

PREA Facility Audit Report: Final

Name of Facility: Bon Air Juvenile Correctional Center

Facility Type: Juvenile

Date Interim Report Submitted: 07/06/2026

Date Final Report Submitted: 10/10/2026

Auditor Certification

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.



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



Auditor Full Name as Signed: Sharon Ray Shaver

Date of Signature: 10/10/2026

AUDITOR INFORMATION

Auditor name: Shaver, Sharon

Email: sharonrshaver@gmail.com

Start Date of On-Site Audit: 05/19/2026

End Date of On-Site Audit: 05/21/2026

FACILITY INFORMATION

Facility name: Bon Air Juvenile Correctional Center

Facility physical address: 1900 Chatsworth Avenue, Bon Air, Virginia - 23235

Facility mailing address:

Primary Contact

Name:	LaWanda Long
Email Address:	lawanda.long@djj.virginia.gov
Telephone Number:	804-297-1019

Superintendent/Director/Administrator	
Name:	Angela M. Haule
Email Address:	Angela.Haule@djj.virginia.gov
Telephone Number:	804-323-2624

Facility PREA Compliance Manager	
Name:	Ilesha Scott
Email Address:	ilesha.scott@djj.virginia.gov
Telephone Number:	804-323-2921

Facility Health Service Administrator On-Site	
Name:	Felecia Bowles
Email Address:	Felecia.Bowles@djj.virginia.gov
Telephone Number:	804-385-5155

Facility Characteristics	
Designed facility capacity:	208
Current population of facility:	172
Average daily population for the past 12 months:	183
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	13 years -20.9 years of age
Facility security levels/resident custody levels:	Level I, Level II, Level III, and Level IV
Number of staff currently employed at the facility who may have contact with residents:	409
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	23
Number of volunteers who have contact with residents, currently authorized to enter the facility:	74

AGENCY INFORMATION	
Name of agency:	Virginia Department of Juvenile Justice
Governing authority or parent agency (if applicable):	
Physical Address:	600 East Main Street, Richmond , Virginia - 23219
Mailing Address:	P.O. Box 1110, Richmond, Virginia - 23218-1110
Telephone number:	8043710700

Agency Chief Executive Officer Information:	
Name:	Robert "Bob" Bermingham Jr.
Email Address:	robert.berminghamjr@djj.virginia.gov
Telephone Number:	804-371-0700

Agency-Wide PREA Coordinator Information			
Name:	LaWanda Long	Email Address:	lawanda.long@djj.virginia.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

10

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.312 - Contracting with other entities for the confinement of residents
- 115.317 - Hiring and promotion decisions
- 115.331 - Employee training
- 115.334 - Specialized training: Investigations
- 115.341 - Obtaining information from residents
- 115.365 - Coordinated response
- 115.373 - Reporting to residents
- 115.381 - Medical and mental health screenings; history of sexual abuse
- 115.386 - Sexual abuse incident reviews

Number of standards met:

33

Number of standards not met:

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-05-19
2. End date of the onsite portion of the audit:	2026-05-21

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	YWCA Richmond/EmpowerNet

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	208
15. Average daily population for the past 12 months:	183
16. Number of inmate/resident/detainee housing units:	16
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	164
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	21
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	13

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	36
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	10
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	409
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	74

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	95
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected residents from the targeted category lists first and identified their current housing assignment, considering both male and female residents, then selected additional residents from each of the housing units, taking into consideration factors such as age, race, ethnicity, and the length of time at the facility.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor met no barriers to completing these interviews. There were no refusals, and all interviewees participated willingly.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	12
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident file records, and interviews with management, medical, counseling, and security staff, the auditor concluded that there was no evidence to indicate that this population existed in the facility at the time of the audit.
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident file records, and interviews with management, medical, counseling, and security staff, the auditor concluded that there was no evidence to indicate that this population existed in the facility at the time of the audit.

50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident file records, and interviews with management, medical, counseling, and security staff, the auditor concluded that there was no evidence to indicate that this population existed in the facility at the time of the audit.
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	4
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2

54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident file records, case files, and interviews with management, medical, counseling, and security staff, the auditor concluded that there was no evidence to indicate that this population existed in the facility at the time of the audit.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor oversampled in the targeted categories of cognitive disability, L/G/B identification, and reported a PREA allegation to compensate for there being no residents in the categories of blind/hearing/physical disability and segregation placement for risk of sexual abuse.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	14
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	31
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Recreation Supervisor, Grievance Coordinator/ Manager, Deputy Director of Policy, ADA Manager
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☒ Food service ☐ Maintenance/construction ☐ Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.	
71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	7	0	7	0
Staff-on-inmate sexual abuse	61	1	60	1
Total	68	1	67	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	7	0	7	0
Staff-on-inmate sexual harassment	51	0	51	0
Total	58	0	58	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	0	1	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	3	1
Staff-on-inmate sexual abuse	0	49	11	1
Total	0	52	14	2

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	5	1	1
Staff-on-inmate sexual harassment	1	37	11	2
Total	1	42	12	3

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

20

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	16
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	26
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

22

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

The initial files selected were reported between January 13, 2025, and February 10, 2026. The data entered for questions 77-82 of this section were for the twelve months preceding the audit from May 1, 2025, through April 30, 2026. The auditor reviewed additional case files during the corrective action period. Additionally, the number of dispositions will exceed the number of investigation cases because multiple case files included allegations of sexual harassment and voyeurism.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

- ☒ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☐ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03, Prison Rape Elimination Act (PREA); DHRM Policy 1.60, Standards of Conduct; VOL IV-4.1-1.16, Resident Discipline; PREA Coordinator Position Description; PREA Analyst Policy Description; PREA Compliance Manager Position Description; DJJ Agency Organization Chart Rev. 2/19/2026; PREA and ADA Unit Organization Chart 4/21/2026; Personal Observations During Site Visit; Information Obtained During Interviews. 115.311(a): The agency has a written policy, Policy VOL IV-4.1-1.03, PREA, mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. This policy outlines how the agency will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, includes sanctions for those found to have participated in prohibited behaviors, and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. Policy VOL IV-4.1 establishes that all

staff, contractors, and volunteers shall maintain a professional relationship with residents and their family members at all times to provide security and protect staff, contractors, volunteers, and residents, including protecting residents from civil rights violations. Employees who violate this requirement are subject to disciplinary action in accordance with DHRM Policy 1.60, Standards of Conduct. DJJ prohibits and will not tolerate any fraternization or sexual misconduct, including sexual abuse and sexual harassment, between staff, contractors, volunteers, and residents, or between residents. DJJ actively works to prevent, detect, report, and respond to any violation. Any behavior of a sexual nature between employees and residents is prohibited. Employees shall be subject to disciplinary action under DHRM Policy 1.60 Standards of Conduct and to prosecution under the Code of Virginia. All staff, contractors, and volunteers shall report any suspicion of fraternization or sexual misconduct between staff, contractors, volunteers, and residents. Staff are not only required to report but may also be subjected to disciplinary action if they do not. Any behavior of a sexual nature by residents is prohibited and subject to disciplinary action in accordance with VOL IV-4.1-1.16, Resident Discipline, and may result in criminal charges. Consensual sexual activity among residents shall not be permitted. If residents engage in this type of activity, the resident(s) shall be subject to disciplinary action in accordance with VOL IV-4.1-1.16.

115.311(b)(c): The agency employs an upper-level agency-wide PREA Coordinator, LaWanda Long, PREA and ADA Manager. According to the DJJ Agency Organization Chart dated February 19, 2026, the PREA Coordinator reports to the Deputy Director of Policy, who in turn reports to the Director. The PREA Coordinator is supported by a staff of five, including an Alternative Placement PREA Compliance Manager, one PREA Analyst, a Compliance Officer Reports Manager/ADA, ADA Coordinator, and a designated PREA Compliance Manager. During an interview, the auditor confirmed that the PREA Coordinator has a direct line of communication with the agency's Director and dedicated time and authority to coordinate the facility's efforts to comply with PREA standards. Additionally, the auditor interviewed the Agency Director and Deputy Director of Policy, who explained they communicate regularly with the PREA Coordinator and are kept informed of ongoing compliance issues and trends. The designated facility's PREA Compliance Manager is Iesha Scott. According to the PREA and ADA Unit Organization Chart and an interview with the PREA Compliance Manager, she reports directly to the agency-wide PREA Coordinator. A review of the PREA Compliance Manager's Position Description and interviews with the PREA Compliance Manager and PREA Coordinator confirmed that the PREA Compliance Manager is 100% dedicated to the facility's compliance efforts. The PREA Compliance Manager stated that she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard and exceeded provisions (b) and (c) by employing dedicated staff for the PREA and ADA Unit, which is beyond the minimum requirement.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: Contracts for Alternative Placement Sites (20); Alternative Placement PREA Compliance Manager Position Description and Work Profile; Alternative Placement PREA Compliance Manager 2025-2026 Site Visit Notes; Information Obtained During Interviews. 115.312(a)(b): The agency maintains agreements with 20 alternative placement sites. Review of these contracts confirmed that each facility is required to comply with the PREA and with all applicable PREA Standards, DJJ procedures related to PREA, and DJJ requirements related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities, programs, and offices, whether owned, operated, or contracted with DJJ. All facilities under contract are public entities, not private. Each facility is required to "self-monitor" for PREA compliance, and the DJJ will conduct announced or unannounced compliance monitoring, to include site visits. Failure to comply with PREA standards and DJJ procedures may result in termination of the agreement. According to the Position Description and interviews, the Alternative Placement PREA Compliance Manager is responsible for monitoring compliance and conducting regular site visits at these facilities. A review of the Site Visit Notes documented between January 8, 2025, and February 27, 2026, confirmed that the required monitoring occurs regularly. This monitoring is an active process and includes personal observations, staff interviews, and resident contact. An interview with the PREA Coordinator confirmed that contracted facilities are required to have independent PREA audits. The auditor randomly selected four contract facilities and reviewed their PREA audit reports on their individual agency website. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard and exceeded provision (b) by employing a designated staff member to conduct regular monitoring as outlined in the agreement.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL IV-4.1-2.01, Security Staffing; Security Post Order; School Safety Officer (SSO) Schedule; VOL IV-4.1-2.00, Development of Post Orders; VOL IV-4.1-2.04, Movement and Supervision of Residents; 2024 Staffing Plan; 2025 Staffing Plan; 2026 Staffing Plan; Shift Status Reports; Logbook Entries; PREA Unannounced Round by Administrator Form;

Information Obtained During Interviews; Observations During Site Visit.

115.313(a)(b)(d): The agency ensures Bon Air JCC develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. Policy VOL IV-4.1-1.03 establishes that facilities shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse in accordance with VOL IV-4.1-2.01, VOL IV-4.1-2.00, and VOL IV-4.1-2.04. The policy also establishes that the staffing plan shall consider generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies, if applicable; any findings of inadequacy from internal or external oversight agencies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of security series staff; institutional programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The policy establishes that the staffing plan shall be followed except during limited and discrete exigent circumstances, and that deviations from the plan shall be documented. The policy further requires that each facility assess the established staffing plan at least once per year in consultation with the DJJ PREA Coordinator and the facility's PREA Compliance Manager. The review shall consider the current staffing plan, prevailing staffing patterns, the facility's use of video monitoring systems or other monitoring technologies, and any resources the facility has available to commit to ensure adherence to the staffing plan. The auditor's review of the 2024, 2025, and 2026 staffing plans confirmed they were predicated on a population of 208. The facility reported that the average daily population since the last PREA audit was 183. These staffing plans further confirmed that the facility conducts an annual review of the staffing plan in coordination with the PREA Coordinator, includes consideration of criteria outlined in provision (a), and assesses whether adjustments are needed to the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The resident population assigned to the facility on day one of the auditor's site visit was 164 (141 males, 12 females, 11 off campus).

The auditor observed line of sight throughout the facility and identified only one blind spot, which was located in the gymnasium area. The auditor observed camera placement throughout the facility and found that all blind spots had been adequately covered except for one area in the existing gym. Once identified, the PREA Compliance Manager immediately requested that a sign be posted stating no residents allowed. The auditor observed that almost every door in the facility was equipped with a window, and the few that did not have a window were in areas protected by camera views. Areas where residents are not allowed were marked clearly, and sufficient camera views were present to monitor activity around the entry to these areas. Cameras are installed in two designated resident rooms in

each housing unit to provide on-camera supervision when needed, including double occupancy rooms in Units 61, 62, 63, 64, 66, 67, and 68. The facility is staffed with officers who provide coverage for residents during education hours (full-time/7:15 a.m.- 3:45 p.m. and part-time/7:15 a.m.-1:45 p.m.), with current staffing of 15 SSOs and 1 supervisor. These SSOs are strategically placed in the education/programming areas and are utilized to escort residents across the campus during school hours.

