of Lynchburg has hiring practices and procedures in place for all city departments/agencies which require background checks consistent with PREA standards.

Facility utilizes a form entitled PREA Questionnaire for Fitness to Hire, Promote or Continue Contract to ensure appropriate questions are asked. Form includes boxes to check for promotion, interview or during evaluation process. All elements of this standard are included on the form. Form also reminds staff of continuing duty to report/disclose any such conduct. Facility's PREA Policy employs a continuing duty to report on all staff, volunteers, contractor

All files reviewed (this auditor reviewed files of all staff who took part in an interview) had required background checks along with a five year re-background as applicable.

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:

PREA Policy, A Upgrades to facilities and technology
Interview with PREA coordinator
Interview with superintendent
Review of control room monitors showing feed from all cameras

The facility has an extensive camera system with cameras covering housing and general purpose areas within the facility. Additional cameras have recently been added to the existing system and cameras were also installed in the transport vehicles. There are no meeting notes to document the decision process for adding the cameras in the places where they were added.

Reviewed the control room monitor which displayed feeds from all facility cameras; no cameras were positioned in a way that showed residents as they bathed, showered or used the toilet, including rooms used for intake or constant supervision of residents.

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)

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, F. Hiring and promotion, pg. 5,
Memo from Deputy Chief, Lynchburg Police Department
Cooperative Agreement between YWCA of Central Virginia and LRJDC
Interviews with staff
Interview with PREA Coordinator/Compliance Manager
Interview with medical personnel at LRJDC

Facility PREA Policy mirrors standard. Facility does administrative investigations only and refers any allegation that is potentially criminal in nature to Lynchburg Police Department (LPD). The LPD investigates allegations of sexual abuse; they know the requirement for using developmentally appropriate protocol for youth.

A Cooperative Agreement between YWCA of Central Virginia and LRJDC is in place to provide victim advocacy and support services, including support during forensic exam and through any criminal investigative process. Residents may also contact the YWCA's rape crisis line or national hotline; information and numbers are provided to residents through brochures and posters in the facility.

Resident victims of sexual abuse transported to Lynchburg General Hospital for SAFE/SANE forensic examination at no cost to resident; SAFE/SANE staff available 24/7. No forensic exams are conducted at the facility.

Staff know that all allegations of sexual abuse and sexual harassment are investigated. They articulated requirement to report everything to administration for referral.

No residents who reported sexual abuse while at the facility were available in current population.

The facility will only conduct administrative sexual abuse investigations.

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:

PREA Policy, B. Policies to ensure referrals of allegations for investigations
PREA Policy, INVESTIGATIONS, A. Criminal and administrative agency investigations,
Memo from Chief Deputy, LPD
Interview with Investigative staff
Interview with Director of Residential Services (Agency Head representative)

Facility policy mirrors standard. There have been no allegations of sexual abuse or sexual harassment. No investigations, either administrative or allegations referred for criminal investigation.

LRJDC has clear policies that all allegations of sexual abuse or sexual harassment will be investigated. Facility staff tasked with administrative investigations have done the required training through NIC/PRC. Memo from Chief Deputy indicates that LPD will do investigations. LPD aware of PREA Standards as they relate to conducting investigation, collecting evidence, etc. LPD has the legal authority to conduct such investigations.

The description of responsibilities for investigating allegations of sexual abuse is on the facility's website.

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)

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, A. Training for Staff, contractors, interns and volunteers
Review of training records of all staff interviewed
Review of PowerPoint curriculum
Interviews with secure staff

Facility PREA Policy mirrors standard and includes all elements in standard. All staff stated that they had been trained on all elements in the standard. Facility houses both male and female residents and training covered both. Training records of all staff interviewed were reviewed. Employees/contractors sign statement indicating that they received and understood training received. PowerPoint training reviewed and

covers all required elements. Policy states that training is tailored to population of residents. Original training conducted in 2012 at Central Virginia Community College. Subsequent annual training has reinforced and added to PREA information for staff.