Camera feeds are monitored by assigned control room staff and supervisory staff. The facility has two different video recording systems, with one system retaining recorded footage for eight months and the other for 90 days. Recorded footage access is limited to the IT administrator, investigators, DJJ PREA Coordinator, and upper-level facility leadership. Newly installed cameras have audio capabilities. Interviews with management staff and line staff confirmed that the facility frequently experiences shortages requiring deviation from the existing staffing plan. The most common reasons for deviation from the staffing plan include staff callouts, training, and scheduled time off. To cover these shortages, staff members are held over from prior shifts, voluntary overtime when approved, or called in on off days. During interviews with the DJJ Director and Deputy Director, the auditor discussed the agency's challenges of filling security position vacancies. These interviews confirmed that efforts for employee recruitment and retention are executed aggressively and continually. They both explained that the agency continues to identify creative ways to address their staffing issues. The auditor's review of the Security Post Order confirmed that staff must observe residents at all times. Interviews with residents confirmed that they are constantly under staff supervision, they have an overall feeling of personal safety at the facility, and there has been no overcrowding in the housing units during the 12 months preceding the audit. Several female residents commented that they feel they are secured in their rooms too often due to staffing issues.

Post-Audit Corrective Action Taken: During the site inspection, the auditor identified a blind spot above the existing gym behind the office. The PREA Coordinator immediately addressed the issue by requesting that two security mirrors be installed to increase visibility and a "No Residents Allowed" sign be posted at the entry. The PREA Compliance Manager ensured this signage was placed. The PREA Coordinator also added this location to the list of areas to be assessed for a camera during future installation upgrades. On July 8, 2026, the auditor was notified that two mirrors and signage were installed as indicated in the CAP, and photographs confirmed the action was completed.

115.313(c): Policy VOL IV-4.1-1.03 requires that the staffing plan shall specify a staff-to-resident ratio of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security series staff as defined above shall be included in these ratios. Teachers and other school personnel who are appropriately trained may be included in the ratio during the time they are leading a class or during other on-campus educational programming. The auditor's review of the staffing plan confirmed that the facility has adequate positions allocated to maintain the required ratio of 1:8 during resident waking hours and 1:16 during resident

sleeping hours.

During the site visit, the auditor observed the number of staff, contractors, and volunteers present (including security and non-security staff) and staffing patterns during every shift, in the housing units, programming/education areas, and recreation areas. The auditor also observed staffing ratios in the housing units and outside of the housing units during waking hours and sleeping hours and found that the facility was unable to maintain the minimum staffing ratios in all areas at all times; however, when they were unable due to limited and exigent circumstances, these occurrences were justified and documented in the Shift Status Reports. Vol IV-4.1-2.04 establishes that security staff are required to actively patrol and frequently view the areas where residents are present, a minimum of once every 15 minutes, and remain close enough in proximity to residents to provide a quick response should an incident occur. Additionally, when residents are in their rooms, staff must conduct and document staggered/varied room checks a minimum of every 15 minutes, unless more frequent room checks are needed. The auditor observed that the facility maintained adequate levels of supervision in housing areas to conduct the required room checks and supervision when residents were outside of their rooms. An additional staff member is assigned to a unit when a youth is placed on observation status.

The auditor reviewed 38 randomly selected Shift Status Reports covering A and B rotations on day and night shifts between January 5, 2025, and May 15, 2026. The auditor reminded the facility that staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours are required, and deviations should only occur during limited and discrete exigent circumstances. PREA Standard In Focus 115.(3)13 PRC publication states, "Juvenile Facilities must adhere to the staffing plan and justify all deviations. No 'best efforts' language exists for Juvenile Facilities. Mandatory staffing ratio of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances. This staffing ratio is not aggregate, but describes the ratio of staff to residents that must be maintained in every area throughout the facility. Additionally, the PREA Standard In Focus 115.(3)13 PRC publication explains that "sick leave, vacation, FMLA, call-outs, training days, military leave, etc., ... are not exigent circumstances but foreseeable operational issues." The auditor recommends clearly justifying and documenting actual exigent circumstances occurring that prevent the facility from maintaining the required ratios. The auditor requested 10 additional Shift Status Reports randomly selected between May 25, 2026, and July 1, 2026, for review confirming that exigent circumstances were clearly justified and documented when ratios were unable to be met.

115.313(e): VOL IV-4.1-1.03 establishes that an administrator at each facility shall conduct unannounced rounds in all areas to which residents and/or staff have access (i.e., housing units, central infirmary, staff offices, school classrooms, etc.) to identify and deter staff sexual abuse and sexual harassment. The rounds are to be conducted at least twice per month, not to exceed fifteen (15) calendar days between rounds, and cover all shifts, day and night. Staff shall not alert other staff when these supervisory rounds are occurring unless such announcement is related

	to the legitimate operational functions of the facility. The administrator shall document the rounds in the designated area's logbook in red ink as "PREA unannounced round," noting their first and last name in accordance with VOL IV-4.1-2.06 (Logbooks). Any deficiencies observed during such rounds and corrective actions shall be communicated in writing to the superintendent or designee and the facility's PREA Compliance Manager. The auditor reviewed 23 samples of multiple logbook entries covering all units randomly between January 30, 2025, and April 20, 2026, and 30 Unannounced Rounds by Administrator forms completed between January 15, 2025, and April 24, 2026, concluding that the facility has demonstrated a practice of having intermediate-level to higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Interviews with five staff members who conduct these unannounced rounds confirmed their awareness of the purpose of these rounds. Interviews with 14 random staff confirmed their awareness of the agency's policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03, PREA; VOL IV-4.1-2.14, Resident, Staff, and Visitor Searches; Logbook Entries; Observations During Site Visit; Information Obtained During Interviews. 115.315(a)(b)(c): Policy VOL IV-4.1-1.03, PREA, establishes that Residents shall not be subject to cross-gender full body x-ray scans, strip searches, or cross-gender body cavity searches (meaning a search of the anal or genital opening), except in exigent circumstances or when performed by medical practitioners. DJJ shall not conduct cross-gender pat-down (frisk) searches except in exigent circumstances. The facility shall document and justify all cross-gender full body x-ray scans, cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. All searches shall be conducted in accordance with VOL IV-4.1-2.14, Resident, Staff, and Visitor Searches. The facility reported on the PAQ that it does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. Additionally, the facility reported that there were no cross-gender pat-down searches of residents conducted during the 12 months preceding the audit. Interviews with 14 random staff confirmed that cross-gender searches are prohibited and that, under exigent circumstances, they would still need a supervisor's approval to proceed with that type of search. Additionally, they were all aware that if it was necessary to conduct a cross-gender

search, it would be documented in an incident report. Interviews with 22 residents (5-Female, 17-Male) confirmed that there were no cross-gender searches conducted.

115.315(d): Policy VOL IV-4.1-1.03, PREA, establishes that residents shall be allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such view is incidental to routine room checks. An announcement of the presence of staff of the opposite gender shall be made when they are entering a housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing in accordance with VOL IV-4.1-2.02 (Supervision of Opposite Gender Residents) and VOL IV-4.1-2.04 (Movement and Supervision of Residents). The announcement shall be made by the staff currently supervising the unit. The announcement shall be made every time opposite gender staff enters the unit, regardless of the current presence of another staff member of that gender. The announcement shall be documented in the housing unit logbook in accordance with VOL IV-4.1-2.06 (Logbooks) by the staff who made the announcement. The Facility PREA Compliance Manager shall conduct monthly rounds in all areas to which residents and/or staff have access (i.e., housing units, central infirmary, staff offices, school classrooms, etc.) to review the respective logbooks and ensure compliance with making and documenting announcements.

Cameras are installed in two designated resident rooms in each housing unit to provide on-camera supervision when needed, including cameras in double occupancy rooms in Units 61, 62, 63, 64, 66, 67, and 68. These camera views were observed by the auditor, confirming that the toilet area was blocked from view digitally. The auditor reviewed logbook entries from all housing units (B Cottage, 53, 54, 55, 58, 59, 61, 62, 63, 64, 65, 66, 67, and 68) for randomly selected dates between January 14, 2025, and April 20, 2026. The auditor identified multiple entries where opposite-gender announcements had occurred. Additionally, the auditor reviewed announcements being made during the site visit and confirmed that logbooks were documented when announcements were made. Interviews with 14 random staff confirmed that they are aware of the requirement to make opposite gender announcements. Additionally, 22 resident interviews confirmed that staff make these announcements when opposite gender staff enters the housing units and any other area where a resident may be using the restroom or undressed.

115.315(e)(f): VOL IV-4.1-1.03 establishes that DJJ shall train security series staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs. Note: By direction of the DOJ provided on December 2, 2025, provisions (e) and (f) have been determined to conflict with Executive Order 14168, and the facility shall not be held to these provisions.

Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03, PREA; Proprio Language Services Instructions; Picture of Braille PREA Brochure for Resident; PREA Trifold Brochure Youth Safety Guide - English and Spanish; VOL IV.3-5.02, Language Assistance Services; Resident Records; Translation Assistance Report; VOL IV-4.1-1.15, Resident Grievances and Complaints - English and Spanish; Memorandum from PREA Coordinator Subject: PREA Standard § 115.316; Invoices and Record of Paid Invoices for ASL Interpreter Services/Mosaic; Observations During Site Visit; Information Obtained During Interviews. 115.316(a): The agency has taken appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. VOL IV-4.1-1.03 establishes that PREA education, including written materials, shall be provided in formats accessible to all residents, including residents who are deaf or hard of hearing; blind or visually impaired; have intellectual, psychiatric, or speech disabilities or are otherwise disabled; or who have limited reading skills or are limited English proficient. DJJ shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment for such residents. Ensuring access shall include, when necessary to ensure effective communication, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, for residents who are limited English proficient, deaf, or hard of hearing. An interview with the DJJ Director confirmed that the agency has established procedures to provide residents with disabilities and residents who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's PREA program, found in policies VOL IV-4.1-1.03 and VOL IV.3-5.02. The facility has translated the PREA Brochure for Residents into Braille for blind or visually impaired Braille readers. Proprio provides in-person ASL interpreter services. An interview with the PREA Coordinator confirmed that no deaf or hard-of-hearing residents were assigned to the facility during the audit for interview; however, the facility provided documentation for services provided to a deaf/hard-of-hearing resident in 2022-2023, which falls outside the current audit cycle. The PREA Coordinator explained that upon the resident's arrival, the agency arranged an ASL interpreter for orientation, school, programming, classification meetings, and other required interactions. After the resident received his hearing aids, ASL services were no longer necessary. At that time, the agency contracted with Mosaic for interpreter support. The auditor reviewed paid invoices for ASL services provided to the resident between October 25, 2022, and March 28, 2023. The PREA Compliance Manager delivers the PREA comprehensive education to residents and confirmed during her interview that she assesses each new arrival for an impairment,

disability, or LEP. Any resident who is deaf or hard of hearing, blind or visually impaired, has intellectual, psychiatric, or speech disabilities, or who has limited reading skills or is limited English proficient, will meet with them one-on-one and ensure that the material is delivered in a manner that they understand, whether it means reading the material aloud or obtaining specialized services. She also stated that mental health or education staff may be consulted when devising a plan to convey the PREA education to residents who are intellectually or speech disabled, or who are cognitively impaired, in addition to consulting with the ADA Coordinator for guidance.

115.316(b): The agency has taken reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. VOL IV-4.1-1.03 establishes that PREA education, including written materials, shall be provided in formats accessible to all residents, including residents who are limited English proficient. DJJ shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment for such residents. The PREA Trifold Brochure Youth Safety Guide is published in both English and Spanish. An interview with the PREA Coordinator confirmed that the facility rarely admits a resident who is LEP; however, if a need arises for a language other than Spanish or English, all PREA-related material will be translated for the resident's education.

The auditor reviewed the file for a Spanish-speaking resident admitted on October 10, 2025. Staff documented in the file that the resident and family would require interpreter assistance when communicating. Additionally, the file documented that a Spanish interpreter was used during intake, including delivery of the PREA education, and the PREA risk screening instrument was conducted using a Spanish interpreter. The facility also provided a copy of the October 2025 Propio statement showing an interpreter was used for this resident on seven occasions. The auditor selected this resident for an interview as he was the only LEP resident identified at the facility. The facility provided the auditor with the Propio instructions to use during the interview. During the auditor's initial communication with the resident, he declined interpreter service, so the auditor proceeded with the interview without an interpreter but advised the resident he could request one at any point during the interview. The resident told the auditor that PREA education was provided to him in Spanish and that he had been offered and provided an interpreter when needed. During the interview, the auditor concluded that the resident understood the content of the interview and had a thorough knowledge of the PREA education. The auditor also confirmed that the agency has translated the grievance policy into Spanish. During interviews with 14 random staff, the auditor confirmed they were aware of interpreter services availability and knew how to access these services when needed.

115.316(c): DJJ shall not rely on resident interpreters, resident readers, or other types of resident assistants, except in limited circumstances where an extended

	delay in obtaining another effective interpreter could compromise the safety of the resident, or the performance of the first responder duties, or the investigation of a resident's allegations. An interview with the PREA Coordinator and Facility Investigations Unit Director confirmed that there have been no sexual abuse or sexual harassment investigations involving a disabled or LEP resident where an interpreter would be necessary. Should these limited circumstances occur where another resident was used to interpret, the incident will be documented in the investigative report. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL I-1.2-04, Background Investigations; Background Investigation Questionnaire; Background Investigation Questionnaire Updated 6/10/2026; Email to All DJJ RE Update Background Investigation Questionnaire 06/09/2026; Personnel Files; Application Samples; Tracking Log for Employee Background Checks; Tracking Log for Food Service Contractor Background Checks; Tracking Log for Medical Contractor Background Checks; New Hire Tracking March 2025-February 2026; Tracking Log of Approved Volunteers; Prior Institutional Employers Check; List of Medical/Mental Health Contracts NEW; Information Obtained During Interviews. Evidence Reviewed During Corrective Action Period: CAP Email Correspondence Assistant Human Resources Director; Agency Notification RE: PREA Questionnaire from Policy Division Administration Coordinator; Contractor Rosters; Employee Hiring Documents; PREA Questionnaire Completion Report; Completed PREA Questionnaires; Tracking Logs for Contractors; Interviews with PREA Coordinator and facility PREA Compliance Manager. 115.317(a)(b)(f): The agency policy, VOL IV-4.1-1.03 and VOL I-1.2-04, prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of § 115.317. DJJ shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph

(a) of this section in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. All employees have a continuing affirmative duty to disclose any such misconduct. VOL IV-4.1-1.03 establishes that DJJ shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The auditor reviewed a sample of 14 documents submitted with the PAQ and 16 documents during employee file reviews of requests to prior institutional employers asking if the applicant had a substantiated allegation of sexual abuse or sexual harassment, and if the applicant resigned during a pending investigation of an allegation of sexual abuse completed between March 3, 2025, and April 15, 2026. An interview with the Background Investigations Supervisor confirmed that, as part of the background investigation, prior institutional employers are contacted regarding candidates who have prior institutional experience.

The facility reported that there are 409 staff currently employed who may have contact with residents. The facility engages the services of contractors for food service (18), medical services (26), education (2), and multiple contracts for behavioral health services. The auditor reviewed personnel documents for a random sample of 8 newly hired employees hired between February 1, 2025, and February 25, 2026. The findings indicated that 6 employees were asked the misconduct questions on their application, and 2 completed the form separately after being hired. Based on these findings, the auditor requested an additional sample of documents during the Post-Audit Period and reviewed another sample of documents for 21 employees hired between May 25, 2026, and June 10, 2026. In this sample, 9 were asked the misconduct question on their application, and 6 were not, but completed the form separately after being hired. Further investigation found that some versions of the application populated the questions, but other versions did not. The auditor requested documentation for a sample of contractors who had been asked the misconduct questions before securing their services. The PREA Coordinator explained that contractors do not complete DJJ's employment application, resulting in no contractors being asked misconduct questions outlined in provision (a) before being hired. The PREA Coordinator immediately implemented procedures to secure the completed form for all employees who had not completed a misconduct form. A plan was also developed to obtain completed forms from current contractors. The Background Investigation Questionnaire, updated June 10, 2026, includes asking the applicants (employees and contractors) directly regarding the information outlined in provision (a) of this standard. The questionnaire also asks applicants if they have been accused or investigated for sexual harassment, as required for consideration in provision (b). These questions were included on the existing application; however, as previously noted, contractors do not complete the DJJ's employment application, and the misconduct questions were not populating in all virtual applications. As a result of these findings, the facility/agency was found out of compliance with provision (f) and entered a 180-day corrective action period to remedy these deficiencies. The auditor accepted the on-site and post-audit corrective action implemented to correct the prior deficiency; however, the facility

was monitored during the corrective action period to ensure the new procedures were institutionalized.

Corrective Action Taken: The auditor reviewed email correspondence from the Assistant Human Resources Director explaining the action taken to correct the deficiency with provision (f), which became effective June 10, 2026. The correspondence explained that, upon notification of the deficiency, a comprehensive review was conducted of all positions posted within the State's application system to verify the inclusion of the required PREA Questionnaire. During this internal review, it was determined that, in certain requisitions, the customized job application form containing the PREA questions configured within the advertising/job posting section did not match the application form selected in the sourcing section of the requisition. As a result, the customized application form containing the PREA questions was not displayed to applicants on the State employment website, resulting in some applications being submitted without the required PREA-related disclosure questions. Following identification of this issue, all currently posted positions were reviewed and updated as necessary to ensure that the appropriate customized application form is correctly aligned between the advertising and sourcing sections of PageUp. These corrections were implemented to ensure that applicants are presented with the required PREA questions during the application process. The auditor requested samples of newly hired employees during the corrective action period between July 25, 2026, and August 10, 2026, and verified upon review that 13 of the 15 reviewed, the applicant was asked the misconduct questions as part of the application process, while 2 signed the separate PREA Questionnaire on the date of hire. Further inquiry determined that these 2 applicants completed their application prior to June 10, 2026, which was prior to the system changes. Applications reviewed were from both application sourcing systems, indicating the alignment of the questions within the system has been corrected. Additionally, the two new hires who signed their PREA Questionnaires on their date of hire indicate that a checks-and-balances system has been implemented to ensure that all required documents are collected and signed when new employees are onboarded.

A memorandum from the Assistant Superintendent dated July 10, 2026, confirmed that a corrective action plan had been implemented to ensure that all contractors hired for Food Service and Medical will be required to complete the PREA Questionnaire before entering the facility and during the initial interview. Additionally, the signed PREA Questionnaire forms were provided for 11 medical contractors and 10 food service contractors who were hired before the audit date and who did not have a PREA Questionnaire on file. Additionally, tracking logs were provided that documented that 9 medical contractors and 9 food service contractors have been hired since the audit, and each completed the PREA Questionnaire; prospective hires were also listed with no hire date pending completion of all required paperwork consistent with 115.317, indicating ongoing monitoring and that the procedure is well implemented.

Email correspondence from the Agency PREA Coordinator dated July 20, 2026, to the Quality Assurance & Regional Service Coordination Manager outlined the

corrective action plan that was developed to bring the existing mental health contractors into compliance and implement requirements for all new contractors hired going forward. On August 26, 2026, the facility uploaded a sample copy of the PREA Questionnaire (Google Document PREA Questionnaire) and a Questionnaire Completion Report documenting that 179 mental health contractors completed the PREA Questionnaire between July 30 and August 21, 2026. A random sample of signed PREA Questionnaire forms for 30 randomly selected mental health contractors was provided for review. Consequently, notice was provided to mental health contractors who did not comply with the requirements by the designated response date that their access to the facility has been terminated.

Based on review and analysis of the corrective action, supporting documentation, and interviews with the PREA Compliance Manager and Agency PREA Coordinator, the auditor concludes that the facility and agency have sufficiently implemented the corrective action plan and the new procedures are institutionalized. No further action is required for provision (f).

115.317(c)(d)(e): VOL IV-4.1-1.03 and VOL I-1.2-04 establish that before hiring new employees who may have contact with residents, DJJ shall perform a criminal background records check; consult applicable child abuse registries (i.e., complete a Department of Social Services/Child Protective Services (DSS)/CPS) Request for Search of the Central Registry); and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. DJJ shall also perform a criminal background records check and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents. VOL IV-4.1-1.03 and VOL I-1.2.04 also establish that DJJ shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents, or have in place a system for otherwise capturing such information for current employees.

The facility reported on the PAQ that during the 12 months preceding the audit, 289 persons hired who may have contact with residents had a criminal background record check. The auditor reviewed the tracking log for the 289 new hires between March 2025 and February 2026, and confirmed that all new hires had a background investigation and CPS check conducted before hire. During interviews with the Assistant HR Director, Investigations Unit Compliance Manager, and PREA Coordinator, the auditor confirmed that background checks and CPS checks are completed before hiring and on an every-three-year cycle, which runs concurrently with the agency's PREA audit cycle. Documentation observed during the personnel file review confirmed that this system is in place. A background and CPS check is also completed for current employees before promotion. Background checks and CPS checks were conducted on 74 volunteers during the 12 months preceding the audit. The auditor reviewed the background check tracking log for the Food Service Contractor, listing 18 staff. All Food Service Contractor staff had a current background check and CPS check of not more than three years. A list of medical staff was reviewed by the auditor, with 19 medical contractors identified. Of these

19 medical contractors, 10 have no contact with residents. Of the 9 medical contractors who have contact with residents, 5 had background checks and CPS checks prior to being hired, and 4 did not. During the onsite document review, it was also discovered that several contracts for mental health services involving multiple practitioners had been initiated during the 12 months preceding the audit, but no documentation was available to support that background investigations and CPS checks were conducted. Because these checks were not performed prior to enlisting the services of contractors who have contact with residents, the facility was found out of compliance with provision (e) and entered a 180-day corrective action period to remedy the deficiencies identified in provisions (d)(e).

Corrective Action Taken: Upon becoming aware of the discrepancy with provision (e), the PREA Coordinator immediately began working with the appropriate departments to implement a corrective action plan. A memorandum from the Assistant Superintendent dated July 10, 2026, confirmed that a corrective action plan had been implemented to ensure that all contractors hired for Food Service and Medical will be required to complete their background check, CPS check, and PREA Questionnaire before entering the facility and during the initial interview. No contractor will be permitted to enter the facility until all requirements have been met. The new process will be supervised by the Assistant Superintendent. An updated contractor tracking log was provided as evidence that background checks and CPS checks were completed for the 4 medical contractors who were determined out of compliance during the audit. Additionally, 10 medical contractors have been hired since the onsite portion of the audit and background checks and CPS checks were completed before hire and 3 prospective medical contractors were listed who have not yet completed all the required checks, notated that they are not allowed into facility until all actions are completed. A review of the food service tracking log confirmed that 9 new contract staff have been hired since the onsite portion of the audit, and a background check and CPS check were conducted on all 10 before hire; with 4 pending hire while waiting on the required background and CPS checks.

Email correspondence from the Agency PREA Coordinator dated July 20, 2026, to the Quality Assurance & Regional Service Coordination Manager, outlined the corrective action plan that was developed to bring the existing mental health contractors into compliance and implement requirements for all new contractors hired going forward. This plan required the identification of all current contracts and corresponding contract staff who were entering the facility and having contact with residents. Once identified, these mental health contract staff were required to complete background checks and CPS checks by a designated deadline. The plan was initiated, and updated documents were provided over the course of a month to indicate progress on full implementation. Additionally, all contracts were amended to include the background and CPS check requirements for any new or existing providers before entering the facility going forward. The auditor was provided a list of 19 mental health contracts employing multiple providers and staff, along with email correspondence of the plan. On August 25, 2026, the PREA Coordinator provided an updated list of all contractors previously out of compliance, including compliance status. Additional correspondence provided to the auditor indicated that

all providers were given a deadline to submit background check documentation. The correspondence also confirmed that current contracts have been modified and new contracts include language requiring current background checks for contract providers and staff who have contact with residents. On August 26, 2026, the facility provided an updated mental health contractor tracking log documenting 57 mental health contractors with their status for proper clearance. All providers who did not comply by the deadline were suspended effective July 31, 2026.

Based on review and analysis of the corrective action, supporting documentation, and interviews with the PREA Compliance Manager and Agency PREA Coordinator, the auditor concludes that the facility and agency have sufficiently implemented the corrective action plan and the new procedures are institutionalized. No further action is required for provision (d)(e).