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)

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, A. Training for Staff, contractors, interns and volunteers
Review of training records volunteer and contractor interviewed
Review of PowerPoint curriculum
Interview with volunteer
Interview with contractor

Reviewed PowerPoint presentation which includes all required elements. Volunteer and contractor training mirrors staff initial training. Interviewed volunteer and contractor (teacher) who have regular contact with residents and reviewed training records. Answers to questions indicated understanding of training received.

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)

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, B. Resident Education
Reviewed brochure, “Resident Handbook on Sexual Misconduct (also available in Spanish)
Reviewed Resident PREA Education Form
Interviewed Intake Staff
Interviewed residents (12 of 24; at least one resident from each housing unit/male and female -roughly 50%)

Residents are trained on the date of intake on zero tolerance policy and all elements required by the standard. This process exceeds the 10 days given to provide additional information to residents. Residents also receive brochure which explains relevant PREA information. Residents sign their intake sheets which includes documentation that they received PREA training. Residents also view DVD about PREA. Files of all residents' interviewed were reviewed and indicated that they received information in the correct timeframe.

There is no designated intake unit staff for this facility due to its small size. Staff members are trained to do intake and conduct vulnerability assessments on all new residents. Staff members who often conduct intake education were interviewed and are knowledgeable about resident education and what should be done.

Posters and brochures were evident in the facility. Facility has done a nice job with making information available including posters, brochures, DVDs. Posters were up and hit key points. Information was varied to hold residents' attention. Information is available in Spanish; translation services are available as needed.

Residents weren't as clear about services available in the community; this auditor suggested additional training for residents in this area. Intake staff noted that residents are educated each time they come to the facility, whether they came from another facility or had been released for a couple of days and then came back.

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)

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, C. Specialized training

Reviewed certificate of completion from "PREA: Investigating Sexual Abuse in a Confinement Setting" available on PRC

Interview with investigator

All investigations indicating criminal activity referred to Lynchburg PD.

Facility identified Compliance Manager (PREA Coordinator) to handle administrative investigations. He received specialized training provided through NIC/PRC, "PREA: Investigating Sexual Abuse in a Confinement Setting". Certificate on file. Investigator indicated he took the training and demonstrated knowledge of elements.

Auditor recommended that additional facility staff be designated as administrative investigators in case the one person trained to do administrative investigations is not at the facility at the time an incident is reported. Facility indicated that the facility superintendent and newly designated Compliance Manager will be receiving the training and taking on this role. At the time of this final report this training had not been taken, but there is one designated investigator who has taken the training.

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)

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, D. Specialized training

Certificate of training from "PREA: Medical Care for Sexual Assault Victims in a Confinement Setting"

Certificate of training from "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting"

Interview with medical personnel

Interview with mental health personnel

Policy mirrors standard; states that medical and mental health care staff shall also receive the PREA training mandated for all employees under 115.335. Training records for such staff reviewed and training confirmed. In addition, medical and mental health care staff received "PREA: Medical Care for Sexual Assault Victims in a Confinement Setting" or "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" respectively. Certificates on file. Interviews confirmed knowledge from training. Medical staff at the facility do not conduct forensic exams

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:

PREA Policy, A. Obtaining information from residents

Interviews with residents

Interviews with staff who administer PREA Intake Screening Form, Vulnerability Assessment Instrument

Review of resident files to document assessment using objective screening tool

Interview with mental health practitioner

The agency had adapted their screening tool to use at both the detention center and the group home to include all elements within the standard in one place. LRJDC has been conducting vulnerability assessments for several years, and this change was to ensure that all elements in the standard were in one place. On the day of the on-site, the form being used was an older version and did not include all required elements, however, this situation was rectified during the time following the onsite portion of this audit and before the final report. Residents are given assessments at intake; information gleaned helps make housing unit decisions. Resident interviews confirmed facility's practice of assessing this information at intake.