115.317(g): VOL IV-4.1-1.03 and VOL I-1.2.04 establish that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. An interview with the Assistant HR Director confirmed that employees are advised that material omissions or the provision of materially false information on their application are grounds for termination and that employees have a continuing duty to report any such conduct to the agency. These requirements are also included in the Employee Standards of Conduct, which is reviewed and acknowledged through signature by all new employees during orientation. The employment application attestation states: "I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Commonwealth of Virginia." Interviews with 14 random staff further confirmed their knowledge of the requirement to provide truthful information and their continuing affirmative duty to report such conduct to the agency.

115.317(h): Unless prohibited by law, DJJ shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interviews with the PREA Coordinator and Investigations Chief confirmed that if the agency receives a request, the PREA Coordinator will provide a response including any known relevant information, in coordination with information provided by the investigations unit.

Conclusion: A systematic review and analysis of the evidence, including evidence provided during the corrective action period, concluded that the facility and agency have demonstrated compliance with all provisions of this standard. The agency exceeds provision (b) by specifically asking applicants and contractors on the PREA Questionnaire if they have been accused or investigated for sexual harassment. The provision requires that the agency consider sexual harassment incidents, but does not impose a requirement to directly ask the applicant or contractor.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; Memorandum from Superintendent Subject: PREA Standard 115.318, Upgrade to facilities and technologies, Memorandum from PREA Coordinator Subject Standard § 115.318; Observations During Site Inspection; Information Obtained During Interviews. 115.318(a)(b): VOL IV-4.1-1.03, establishes that when designing or acquiring any new facility or in planning any substantial expansion or modification of existing facilities, DJJ shall consider the effect of designs, acquisitions, expansions, or modifications on DJJ's ability to protect residents from sexual abuse. Additionally, when installing or updating any video monitoring system, electronic surveillance system, or other monitoring technology, DJJ shall consider how such technology may enhance DJJ's ability to protect residents from sexual abuse. The Superintendent advised that during the audit period, Bon Air had extensive physical plant projects, including the installation of new windows, full lock maintenance, installation of doors, painting, new roofs/gutters/downspouts, plumbing upgrades, new epoxy flooring, new double perimeter fence, roof top units installed in the school for heat/cool/fresh air, and new fiber loop around the entire campus/new fiber/new switches. Additionally, new cameras were installed in the existing school. Based on interviews with the Superintendent, PREA Coordinator, Director, and Chief Deputy Director, the auditor learned that the facility faces ongoing physical plant challenges due to the ageing infrastructure; however, the agency is dedicated to funding necessary repairs and upgrades annually to ensure the safety of residents and staff. Each interviewee explained that during the planning of any substantial modification or upgrades/installation of video equipment, the project is evaluated for the impact it will have on the agency's ability to protect residents from sexual abuse. The PREA Coordinator confirmed that representation from the PREA Coordinator's Office is included in these conversations. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL I-1.7-01, The Role, Functions, and Responsibilities of the Investigative Unit and Personnel Reporting Responsibilities; MOU Between DJJ and Virginia Commonwealth University Health System Authority (VCUH); MOU Between DJJ and YWCA of Richmond; Information Obtained from Interviews.

115.321(a)(b): The agency is responsible for conducting administrative and criminal sexual abuse investigations. An interview with the PREA Coordinator and DJJ Director confirmed that all investigations are conducted by the agency's Investigation Unit; however, the agency has an MOU with the Virginia State Police if it becomes necessary for an external agency to investigate a DJJ allegation. Vol IV-4.1-1.03 establishes that to the extent DJJ is responsible for investigating allegations of sexual abuse, DJJ shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. An interview with the PREA Coordinator and Facility Investigations Unit Director confirmed that the DJJ protocol for investigating sexual abuse was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

115.321(c): Residents who experience sexual abuse shall be given access to forensic medical examinations without financial cost where evidentiarily or medically appropriate. Such examinations shall be conducted at the designated community medical facility by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFEs or SANEs are not available, the examination can be performed by other qualified medical practitioners. An interview with the PREA Coordinator and PREA Compliance Manager confirmed that the VCUH System Children's Pavilion employs SAFE/SANE examiners who would conduct the forensic examination. The auditor reviewed the MOU between DJJ and VCUH for access to forensic medical examinations performed by SAFEs or SANEs without financial cost. The MOU is perpetual. The auditor contacted the hospital and confirmed the availability of SAFE/SANE examiners for forensic examinations of residents committed to BAJCC if needed. The facility reported on the PAQ that there were no forensic medical exams conducted during the 12 months preceding the audit, which was also confirmed during interviews with the Nurse Manager, PREA Coordinator, and Superintendent.

115.321(d)(e)(h): VOL IV-4.1-1.03 establishes that DJJ shall attempt to make a victim advocate available from a rape crisis center to the resident. For the purpose of this procedure, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 34 U.S.C. 12511(b)(2)(C), to victims of sexual assault of all ages. The facility may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. If a rape crisis center is not available to provide victim advocate services, a qualified

	staff member from a community-based organization or a qualified agency staff member shall be made available. Agencies shall document efforts to secure services from rape crisis centers. For the purposes of this procedure, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual abuse and forensic examination issues in general. If requested by the resident, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. An interview with the PREA Coordinator confirmed that the VCU Medical Center provides an advocate during the SAFE/SANE examination. The auditor reviewed the MOU between DJJ and YWCA, effective May 8, 2018, and the MOU between DJJ, YWCA, and the Hospital Accompaniment Response Team, effective May 1, 2017. Both MOUs are perpetual. As part of the Regional Hospital Accompaniment Response Team, a victim advocate from the YWCA will respond to hospital requests to support the victim through the forensic medical examination process and investigatory interviews at the request of the resident/victim. The advocate will also provide emotional support, crisis intervention, information, and referrals. The auditor spoke with a representative at YWCA and confirmed the services outlined in the MOU are in effect. If a resident requests emotional support during an investigative interview or if staff determine that such support is needed, staff must contact the Psychology Manager to obtain emotional stabilization, trauma-informed guidance, and assistance in navigating the interview process. An interview with the Clinical Treatment Programs Director confirmed that if needed, a behavioral unit practitioner with appropriate credentials will be assigned. 115.321(f): VOL IV-4.1-1.03 and VOL I-1.7-01 collectively establish that, to the extent DJJ itself is not responsible for investigating allegations of sexual abuse, DJJ's Investigative Unit shall request that VSP follow the requirements of PREA, including specialized training for investigators mandated under PREA, and shall request that the investigating agency follow the requirements of this section. The DJJ Investigations Unit is the designated entity for investigating sexual abuse allegations. An interview with the PREA Coordinator and Facility Investigations Unit Director confirmed that should an outside agency investigate an allegation of sexual abuse, DJJ would request that the entity follow the requirements of 115.321(a) through (f). Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL I-1.7-01, The Role, Functions, and Responsibilities of the Investigative Unit and Personnel Reporting Responsibilities; Case Files; PREA Allegations Log March 2025-February 2026; MOU Between DJJ and Virginia State Police; Information Obtained During Interviews.

115.322(a)(b): The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. This policy is established in VOL IV-4.1-1.03 and VOL I-1.7-01. VOL I-17-01 establishes that referrals for investigations should be made using the supervisory chain of command. Once the Organizational Unit Head, Superintendent (or designee) is made aware of a potential situation of an administrative, criminal, PREA, or other violation, he/she shall notify, as soon as practical, the Investigative Unit Manager and/or the Investigative Unit Supervisors. The Investigative Unit Manager and/or Investigator Supervisors shall have the responsibilities to assign and/or conduct investigations regarding incidents that are reported and/or referred to the Investigative Unit. When required by law, or as otherwise appropriate to the circumstances, the Unit shall consult with the Virginia State Police (VSP), local law enforcement, respective Commonwealth's Attorney Offices, and/or the Office of the State Inspector General (OSIG) for guidance and resources. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The PREA Coordinator tracks all PREA allegations received and forwarded for investigation, as well as the status of the investigations through closure. The auditor reviewed the Allegations Log from February 2025 through March 2026, and 113 reports of sexual abuse (59) and sexual harassment (54) were received by the facility during the 12 months preceding the audit. Of these 113 reports of sexual abuse and sexual harassment, none were referred for criminal investigation. The auditor reviewed 28 cases selected from the Allegations Log during the Pre-Audit Phase. Of the 113 cases, 5 were still open. Based on this review and during interviews with the PREA Coordinator and Facility Investigations Unit Director, the auditor concluded that all allegations of sexual abuse and sexual harassment received by the facility are forwarded to the appropriate entity for investigation. The auditor interviewed the Facility Investigations Unit Director and confirmed that the DJJ Investigations Unit is the primary authority for all sexual abuse and sexual harassment allegations and, when appropriate, allegations will be referred to the VSP for criminal investigation. The PREA Coordinator explained that DJJ has an MOU with the VSP for cases that require a criminal investigation. The auditor viewed the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation, which is published on the agency website at <https://www.djj.virginia.gov/pages/policy/prea.htm>. The Facility Investigations Unit Director provided the Interagency Agreement between DJJ and VSP for review. This agreement outlines the joint jurisdiction to enforce the criminal laws of the Commonwealth and conduct criminal investigations as requested by DJJ, effective August 6, 2024, with no expiration date.

	Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03, PREA; Basic Skills PREA Lesson Plan 2025; Basic Skills PREA Participant Manual 2025; Basic Skills PREA PowerPoint; In-Service PREA Lesson Plan 2025; In-Service Participant Manual 2025; In-Service PREA PowerPoint 2025; PREA Training Acknowledgement Form for Staff; Basic Skills Non-Security PREA Lesson Plan 2026; Basic Skills Non-Security PREA Participant Manual 2026; Basic Skills Non-Security PREA PowerPoint; In-Service PREA PowerPoint 2026; PREA Online Training Course and Online Transcript; Employee Training Records; Signed Acknowledgement Forms; Training Bulletin; DJJ PREA Online Training Roster 2024; DJJ PREA Online Training Roster 2025; Institutional In-Service 2026 PREA Rosters; Observations During Site Visit; Information Obtained During Interviews. 115.331(a)(b)(c): VOL IV-4.1-1.03 establishes that all DJJ employees who may have contact with residents shall be trained on the zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the right of residents to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; the role of staff as a first responder should a resident disclose sexual abuse as detailed in the First Responders' Duties Section; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents in each facility. The employee shall receive additional training if the employee is reassigned from a facility or unit that houses only male residents to a facility or unit that houses only female residents, or vice versa. DJJ shall provide each employee who may have contact with residents with refresher training on DJJ's current sexual abuse and sexual harassment policies and procedures every year. BAJCC houses both male and female residents, and staff is trained on the unique needs and attributes of both genders. During interviews with the PREA Coordinator and PREA Compliance Manager, the auditor confirmed that

employees receive initial PREA training in a classroom setting. Annual training is conducted virtually. The PREA Coordinator's office sends out policy updates and refreshers by email and bulletins throughout the year. All DJJ employees who do not attend in-person PREA training or in-service are required to complete the PREA Online Training Course annually.

The auditor reviewed the Basic Skills PREA Participant Manual, a 20-page interactive workbook that corresponds with the Basic Skills PREA Lesson Plan and PowerPoint slides. The lesson plan and slides cover all required topics listed in provision (a) of this standard. The material developed by the PREA Coordinator's office for staff training is comprehensive, robust, engaging, and is updated regularly. Rosters for the DJJ Online PREA Training indicated 1258 staff completed the training in 2024 and 1389 in 2025. A random sample of individual records for current refresher training for 90 staff and for initial training for 38 staff were reviewed. All DJJ staff receive PREA training on Day 1 of hiring during orientation; additionally, all facility staff is required to attend a four-hour block of PREA education during Basic Skills training.

The auditor interviewed 14 random staff and had informal conversations with various other staff during the site visit about the PREA training provided by DJJ. The auditor concluded that staff have a thorough understanding of the agency's zero tolerance policy and are well-trained on their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. They were knowledgeable on the topics covered during training and particularly referenced the "Jeopardy" challenge played in-service to enhance engagement during training.

Note: By direction of the DOJ provided on December 2, 2025, provision (a)-9 has been determined to conflict with Executive Order 14168, and the facility shall not be held to this provision.

115.331(d): VOL IV-4.1-1.03 establishes that DJJ shall maintain documentation of all training, including the employee's signature or electronic verification that they understand the training. This shall be done electronically or via the PREA Training Acknowledgement for Staff Form. The auditor reviewed signed acknowledgement forms for 78 Department of Education employees for in-service dated 6/11/25; 178 random staff during various 2025 Basic Skills training dates; and 16 random new hires during the 12 months preceding the audit. The facility provided training rosters for 2024 and 2025 DJJ Online PREA Training, indicating all DJJ employees completed the PREA training. Online training captures an electronic signature attestation.

Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard. The facility/agency exceeds provisions (a) by updating the training material annually, and (c) by requiring annual PREA training and refresher training throughout the year.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03, PREA; 2024 PREA Volunteers and Contractor Guide Trifold Brochure in Spanish and English; Lists of Contractors; List of Volunteers; Training Records; Signed PREA Volunteer/Contractor Acknowledgement Forms; Observations During Site Visit; Information Obtained During Interviews. Evidence Reviewed During the Corrective Action Period: Contractor Tracking Logs; Google Completed Report PREA Medical & Mental Health Training.pdf; Google Completion Report PREA Volunteer & Contractor Training Acknowledgement Form.pdf; Google Document PREA Volunteer & Contractor Knowledge Assessment.pdf; Google Completion Report PREA Volunteer & Contractor Knowledge Assessment.pdf; Google Document PREA Medical & Mental Health Training Acknowledgement Form.pdf; Google Document PREA Volunteer & Contractor Training Acknowledgement Form.pdf; Google Document PREA Knowledge Check.pdf; Samples of Contractor Documentation 8.26.26.pdf; Google Document PREA Questionnaire.pdf; Google PREA Questionnaire Completion Report.pdf; Interviews with PREA Coordinator and PREA Compliance Manager. 115.332(a)(b)(c): Policy VOL IV-4.1-1.03 establishes that DJJ shall train all volunteers and contractors who have contact with residents on their responsibilities under DJJ’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents, but this training shall include, at a minimum, notification of DJJ’s zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report any such incidents. The appropriate level and type of training for volunteers and contractors who have contact with residents may be determined based on the following: Incidental Contact with Residents (e.g., construction crews) will receive written training materials; Supervised Contact with Residents (e.g., interpreters, volunteers, interns) will receive written training materials; and Unsupervised Contact with Residents (e.g., medical professionals, contract employees, etc.) will receive formal training with a lesson plan. Policy requires DJJ to maintain training with the volunteer’s or contractor’s signature or electronic verification that they understand the training they have received. The PREA Lesson Plan for Volunteer/Contractors and PowerPoint Slides contains an overview of PREA, definitions of sexual abuse and sexual harassment, prevention strategies, setting appropriate boundaries/avoiding inappropriate relationships, dynamics of sexual abuse/harassment in correctional settings, response and reporting, detection, confidentiality, age of consent, applicable laws, consequences, and allegation data. The 2024 PREA Volunteers and Contractors Guide brochure provides the DJJ Zero Tolerance Policy, contact information for the PREA Coordinator, appropriate boundaries, acts of sexual abuse, detection strategies, and how to

report an incident or suspicion of sexual abuse and sexual harassment.

The facility reported that 74 volunteers and 2 education contractors were trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. However, the facility/agency maintains contracts for medical, mental health, and food service providers. The facility provided a list of 18 staff for the food service contract provider, including their hire date and PREA training date, indicating all had received PREA training as required. Signed PREA Volunteer and Contractor Acknowledgement Forms were also provided for all 18 food service staff. The facility provided a list of approved volunteers and a sample of 30 signed PREA Volunteer and Contractor Acknowledgement Forms. A review of the medical contractor list found that 5 did not have a record of PREA training. During the onsite document review, it was also discovered that the agency had several contracts initiated during the 12 months preceding the audit for mental health services, including multiple providers, and the facility had no documentation to support that any of the contract providers had been trained in PREA. As multiple contract staff who have contact with residents were not trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, the facility was found out of compliance with provisions (a) and (c), and entered a 180-day corrective action period to remedy this deficiency.

Corrective Action Taken: Upon becoming aware of the discrepancy with provisions (a) and (c), the PREA Coordinator immediately began working with the appropriate departments to implement a corrective action plan. The PREA Coordinator requested that the Quality Assurance & Regional Service Coordinating Manager identify and require PREA training for all mental health contract staff actively entering the facility and having contact with residents. Email correspondence from the Agency PREA Coordinator dated July 20, 2026, outlined the corrective action plan to bring existing mental health contractors into compliance and implement requirements for all new contractors going forward. This plan required the identification of all current contracts and corresponding contract staff who were entering the facility and having contact with residents. Once identified, these mental health contract staff were required to complete PREA training by an established deadline. The plan was initiated, and updated documents were provided over the course of a month to indicate progress toward full implementation.

Additionally, all contracts were amended to include PREA training requirements for any new or existing providers before entering the facility going forward. The auditor was provided a list of 19 mental health contract agencies employing multiple staff, and a copy of email correspondence provided to the Quality Assurance & Regional Service Coordinating Manager outlining the plan of action, PREA training materials, instructions, and a 14-question post-training assessment, with a deadline to complete the required training. August 25, 2026, the PREA Coordinator provided an updated list of all contractors previously out of compliance. The correspondence provided confirmed that current contracts have been modified and new contracts include language requiring PREA training for providers who have contact with residents. August 26, 2026, the facility provided an updated mental health

	contractor tracking log documenting 57 mental health contractors that included their PREA training status. All mental health providers who did not comply by the deadline were suspended effective July 31, 2026. PREA Volunteer/Contractor Training Acknowledgement Forms provided to the auditor for the period of July 30 to August 21, 2026, indicated that 462 contractors completed the required training and digitally acknowledged understanding of the training they received. A sample of 7 signed PREA Volunteer and Contractor Acknowledgement Forms was provided for contractors who completed the training on-site. A memorandum from the Assistant Superintendent dated July 10, 2026, confirmed that a corrective action plan had been implemented to ensure that all contractors hired for Food Service and Medical will be required to complete PREA training. No contractor will be permitted to enter the facility until all requirements have been met. The new process will be supervised by the Assistant Superintendent. An updated contractor tracking log was provided as evidence that PREA training was completed by all contract staff, including the 5 who were found during the onsite audit document review to be out of compliance. Additionally, 10 medical contractors have been hired since the onsite portion of the audit and the log indicated PREA training was completed upon hire, and 3 prospective medical contractors were listed who have not yet completed all the required checks or training were notated that they are not allowed into the facility until all required actions are completed. A review of the food service tracking log confirmed that 9 new contract staff have been hired since the onsite portion of the audit, and all have completed training as required. The facility demonstrated that procedures have been implemented to ensure that contractors who have contact with residents will be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The agency has demonstrated that it maintains documentation confirming that the volunteers and contractors understand the training they have received. No further action is required for provisions (a) and (c). Conclusion: A systematic review and analysis of the evidence, including evidence during the corrective action period, concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; Attachment 3, Intake PREA Brochure Acknowledgement Form (Spanish and English); Attachment 4, Peer Education Acknowledgement Form; PREA Trifold Brochure Youth Safety Guide (English and

Spanish); Resident Population Roster; Proprio Language Services Instructions; Picture of Braille PREA Brochure for Resident; VOL IV.3-5.02, Language Assistance Services; Resident Records; Translation Assistance Report; VOL IV-4.1-1.15, Resident Grievances and Complaints - English and Spanish; Resident Handbook; Memorandum from PREA Coordinator Subject: PREA Standard § 115.316; Invoices and Record of Paid Invoices for ASL Interpreter Services/Mosaic; Observations During Site Visit; Information Obtained During Interviews.

115.333(a)(b)(c): VOL IV-4.1-1.03 establishes that during the intake process, residents shall receive information explaining, in an age-appropriate fashion, DJJ's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The receipt of this information shall be documented using the Intake PREA Brochure Acknowledgement Form (Attachment #3) in addition to the Intake/Orientation Form (DIS-008) to be placed in the resident's master and transfer files. Within the first ten (10) days of arrival at the facility, residents shall attend the DJJ PREA Peer Education class where they will be instructed by a trained peer educator(s). DJJ PREA Peer Education classes shall be supervised by JCC staff. New residents shall receive comprehensive age-appropriate information (either in person or through video) regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and all aspects of DJJ's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Information shall include the following topics: a. Definition of sexual abuse and sexual harassment and behavior prohibited by staff, contractors, volunteers, and other residents; b. Strategies to prevent sexual abuse and sexual harassment; c. Reporting sexual abuse and sexual harassment; d. Department policies and procedures for responding to such incidents; e. Their rights to be free from retaliation for reporting such incidents; f. Availability of treatment and counseling; and g. Availability and use of Resident PREA Hotline (#55). Residents shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility. Currently, the agency has only one juvenile correctional center.

The Intake Unit Staff provides the required PREA information upon intake, and the PREA Compliance Manager delivers the comprehensive education to residents. As there were no new arrivals during the site visit, the PREA Compliance Manager gave the auditor a mock intake demonstration. The auditor reviewed the sexual safety information (PREA information/zero-tolerance information) provided at the point of intake, which included all the forms and brochures mentioned in the previous paragraph. The intake information provided includes a review of DJJ's zero-tolerance for sexual abuse and sexual harassment of residents and staff and the PREA procedures; definitions; prohibited behavior; prevention; reporting; #55; agency response; retaliation; treatment; and counseling. During intake orientation, the resident also receives the PREA Brochure. The Intake/Orientation Form and the PREA Brochure Acknowledgement Form are signed. Within 10 days of intake, the resident receives comprehensive training on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; the agency's policies and procedures for

responding to sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse and sexual harassment, to include the PREA hotline (#55); resident's right to be free from sexual abuse and sexual harassment; and resident's right to be free from retaliation for making reports. After the comprehensive education, the resident signs the PREA Peer Education Acknowledgement Form. Written information is clear and provided at an appropriate reading level and is accessible by all residents, including those who are LEP. All written material is translated into Spanish; however, the PREA Compliance Manager explained that if the facility receives a new intake who speaks/understands a language other than English or Spanish, all written materials will be translated for that resident using Proprio. The facility provides interpreters, when needed, to assist deaf and non-English speaking persons confined in the facility. Intake staff are prepared to read written information aloud for residents who are Blind or have low vision or limited reading skills.

An interview with the Clinical Treatment Programs Director confirmed that Behavioral Services Unit (BSU) staff are involved in providing the required information to residents with cognitive or functional disabilities when needed. The facility has a Peer Educator Program where designated residents deliver the PREA comprehensive education to new residents. The auditor's review of the Peer Educator Program/policy found that these peer educators are provided with comprehensive training regarding the PREA training information before leading their first class. Peer educators are selected based on the following criteria: a. Earned at least 90% of their weekly Facility-Wide Positive Behavior Interventions and Supports (FW-PBIS) points in the last 120 days; b. No Disciplinary Reports (DRs) in the last 120 days; c. No gang participation within the facility in the last year; d. No sexual misconduct within the facility in the last year; Must be approved through the case management process; and f. Demonstration of leadership and positive role modeling. If a peer educator team is not available within the first ten (10) days of a resident's arrival to the JCC, the Agency PREA Coordinator or designee provides the DJJ PREA Peer Education Class. The PREA Compliance Manager advised that the Peer Education Program is not currently in operation but anticipates bringing it back online in the future.

The facility reported that 99 residents were admitted during the 12 months preceding the audit, and all were given information during intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. All 99 residents also received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake. The facility provided a list of all residents admitted between March 26, 2026, and February 23, 2026. The list confirmed that all residents received the required information and education.

The admitted onsite population on day one was 164, and the auditor was required to interview 20 residents. The auditor randomly selected 22 (17-Male/4-Female) residents from the facility's Current Population Roster and from the targeted lists provided by staff. Targeted interviews included residents with cognitive disability

(3), LEP (1), Lesbian/Gay/Bisexual (4), Transgender (2), Reported Sexual Abuse (4), and Reported Prior Sexual Victimization (2). There were no residents at the time of the audit who were Blind or had low vision, Deaf or hard of hearing, physically disabled, or had been placed in isolation after a sexual abuse incident. Based on interviews with these residents, each received information explaining, in an age-appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment during intake. Additionally, the agency provided comprehensive age-appropriate education in person (staff/peer educator) regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The residents were well informed about their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting incidents. Residents knew the name of the facility's PREA Compliance Manager and how to make contact.

On-site/Post Audit Corrective Action: During interviews, several residents stated they did not receive a Resident Handbook, which was later confirmed during an interview with staff that the handbook had been under revision and had not been available for distribution. Once this was brought to the facility's attention, the current Resident Handbook was obtained and distributed to all current residents. Rosters acknowledging distribution of the Resident Handbook between June 18 and 24, 2026, were signed by 112 residents and provided to the auditor for review. Procedures were implemented to ensure that the Resident Handbook would be distributed during intake going forward. The auditor reviewed the Resident Handbook and confirmed that the PREA information included was accurate.