All elements of the standard are included in the facility's revised/updated PREA Intake Screening Form, Vulnerability Assessment Instrument. In addition, they use other information as available--from court, parents/guardians, other placement facilities. Interviewed staff who provide residents information at intake and conduct assessments using the tool. All indicated that residents are screened at intake. Good description about who should get the information, why, and how they are to treat the information.

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)

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, B. Placement of residents in housing, bed, program, education, and work assignments
Interviews with staff who conduct risk screening
Interview with PREA coordinator
Interview with residents

Facility policy mirrors standard. No residents have been placed in isolation due to risk of sexual victimization. Facility indicates that it does not use isolation unless absolutely necessary and primarily for behavior modification purposes. No residents have made any allegations in the past 12 months. No transgender or intersex residents in population at this time. Population management and security given consideration during placement decisions. All residents at this facility shower separately.

PREA Coordinator/Compliance Manager indicated ways information used to make housing and program assignments.

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:

PREA Policy, A. Resident Reporting,
Resident handbook
Resident brochure, “Resident Handbook on Sexual Misconduct”
Resident interviews
Staff interviews
Interview with PREA coordinator

Staff interviewed said they accepted verbal reports, and documented them immediately. Staff knew they could report outside the facility but all indicated that they had complete confidence in their administrators to report any and all abuse or neglect of residents.

Reviewed brochure, posters with reporting information. Facility has done a good job with resident brochure explaining how to report; brochure was updated with list of resources available to victims of sexual abuse. Posters (where available) reinforce PREA education for residents and were available in Spanish as well as English. On the day of the facility tour, the PREA Coordinator and facility superintendent noted that many of the posters originally put up had been taken down. They were reordered and reposted in each housing unit in the sixty days following the on-site audit. (Pictures sent to this auditor.)

Residents have multiple ways to report including a way to report outside the facility. Residents were knowledgeable about ways to report. Residents are allowed to put a written allegation of sexual abuse or sexual harassment in the “grievance” box; note that any communication from a resident alleging sexual abuse or sexual harassment goes to PREA Coordinator for immediate investigation and moves outside the facility’s grievance process. Grievance policy/procedure is consistent in describing this process.

All staff interviewed were aware that they were to accept verbal reports and indicated that they document verbal reports immediately.

Residents are not detained at this facility solely for civil immigration purposes.

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, B. Exhaustion of administrative remedies

“How to Report Sexual Abuse” brochure

Resident Handbook

Interviews with resident

Interview with PREA Coordinator

Interviews with staff

NOTE: This standard is NA for this facility. LRJDC has a grievance procedure that residents use to report missing items, needs, etc.-- anything other than sexual abuse or sexual harassment. Since residents are aware of the grievance process, they are allowed to use place a written allegation in the “grievance box”, however, any written allegation of sexual abuse or sexual harassment moves outside the grievance system immediately and goes to the PREA Coordinator for investigation and referral to LPD as appropriate. The facility’s grievance procedure clearly differentiates the process for any allegation of sexual abuse or sexual harassment. The facility allows the use of the written notification because it is something residents are familiar with and understand.

There is a system in place for residents to submit an emergency request to see an administrator or the PREA Coordinator.

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, C. Resident access to outside support services and legal representation

Reviewed Cooperative Agreement with YWCA of Central Virginia

Reviewed “Resident Handbook on Sexual Misconduct”

Interviews with residents
Interview with superintendent
Interview with PREA Coordinator/PREA Compliance Manger

Facility policy mirrors standard. Cooperative Agreement with YWCA of Central Virginia provides residents with victim witness services through its Sexual Assault Response Program (SARP). Residents all noted that they had access to their parents and to their legal representatives. Resident brochure updated to provide more contact numbers and descriptions of outside support services. Residents generally knew that services existed, but weren't able to explain what help they might provide. Suggested additional training with residents and update to resident brochure re reporting sexual abuse.