During the Pre-Audit Phase, the auditor conducted file reviews of education documents for 23 residents who were admitted between March 19, 2025, and February 28, 2026. All 23 residents received the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment, as well as the PREA Trifold Brochure Youth Safety Guide during intake. All 23 received the PREA comprehensive education outlined in the paragraph above; however, 20 received it within 10 days of intake, and the other 3 received it between 11 and 18 days after intake. During the site visit, the auditor requested samples of PREA education for an additional 24 residents. Of these records, 7 residents were admitted outside of the audit period, leaving 17 for evaluation. All 17 residents received the required information during intake. Comprehensive PREA education was delivered to 14 residents within 10 days of intake, and to 3 residents between 12 and 17 days. Review of these documents concluded that the required PREA information is provided to residents upon intake, and residents receive comprehensive education within 10 days after intake in most cases. The auditor spoke with the PREA Coordinator and PREA Compliance Manager about the three outliers. This issue was identified by the PREA Coordinator and PREA Compliance Manager before the audit, and corrective action has been implemented. Of the records reviewed, comprehensive training has been consistently provided to residents within 10 days since December 1, 2025; therefore, the auditor concluded

that the corrective action implemented is institutionalized.

115.333(d): VOL IV-4.1-1.03 establishes that the education/information (to include written materials) shall be provided in formats accessible to all residents, including residents who are deaf or hard of hearing; blind or visually impaired; have intellectual, psychiatric, or speech disabilities or are otherwise disabled; or who have limited reading skills or are limited English proficient. DJJ shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment for such residents. Ensuring access shall include, when necessary to ensure effective communication, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, for residents who are limited English proficient, deaf, or hard of hearing. DJJ shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining another effective interpreter could compromise the safety of the resident, the performance of first-responder duties, or the investigation of a resident's allegations.

The PREA Unit has translated the PREA Brochure for Residents into Braille for blind or visually impaired Braille readers. Proprio provides in-person ASL interpreter services. An interview with the PREA Coordinator confirmed that there were no deaf or hard-of-hearing residents assigned to the facility during the audit; however, the facility provided documentation for services provided to a deaf/hard-of-hearing resident in 2022-2023, which falls outside the current audit cycle. The PREA Coordinator explained that upon the resident's arrival, the agency arranged an ASL interpreter for orientation, school, programming, classification meetings, and other required interactions. After the resident received his hearing aids, ASL services were no longer necessary. At that time, the agency contracted with Mosaic for interpreter support. The auditor reviewed paid invoices for ASL services provided to the resident between October 25, 2022, and March 28, 2023. Comprehensive PREA training is delivered to residents by the PREA Compliance Manager, who confirmed during her interview that she assesses each new arrival to see if they have any impairment or disability or are LEP. Any resident who is deaf or hard of hearing, blind or visually impaired, has intellectual, psychiatric, or speech disabilities, or who has limited reading skills or is limited English proficient, will meet with them one-on-one and ensure that the material is delivered in a manner of their understanding, whether it means reading the material aloud or obtaining specialized services. She also stated that the ADA team, mental health staff, or education staff may be consulted when devising a plan to convey the PREA education to residents who have intellectual or speech disabilities or who are cognitively impaired. An interview with the PREA Coordinator and Facility Investigations Unit Director confirmed that there have been no sexual abuse or sexual harassment investigations involving a disabled or LEP resident where an interpreter would be necessary and that there would never be a situation when another resident would be used to interpret.

115.333(e): VOL IV-4.1-1.03 establishes that documentation that residents have received PREA information and training shall be maintained using the Intake/

	Orientation Form (DIS-008) and placed in the resident's master and transfer files. The Agency PREA Coordinator or designee shall also document this training using the Peer Education Acknowledgement Form (Attachment #4). The auditor reviewed completed PREA education forms for 47 residents and concluded that the agency maintains documentation of resident participation in PREA education sessions. 115.333(f): DJJ ensures that key information about the agency's PREA policies is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The facility utilizes the talents of residents by having them design posters that are reproduced and displayed throughout the facility. Currently, the facility has three resident-designed posters displayed. The auditor observed the signage was posted where it could be easily read and accessed. Signage language was found to be clear, easy to understand, and at an appropriate reading level for the residents confined in the facility. The signage text size, formatting, and physical placement accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair. The information provided by the signage was not obscured, unreadable, or missing due to damage. The information on the signage is accurate and consistent throughout the facility. Signage is placed in the facility and is accessible to staff, residents, volunteers, and visitors. Signage was posted conspicuously throughout the facility and was colorful, legible, and noticeable. Additionally, each resident receives a copy of the Resident Handbook, which includes detailed information about PREA, including Understanding Youth Rights, Terms and Definitions, Explanation of DJJ's Zero Tolerance of Sexual Abuse/Harassment, How to Report Sexual Abuse/Harassment, Preserving Evidence, How to Be Safe, Reporting Rights, Retaliation Prohibition, Various Reporting Methods, Availability of Treatment and Counseling, Prevention Strategies, and Health Boundaries. The auditor reviewed the Resident Handbook and found the information contained was current and accurate. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03, PREA; List of Investigators; Investigator Training Records (General and Specialized); 2024 Specialized Investigation Training Agenda and Participant Roster; 2026 Specialized Investigator Training Modules 1-7; PREA Investigations Training Agenda May 5-7, 2026; Information Obtained from Interviews with Investigators, PREA Coordinator, Superintendent, Deputy Director, and Director.

	115.334(a)(b)(c): Policy VOL IV-4.1-1.03 establishes that, in addition to the general training provided to all employees under the Employee, Volunteer, and Contractor Training Section, DJJ investigators, including designated facility PREA investigators, who conduct investigations into sexual abuse and sexual harassment, shall receive specialized training in conducting investigations in the correctional center setting. Training shall include techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. DJJ shall maintain documentation of such training. The facility indicated on the PAQ that the agency has 10 investigators employed who have completed the required specialized training. Of these investigators. The auditor was provided with a list of investigators indicating that 4 are designated as primary investigators for PREA. Training records were provided for all 10 investigators. The auditor reviewed training slides, training agenda, and training records for the most recent 2026 Specialized Investigator Training Modules 1-8 held May 5-7, 2026, where 18 agency staff attended, including the Community Engagement Unit staff, Institutional Intelligence Officer, PREA Compliance Manager, PREA Analyst, and PREA Coordinator. During the site visit, the auditor interviewed the Facility Investigations Unit Director and two designated PREA investigators. These interviews and document review concluded that investigators have been trained in accordance with the requirements of this standard and have received the general training required of all agency employees. The four designated primary investigators have received refresher training at least twice since the last PREA audit, which exceeds the requirement of provision (a), as it is only required once, and refreshers are not required. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard and exceeded the requirements of provision (a).
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03, PREA; Medical and Mental Health Staff Training Records; PREA Resource Center Specialized Training PREA Medical and Mental Care Standards Curriculum; Information Obtained During Interviews. Evidence Reviewed During the Corrective Action Period: Evidence Reviewed During the Corrective Action Period: Google Completed Report PREA Medical & Mental Health Training.pdf; Google Completion Report PREA Volunteer & Contractor Training Acknowledgement Form.pdf; Google Document PREA Volunteer &

Contractor Knowledge Assessment.pdf; Google Completion Report PREA Volunteer & Contractor Knowledge Assessment.pdf; Google Document PREA Medical & Mental Health Training Acknowledgement Form.pdf; Google Document PREA Volunteer & Contractor Training Acknowledgement Form.pdf; Google Document PREA Knowledge Check.pdf; Samples of Contractor Documentation 8.26.26.pdf; Google Document PREA Questionnaire.pdf; Google PREA Questionnaire Completion Report.pdf; Interviews with PREA Coordinator and PREA Compliance Manager.

115.335(a)(c)(d): The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Policy VOL IV-4.1-1.03 establishes that full-time and part-time employees and contractual medical practitioners and mental health professionals who work regularly within the facility shall have training in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how to report allegations or suspicions of sexual abuse and sexual harassment and to whom. DJJ shall maintain documentation of this training. Medical practitioners and mental health professionals shall also receive the training mandated under the Employee, Volunteer, and Contractor Training Section for employees, or for contractors and volunteers, depending upon the practitioner's status. The facility reported that 45 medical and mental health care practitioners (22-medical/19-BSU/4-BSU CAP) work regularly at the facility and have received the training required by agency policy. The auditor interviewed the Nurse Manager, Clinical Treatment Programs Director/BSU Supervisor, and PREA Coordinator, and reviewed training documents for the 45 medical and mental health practitioners, concluding that all training requirements of provisions (c) and (d) of this standard have been met for employees. A review of the medical contractor list identified three contract nurses that required specialized training pursuant to 115.335, and both had completed the training prior to the onsite portion of the audit. The remaining 13 medical contract staff did not require completion of the specialized training.

During the onsite document review, it was discovered that several contracts for mental health services had been initiated during the 12 months preceding the audit, but the facility could not provide documentation to support that the required specialized training or the general training for these mental health practitioners and staff contractors had been completed. Upon discovery of this deficiency, the PREA Coordinator immediately implemented a corrective action to identify all contract practitioners who have contact with residents but have not received the required training and initiated a plan and schedule for these contractors to complete the training. Because the training was not completed prior to the contractors having contact with residents, the facility was found out of compliance with provisions (a)(c)(d) and entered a 180-day corrective action period to remedy this deficiency.

Corrective Action Taken: Upon becoming aware of the discrepancy with provisions (a)(c)(d), the PREA Coordinator immediately began working with Quality Assurance & Regional Service Coordinating Manager to implement a corrective action plan. Email correspondence from the Agency PREA Coordinator dated July 20,

2026, outlined the corrective action plan developed to bring the existing mental health contractors into compliance and implement requirements for all new contractors hired going forward. This plan required the identification of all current contracts and corresponding contract staff who were entering the facility and having contact with residents. Once identified, these mental health contract staff were required to complete PREA training by an established deadline. The plan was initiated, and updated documents were provided over the course of a month to indicate progress toward full implementation. Additionally, all contracts were amended to include PREA training requirements for any new or existing providers before entering the facility going forward. The auditor was provided a list of 19 mental health contract agencies employing multiple staff, and a copy of email correspondence provided to the Quality Assurance & Regional Service Coordinator Manager outlining the plan of action, PREA training materials, instructions, and a 14-question post-training assessment, with a deadline to complete the required training. On August 25, 2026, the PREA Coordinator provided an updated list and status of all contractors previously out of compliance. The correspondence provided confirmed that current contracts have been modified and new contracts include language requiring PREA training for providers who have contact with residents. On August 26, 2026, the facility provided an updated mental health contractor tracking log documenting 57 mental health contractors that included their PREA training status. All mental health providers who did not comply by the deadline were suspended effective July 31, 2026. The auditor was provided with a Roster indicating 219 medical and mental health contract staff completed specialized training between July 30 and August 21, 2026. Training documentation pursuant to 115.332 completed during the CAP period was provided and reviewed by the auditor, satisfying provision (d). The facility demonstrated that procedures have been implemented to ensure that full-time and part-time medical and mental health care practitioners who have contact with residents and who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. A review of the current medical contractor tracking log confirmed that 8 new medical contract nurses were hired since the onsite portion of the audit, and documentation was provided that all completed the specialized training upon hire.

115.335(b): No medical staff employed by DJJ shall conduct forensic examinations. When a forensic examination is required, the resident shall be transported to a Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner. The auditor confirmed during interviews with the Nurse Manager and PREA Coordinator that forensic examinations are not conducted by DJJ medical staff or contractors.

Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.

115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03, PREA; Intake Data Sheets; Vulnerability Assessments; Resident File Documents/Completed Assessments and Reassessments; Tracking Sheet of Residents Received March 1, 2025-February 28, 2026; Resident Housing Roster; Information Obtained During Interviews. 115.341(a)(b): Policy VOL IV-4.1-1.03 requires that within 72 hours of a resident's arrival to a facility (both initial and transfers), the counselor shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The counselor shall complete the Vulnerability Assessment in BADGE as part of the orientation process and at least every 90 calendar days thereafter. In the absence of the counselor, the Casework Supervisor or designee shall complete the assessment. Upon each completion, the assessment shall be printed from BADGE, and a copy shall be placed in the resident's master and transfer files. The completion of the assessment shall also be documented on the Intake/Orientation Form (DIS-008). If new information is obtained during the intake process or throughout the resident's commitment, the counselor shall complete a new Vulnerability Assessment. In the event BADGE is not available due to power outage, internet malfunction, etc., staff shall complete a paper copy of the Vulnerability Assessment (DIS-017). The staff who completed the form shall provide copies to appropriate staff, to include BSU, counselor, Housing Unit Coordinator, Casework Supervisor, Casework Manager (or, in the absence of the Casework Manager, their designee), and Facility PREA Compliance Manager, within 24 hours of completing the assessment. A copy shall also be placed in the resident's master and transfer files. The information shall be transferred into BADGE as soon as practicable, but not to exceed five (5) working days after access is regained. Policy VOL IV-4.1-1.03 also establishes that information shall be gathered through conversations with residents during the intake process, medical and mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from residents' files. Information to be gathered shall include: Prior sexual victimization or abusiveness; Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; Current charges and offense history; Age; Level of emotional and cognitive development; Physical size and stature; Mental illness or mental disabilities; Intellectual or developmental disabilities; Physical disabilities; The resident's own perception of vulnerability; and Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The facility/agency conducts the risk assessment using the Virginia Department of Juvenile Justice Vulnerability Assessment. The auditor reviewed the risk assessment

instrument and concluded it considers all information required by the provisions of this standard to evaluate a resident for vulnerability and aggressiveness. Information is entered into the system, and a score is populated for the resident's risk of victimization and risk of perpetration. The same instrument is used to conduct reassessments. Based on staff interviews, the information entered into the instrument is obtained from information available in the existing database, BSU documents, court records, self-disclosure, and personal observations of the staff conducting the interview. The facility reported on the PAQ that 99 residents entered the facility during the 12 months preceding the audit, whose length of stay was 72 hours or more, and 100% were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The auditor reviewed the tracking log provided for 99 residents who entered the facility and found 89 had their risk assessment completed within 0-72 hours of arrival, and 10 had their risk assessment completed beyond 72 hours. Further discussion with the PREA Coordinator, PREA Compliance Manager, and the CAP Counselor confirmed that the assessments listed on the tracking sheet as being beyond 72 hours had paper copies completed and were entered into the BADGE system at a later date, causing the screening to appear late. The auditor selected and reviewed risk assessments for 37 residents admitted between March 6, 2025, and April 22, 2026, and confirmed that 36 had a risk assessment completed within 72 hours, and 1 was completed beyond 72 hours. An interview with the PREA Compliance Manager confirmed that there was a miscommunication about the counselor assignment, causing the assessment to be delayed. Once identified, the assessment was completed immediately. Periodic reassessments had been completed on 34 residents; the remaining had not been at the facility long enough to qualify for a reassessment. The auditor concluded that the facility routinely completes initial assessments within 24 hours of arrival based on 27 of 37 records reviewed, exceeding the requirements of provision (a).

The auditor interviewed staff who conduct the risk assessment, including a CAP Counselor and a facility Counselor. These interviews confirmed that the screening assessment always occurs in a private setting and that the questions are asked in a manner that would be understood by the resident based on additional criteria known about the resident and considering age and any known disabilities. Assess whether screening staff asks screening questions in a manner that fosters comfort and elicits responses. Both staff interviewed stated they affirmatively ask residents about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI in addition to making a subjective determination about perceived status. These interviews also confirmed that the assessment is conducted within 24 hours and that all residents assigned to the facility are seen by BSU for an evaluation. The facility Counselor confirmed that a vulnerability re-assessment is conducted at least every 90 days for each resident, or when any additional information becomes available, in collaboration with the resident's Treatment Team.

Under the direction of the DOJ provided on December 2, 2025, provision (c) subpart (2) has been determined to conflict with Executive Order 14168, and the facility shall not be held to this provision.

	115.341(e): Policy VOL IV-4.1-1.03 establishes that the information gathered during the risk assessment shall remain confidential. Information shall be disseminated in a manner that ensures sensitive information is not exploited to any resident's detriment by staff or other residents. Interviews with the PREA Coordinator, PREA Compliance Manager, Superintendent, and the facility Counselor concluded that access to information collected during the risk assessment is restricted through computer access based on job responsibilities, and only those who need to know this information have access. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard. The auditor concluded that the facility routinely completes initial assessments within 24 hours of arrival, exceeding the requirements of provision (a).
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03, PREA; VOL IV- 4.1-2.28, Special Housing; Intake Data Sheets; Vulnerability Assessments; Resident File Documents/ Completed Assessments; ICRC/CCRC Referrals; Classification and Treatment Services Team Minutes; Resident Housing Roster; Information Obtained During Interviews. 115.242(a): Policy VOL IV-4.1-1.03 establishes that for any resident who scores moderate or high risk of victimization and/or of perpetration based on the findings in their initial Vulnerability Assessment or whose score increases to moderate or high risk of victimization and/or of perpetration, the Institutional Classification and Review Committee (ICRC) shall review the resident's current placement within seven days of the assessment. For any resident who scores little to no elevated risk, but the assessor has concerns about the resident's vulnerability or deems further consideration is necessary, the resident may also be referred to ICRC. If the Vulnerability Assessment indicates no change in the risk of victimization and perpetration, no further action is required. DJJ facilities shall use the information gathered during intake screenings or at any time during commitment to make housing, bed, program, education, and work assignments for residents, with the goal of keeping all residents safe from sexual abuse. The auditor reviewed documents for five residents referred to the ICRC based on the results of their Vulnerability Assessments, along with Classification and Treatment Services Team Minutes related to this referral. Interviews with the PREA Compliance Manager and staff who conduct risk screening confirmed that housing and programming decisions include information obtained during the risk screening. The PREA Compliance Manager meets with all residents within the first week of arrival to

speaking with them about their adjustment at the facility and to see if they have any additional information they want to share that could affect their risk for sexual abuse. Additionally, the PREA Compliance Manager checks in on residents periodically who are considered high risk. All residents are assigned a mental health counselor with whom they have regular contact. Housing and programming decisions are made in collaboration with the Classification and Treatment Services Team. Interviews with the PREA Compliance Manager also confirmed that no residents are placed in a two-person room without verification for compatibility.

115.342(b): Policy VOL IV-4.1-1.03 establishes that residents may be placed in protective custody away from other residents only as a last resort when less restrictive measures are inadequate for the safety of the resident and others and only until an alternative can be safely arranged in accordance with VOL IV- 4.1-2.28 (Special Housing). Residents placed in protective custody shall have access to the same basic rights as residents in the general population and shall not be denied daily large-muscle exercise or any legally required educational programming or special education services. These residents shall receive daily visits from medical or mental health care clinicians in accordance with VOL IV-4.3-5.08 (Medical Management of Residents in Special Housing). They shall also have access to other programs and work opportunities to the extent possible. Any protective custody placements shall document the basis for the facility's concerns for the resident's safety; the reasons no alternative way of separation can be arranged; and the need for protective custody shall be reviewed a minimum of every two (2) weeks to determine if there is a continuing need for separation from the general population in accordance with case management procedures.

There were no residents placed in isolation for risk of sexual victimization or who allege to have suffered sexual abuse; therefore, no interviews were conducted in this category. In an interview with the Superintendent, the auditor confirmed that residents are only isolated from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe. She further confirmed that if a resident had to be separated, it would be for only as long as it took to arrange less restrictive appropriate housing. She explained that there have been no residents isolated for sexual safety reasons. The facility does not have a segregation unit. Interviews with medical and mental health staff confirmed that residents placed in isolation status for any reason receive visits from medical or mental health care clinicians daily.

115.342(c)(d)(e)(f)(g): Policy VOL IV-4.1-1.03 establishes that a resident shall not be placed in any housing or programming based solely on the resident's identification as lesbian, gay, bisexual, transgender, or intersex. A resident's identification as lesbian, gay, bisexual, transgender, or intersex shall not be considered an indicator of the likelihood of being sexually abusive. Decisions to place transgender or intersex residents in a male or female facility or unit, along with other housing and programming decisions and assignments, shall be made on a case-by-case basis, ensuring each resident's health and safety and considering the impact of the placement on population management and security. Placement and programming decisions for transgender or intersex residents shall be

	reassessed at least twice a year by the Classification and Treatment Services Team (treatment team) to review any threats to the resident’s safety. The resident’s perception of their own safety shall be given serious consideration. Transgender and intersex residents shall be allowed to shower separately from other residents. By direction of the DOJ provided on December 2, 2025, provisions (c)(d)(e)(f)(g) have been determined to conflict with Executive Order 14168, and the facility shall not be held to these provisions. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL IV-4.1-1.01, Incident Reports; Resident PREA Education Material; Employee Training Curriculum; Contractor/ Volunteer Training Material; Case Files; 2024 Ombuds Program Trifold, English and Spanish; 2024 PREA Youth Safety Guide Trifold Brochure, English and Spanish; YWCA and DJJ MOU; PREA Posters; Sexual Assault Allegation Flowchart; Staff PREA Poster; PREA Staff Retaliation Poster; Steps to Filing a Grievance and Complaint, Spanish and English; Observations During Site Visit; Information Obtained During Interviews. 115.351(a)(b): VOL IV-4.1-1.03, PREA establishes that residents shall be provided multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents, to include Grievance; Emergency Grievance; PREA Hotline; Staff; Written request; or Medical Service Request. Residents shall also be provided at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. This service is provided by EmpowerNet. 115.351(c): VOL IV-4.1-1.03, PREA establishes that, regardless of the means by which such reports are received, reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents shall be responded to as outlined in this policy. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports in accordance with VOL IV-4.1-1.01 (Incident Reports). Staff, including medical practitioners and mental health professionals, shall immediately report to the shift commander any

	knowledge, suspicion or information of any type regarding any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of DJJ, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. If the shift commander is the subject of the complaint, the staff shall notify the Administrator on Call (AOC). Staff shall comply with any applicable mandatory child abuse reporting laws. 115.351(d): VOL IV-4.1-1.03, PREA establishes that staff shall provide residents with the tools necessary to make a written report at their request and shall assist residents who cannot complete a written report themselves. The auditor observed during the site visit that residents had access to writing tools necessary to make a written report of sexual abuse, including easily accessible grievance forms. Interviews with staff and residents further confirmed that these tools are made available as needed. 115.351(e): Staff may use one of the Ombuds Program numbers (833-941-1370 or 804-323-0888) to privately report sexual abuse and sexual harassment of residents. Incidents involving the sexual abuse or sexual harassment of a resident shall be entered into BADGE in accordance with VOL IV-4.1-1.01 (Incident Reports). Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL IV-4.1-1.15, Resident Grievances and Complaints (English & Spanish); Observations During Site Visit; Information Obtained During Interviews. 115.352(a)(b)(c): VOL IV-4.1-1.03, PREA establishes that PREA-related grievances shall be addressed in accordance with VOL IV-4.1-1.15 (Resident Grievances and Complaints) in addition to the following guidelines: The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse; No resident shall be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance shall not be referred to a staff member who is the subject of the complaint. An interview with the Resident Rights & Legal Support Manager explained that there are grievance boxes on all units and in medical; only the HR Coordinators have keys to these boxes. Grievances are collected daily,

Monday through Friday. Emergency grievances are handled immediately. She stated there were a total of 597 grievances processed between March 1, 2025, and April 1, 2026. The PAQ stated there were 4 grievances alleging sexual abuse/harassment, filed in the past 12 months. The facility reported on the PAQ that 4 grievances were filed that alleged sexual abuse during the 12 months preceding the audit. The auditor reviewed 3 closed grievances and confirmed they were processed in accordance with the requirements of agency policy and this standard.

115.352(d): The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. The Facility PREA Compliance Manager shall communicate this to the resident using the Investigative Outcomes Form (Attachment #6). The agency may claim an extension of time to respond, up to 15 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

115.352(e): Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse using the Ombuds Program or the Third Party Reporting Form (Attachment #7). If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on their behalf, the agency shall document the resident's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on their behalf.