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:

PREA Policy, D. Third Party Reporting

Review of facility website, www.Lynchburgva.gov, JuvenileServices Department link, PREA COMPLAINT

Facility policy mirrors standard. A form is available on the website to send to the facility by mail, email, or someone can call the LRJDC. A third-party form is available on the website under "PREA Complaint". May contact PREA Coordinator by mailing to the Detention Home or by calling or emailing.

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:

PREA Policy, A Mandatory reporting and protective duties, staff and agency reporting duties

Interviews with staff

Interview with medical staff

Interview with PREA Coordinator/PREA Compliance Manager

Interview with superintendent

Facility policy mirrors standard. Staff knew they could report outside the facility. All interviews indicated an understanding of the mandatory reporting responsibilities, including reporting to the juvenile court or child welfare system.

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:

PREA Policy, B. Agency protection duties

Interviews with staff

Interview with superintendent

Interview with Director of Residential Services

Facility policy mirrors standard. All staff interviewed indicated knowledge of the facility's duty to protect and to act on any risk of sexual abuse immediately. Superintendent indicated that his expectation was that staff respond immediately; Director of Residential Services reiterated same expectation. Facility has not had an incident of this nature in the past 12 months.

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:

PREA Policy, C. Reporting to other confinement facilities

Interviews with staff

Interview with superintendent

Interview with Director of Residential Services

Facility policy mirrors standard. All staff interviewed indicated knowledge of the facility's duty to report to other confinement facilities and to act on any report they receive about anything that happened in their own facility. Superintendent and Director of Residential Services both stated their knowledge of their responsibility to report to other facilities and to respond to any reports they receive from other facilities.

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:

PREA Policy, D. First Responder duties

Reviewed "PREA Incident: A Coordinated Response"

Staff interviews

Facility policy mirrors the standard and includes all required elements. "PREA Incident: A Coordinated Response" is posted in staff offices throughout the facility. Auditor suggested written protocol be added to current posted flowchart. All staff interviewed indicated knowledge of what to do if they were the first staff to receive an allegation of sexual abuse from a resident.

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, E. Coordinated Response

Reviewed PREA "PREA Incident: A Coordinated Response"

Facility tour identified posted "PREA Incident: A Coordinated Response"

"PREA Incident: A Coordinated Response" flowchart is posted in all housing unit offices. Protocol is specific to LRJDC. Auditor suggested a word-based protocol be added to eliminate confusion should there be an incident.

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:

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

- 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, F. Agency protection against retaliation

Interview with superintendent

Interview with PREA Coordinator tasked with monitoring retaliation against staff or residents.

Facility policy mirrors standard. Staff members who monitor retaliation were aware of their responsibilities and of the multiple things to monitor. They all indicated that monitoring for retaliation would continue for as long as there was any indication of need. Superintendent stated that the facility would have no tolerance for any retaliation against staff or residents. There have been no reports of sexual abuse so no monitoring of retaliation to review.

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:

PREA Policy, G. Post-allegation protective custody

Interview with medical staff

Interview with superintendent
Interviews with staff

Facility policy mirrors standard. There have been no allegations of sexual abuse over the past twelve months and no residents who reported being at risk of sexual victimization over the past 12 months. Staff interviews indicated that the facility has very limited uses of isolation (only as short sanction as behavior modification consequence). There have been no incidences of residents being isolated as a result of a sexual abuse allegation.

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, A. Criminal and administrative agency investigations, Internal/administrative investigations
Review of training certificates of facility investigator
Review of Memorandum from Lynchburg Department of Human Services/CPS
Interview with investigator
Interview with PREA Coordinator
Interview with superintendent

Facility policy closely mirrors standard. In addition, the policy does an excellent job of separating out the responsibilities and differences in a criminal and an administrative investigation. Facility will refer any allegation that appears to be criminal in nature to LPD. LPD is aware of PREA standards and their duties as they relate to same. This is a local pd.

Policy articulates the facility's responsibility to assist LPD and to attempt to remain informed about the progress of the investigation.

This auditor advised having additional facility administrators trained to conduct administrative investigations.

There have been no investigations of this type over the past twelve months and so no investigations to review.

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, B. Evidentiary standard for administrative investigations
Interview with investigator

Facility policy mirrors standard. Facility investigator indicated that the facility would require no standard higher than preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

This facility has had no allegations of sexual abuse; there have been no 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:
PREA Policy, C. Reporting to Residents
Interview with superintendent

Facility policy mirrors standard. Facility does administrative investigations only. Facility has not had any allegations of sexual abuse so no investigations to review for reporting to residents. Superintendent understood the facility's responsibility to notify a resident whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

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:
PREA Policy, A. Disciplinary sanctions for staff

Facility policy closely mirrors standard. There have been no terminations of staff for sexual abuse or sexual harassment.

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:

PREA Policy, B. Corrective action for contractors and volunteers
Interview with superintendent

Facility policy closely mirrors standard. There have been no allegations against volunteers/contractors at this facility. Superintendent stated that volunteers/contractors wouldn't be allowed to have contact after an allegation

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, C. Interventions and disciplinary sanctions for residents,
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:

PREA Policy, A. Medical and mental health screenings; history of abuse
Interview with resident who disclosed prior sexual abuse
Interview mental health provider

Facility policy closely mirrors standard. This facility has an excellent relationship with local Community Services Board (community mental health provider) with a staff member from CSB on site at the LRJDC. Any resident disclosing prior sexual abuse or prior perpetration of sexual abuse generates a referral which goes straight to QMHP office that day.

One resident who disclosed prior sexual abuse at intake (abuse occurred in the community) was in current population. Resident was interviewed by this auditor and intake file reviewed. Resident was offered a follow-up meeting in timeframe required by standard.

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:

PREA Policy, B. Access to emergency medical and mental health services
Interview with nurse
Interview with secure staff

Facility policy mirrors standard. Services are provided at Lynchburg General Hospital. No records maintained on site. Resident victims of sexual abuse would be transported to Lynchburg General Hospital. Nurse on LRJDC staff has thorough understanding of protocol and appears to have good rapport with residents. Very aware of required services and good communication with staff at Lynchburg General Hospital (did rotation with SANE staff during nursing training).

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:

PREA Policy, C. Ongoing medical and mental health care for sexual abuse victims and abusers
Interview with medical staff

Interview with mental health staff

Facility policy mirrors standard. This facility has had no incidents of sexual abuse at the facility. Strong community partnerships are in place to provide services as needed. On-site provider is from Horizon Behavioral Health of Central Virginia (formally Community Services Board) which is the community standard of care (position is grant-funded).

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:

PREA Policy, A. Sexual abuse incident review
Interview with superintendent
Interview with PREA Coordinator
Interview with sexual abuse incident review team members (2)

There have been no incidents of sexual abuse at this facility. Facility policy mirrors standard. Auditor discussed facility’s process for reviewing other serious incidents and found process to be thorough. Auditor talked with facility superintendent, PREA Coordinator and members of sexual abuse incident review team about maintaining the integrity of this process for all sexual abuse allegations.

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:

PREA Policy, B. Data collection

Facility policy mirrors standard. There have been no incidents of sexual abuse at this facility. DOJ has not requested 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:

PREA Policy, B. Data review for corrective action
 Interview with superintendent
 Review of annual report
 Website review

The facility provided its annual report for review; it is posted on the facility’s website (see address below). Facility policy mirrors standard. There have been no incidents of sexual abuse at this facility.
www.Lynchburgva.gov, Juvenile Services Department link, LRJDC tab.

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:

PREA Policy, C. Data storage, publication and destruction
 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.



January 13, 2017

Auditor Signature

Date