115.352(f): VOL IV-4.1-1.03, PREA establishes that the agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken; shall provide an initial response within 48 hours; and shall issue a final agency decision within five (5) calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The facility reported on the PAQ that there were 30 emergency grievances alleging substantial risk of

	imminent sexual abuse. The auditor reviewed a sample of 9 closed emergency grievances and found that the facility responded according to the established policy. 115.352(g). DJJ may discipline a resident for filing a grievance related to alleged sexual abuse only where DJJ demonstrates that the resident filed the grievance in bad faith. No residents were disciplined for filing a grievance in bad faith or otherwise. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL IV-4.1-2.12, Resident and Staff Mail; Resident Handbook, Spanish and English; PREA Trifold Brochure Youth Safety Guide, Spanish and English; YWCA and DJJ MOU; Information Obtained During Interviews. 115.353(a)(b)(c)(d): VOL IV-4.1-1.03 establishes that the facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by making available the mailing addresses and telephone numbers (including toll-free numbers, if available) of victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Prior to giving them access, residents shall be informed of the extent to which such communication will be monitored, and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. DJJ shall maintain or attempt to enter into memoranda of understanding or other similar agreements with community service providers able to provide residents with confidential emotional support services related to sexual abuse and shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Residents shall have access to contact #55 to reach the PREA Hotline and select (2) for the emotional support line; EmpowerNet, Director of Crisis Response, 6 North Fifth St., Richmond, VA 23219. Residents' correspondence with EmpowerNet shall be treated in the same manner as legal mail, as described in VOL IV-4.1-2.12. Residents shall be provided with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The auditor reviewed the MOU between DJJ and YWCA, effective May 8, 2018, with no end date. The agreement provides for a phone line where residents may reach

	emotional support services by selecting option #2 from the PREA hotline. The auditor spoke with a representative at YWCA and confirmed the services outlined in the MOU are in effect. The auditor observed signage explaining how to access confidential emotional support, and the information is also included in the Resident Handbook and the PREA Youth Safety Guide, which is provided to all residents at intake, as confirmed during review of PREA education documentation in 47 resident files. Resident interviews confirmed that they are aware of the available services and how to access them if needed. Additionally, resident interviews confirmed that they have access to their parents/legal guardians and confidential access to their attorneys. The auditor interviewed 4 residents who reported sexual abuse/harassment at the facility, and they all said that they knew about the emotional support services and that the PREA Compliance Manager met with them after the report to see if they needed any assistance making contact with the services. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL IV-4.1-1.03 Attachment 7, Third Party Reporting Form, English and Spanish; 2024 PREA Youth Safety Guide Trifold Brochure, English and Spanish; 2024 Ombudsman Program Trifold Brochure, English and Spanish; 2024 PREA Volunteers & Contractors Guide Trifold Brochure, English and Spanish; Case Files; Auditor's System Test; Observations During the Site Visit; Information Obtained from Interviews. 115.354(a): The agency has established a method to receive third-party reports of resident sexual abuse or sexual harassment and distributes publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. VOL IV-4.1-1.03, PREA establishes that third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to file such requests on behalf of residents using the Ombuds Program or the Third Party Reporting Form (Attachment #7). DJJ shall post information on how to make such reports on its website. The auditor reviewed the agency's public website (https://www.djj.virginia.gov/pages/policy/prea.htm), and published literature distributed to employees, volunteers, and contractors (2024 PREA Youth Safety Guide Trifold Brochure; 2024 Ombudsman Program Trifold Brochure; 2024 PREA Volunteers & Contractors Guide Trifold Brochure) and confirmed that third-party reports may be made to the Ombuds Office at 804-323-0888 or 833-941-1370 and the PREA Coordinator's Office at djjpreahotline@djj.virginia.gov. Residents may make a third-party report of sexual

	abuse and sexual harassment by using the PREA hotline and dialing #55 from the unit phones. All brochures are printed in English and Spanish and can be translated into other languages if needed. The agency's public website also contains a link and instructions for completing and submitting the Third Party Reporting Form, which is also available in English and Spanish. Additionally, the auditor conducted a systems test of all available methods and received a prompt response from the agency. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL I-1.2-01, Staff Code of Conduct; Case Files; PREA Perspectives; 115.331/115.332 Training Curriculum; Information Obtained During Interviews. 115.361(a)(b): VOL IV-4.1-1.03 and VOL I-1.2-01 collectively establish the agency's requirement for all staff receiving a resident's report of sexual abuse to immediately ensure the safety of the alleged victim and follow the facility's Sexual Abuse Coordinated Response Plan and the Sexual Assault Response Checklist (Attachment #10). Staff shall immediately report to the shift commander any suspicion or knowledge of sexual abuse or sexual harassment, retaliation against residents or staff who report such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The superintendent or designee shall immediately report any allegation of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Facility PREA Compliance Manager, the Agency PREA Coordinator, and DJJ's Investigative Unit in accordance with VOL IV-4.1-1.01 (Incident Reports). The superintendent or designee shall promptly report any allegation of sexual abuse and sexual harassment, including third-party and anonymous reports, to the alleged victim's parents or legal guardians, unless official documentation shows the parents or legal guardians should not be notified. If the Department of Social Services is the guardian of the alleged victim, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a court retains jurisdiction over the alleged victim of sexual abuse (e.g., serious offenders committed pursuant to § 16.1-285.1), the superintendent or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. Staff shall comply with any applicable mandatory child abuse reporting laws. 115.361(c): VOL IV-4.1-1.03 establishes that, apart from reporting to designated supervisors or officials and designated State or local services agencies, staff is

	prohibited from revealing any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. As noted in 115.331, the PREA Coordinator's office provides periodic training through an email push called PREA Perspectives. The PREA Unit provided the January 15, 2026, edition discussing the topic: PREA Confidentiality. The auditor's review of the initial and in-service training material for staff, volunteers, and contractors also includes training on not discussing confidential information related to a sexual abuse report with anyone other than investigators or staff involved in making treatment and management decisions. Staff knowledge of these procedures was also confirmed during interviews with 14 random staff, 1 contractor, and 1 volunteer. 115.361(d): VOL IV-4.1-1.03 establishes that medical practitioners and mental health professionals are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Interviews with the Clinical Treatment Programs Director and the Nurse Manager confirmed that all residents are advised of the limitations of confidentiality during intake upon admission to the facility and at the initiation of services with a provider. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; Case Files; 115.331 Training Curriculum; Bon Air Coordinated Response Plan; Information Obtained from Interviews. 115.362(a): VOL IV-4.1-1.03 establishes that facilities shall take immediate action to protect residents who report sexual abuse or residents who are deemed to be at substantial risk of imminent sexual abuse. The facility reported on the PAQ that the number of times the agency has determined that a resident was subject to a substantial risk of imminent sexual abuse during the 12 months preceding the audit was zero. The facility provided samples of 12 cases where immediate actions were taken as precautionary measures to protect residents when a sexual abuse allegation was received, although there was no substantial risk of imminent sexual abuse. Interviews with 14 random staff, security supervisors, and information conversations with staff during the site visit concluded that staff are trained to take immediate action to keep residents safe if there is a substantial risk of imminent sexual abuse. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; Case Files; 115.331 Training Curriculum; Bon Air Coordinated Response Plan; Information Obtained from Interviews. 115.363(a)(b)(c): VOL IV-4.1-1.03 establishes that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigating authority as detailed in 6VAC35-71-70. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification. The facility reported on the PAQ that the number of allegations received by the facility during the 12 months preceding the audit that a resident was abused while confined at another facility is zero. An interview with the PREA Coordinator and PREA Compliance Manager confirmed that if such an allegation is reported, the PREA Coordinator will notify the Superintendent and the other facility administrator will 115.363(d): VOL IV-4.1-1.03 establishes that the facility head who receives such notification shall ensure that the allegation is investigated in accordance with established guidelines. The facility reported on the PAQ that the number of allegations of sexual abuse received from other facilities during the 12 months preceding the audit was 59; however, during an interview with the PREA Coordinator, she explained that number was incorrect, and there were zero allegations of sexual abuse received from other facilities. Interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager, and Facility Investigation Unit Director confirmed that, should they receive a report of sexual abuse that was to have occurred at Bon Air, it would be investigated following the investigation protocols, and the reporting facility would be notified when the investigation concluded and the disposition. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; Case Files; 115.331 Training

	Curriculum; Bon Air Coordinated Response Plan; Information Obtained from Interviews. 115.364(a)(b): VOL IV-4.1-1.03 establishes that the first staff member (regardless of that staff member's position within the facility) to receive an allegation of sexual abuse shall take immediate steps to protect the alleged victim by separating the alleged victim and abuser. The first responder shall immediately contact the shift commander unless the shift commander is the subject of the allegation, in which case the first responder shall contact the AOC. If the first staff responder is not a security series staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security series staff. The first responder must ensure that constant one-to-one supervision of the alleged victim is maintained until another staff member assumes this responsibility and protect the victim's privacy by limiting shared information. An Institutional Incident Report (IIR) must be completed by the first responder and submitted to the Shift Commander. If the abuse occurred within a time period that still allows for the collection of physical evidence (e.g., within 120 hours from the time the abuse allegedly occurred), the first responder shall request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and prevent the alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. The first responder shall ensure that any potential crime scene is preserved and protected until appropriate steps can be taken to collect evidence. The facility reported that the number of sexual abuse allegations in which a staff member was required to request that the alleged victim not take actions that could destroy physical evidence was zero. The auditor reviewed the employee training curriculum, contractor/volunteer training curriculum case files, interviewed 14 random staff members, and held informal conversations with non-security staff during the site visit, and concluded that staff are well trained and knowledgeable of their first responder duties. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard
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115.365	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; Case Files; 115.331 Training Curriculum; Bon Air JCC Coordinated Response Plan; Sexual Abuse Flowchart; Information Obtained from Interviews.

	115.365(a): VOL IV-4.1-1.03 establishes that each facility shall coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical practitioners, mental health professionals, investigators, and facility administrators in accordance with the facility's Sexual Abuse Coordinated Response Plan, as required by 28 CFR § 115.365, and VOL IV-4.1-2.00 (Development of Post Orders). The Sexual Abuse Coordinated Response Plan shall be individualized for each facility, posted in each housing unit and other areas designated by the superintendent, and covered in training provided to all staff. Each superintendent shall be responsible for ensuring their facility-specific protocol has been posted. The auditor reviewed the Bon Air JCC Coordinated Response Plan and found that it was updated with current and correct information and sufficiently coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor further confirmed that the coordinated response is included in the staff training curriculum and is posted in each housing unit as required by agency policy. Interviews with 14 random staff and informal conversations with non-security staff confirmed they are knowledgeable of their responsibilities. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard. The agency exceeded the minimum requirements of this standard by posting the coordinated response plan in all housing units and including it in the staff training curriculum.
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: § 40.1-57.2; Case Files; Information Obtained from Interviews. 115.366: An interview with the Agency Director, Superintendent, and PREA Coordinator confirmed that, in accordance with the Code of Virginia, collective bargaining is prohibited. The auditor's review of case files confirmed that the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted was not prohibited. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL I-1.2-01, Staff Code of Conduct; VOL IV-4.1-1.16, Resident Discipline; Case Files; Retaliation Monitoring Forms; Information Obtained from Interviews. 115.367(a)(b): VOL IV-4.1-1.03 establishes that all residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff. Protection measures may include housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the Facility PREA Compliance Manager shall monitor the conduct or treatment of residents who reported the sexual abuse or sexual harassment, and of residents who were reported to have suffered sexual abuse or sexual harassment, to see if there are changes that may suggest possible retaliation by residents or staff. Such monitoring shall include review of disciplinary reports and housing or program changes, and conducting periodic status checks, including interviews with the resident, at least every thirty (30) days. The monitoring shall be documented on the Retaliation Monitoring Form-Residents (Attachment #8). Monitoring for retaliation shall continue beyond 90 days if the initial monitoring indicates a continuing need. The Agency PREA Coordinator shall monitor staff who reported sexual abuse against a resident for at least 90 days following a report to see if there are changes that may suggest possible retaliation. Monitoring shall include contacting the DJJ Employee Relations Manager to determine if any negative performance reviews, corrective and/or disciplinary actions, and/or adverse employment actions have occurred. Monitoring shall also include reassignments and interviews with the staff member. Such monitoring shall be documented on the Retaliation Monitoring Form-Staff (Attachment #9). Monitoring for retaliation shall continue beyond 90 days if the initial monitoring indicates a continuing need. Staff who feel retaliated against may call the Ombuds Program at either (833) 941-1370 or (804) 323-0888. If any individual who cooperates with an investigation expresses a fear of retaliation, DJJ shall take appropriate measures to protect that individual against retaliation using the same monitoring process as the alleged victim. Any identified instances of retaliation shall be acted on promptly under VOL I-1.2-01 or VOL IV-4.1-1.16, as appropriate. DJJ's obligation to monitor shall terminate if the allegation is determined to be unfounded. The auditor reviewed case files, 21 examples of resident monitoring, 1 example of staff monitoring, interviewed 4 residents who reported sexual abuse/harassment, interviewed the PREA Compliance Manager and PREA Coordinator, and concluded that the facility has zero tolerance for retaliation and that monitoring is conducted

	in accordance with all requirements of this standard. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL IV- 4.1-2.28, Special Housing; VOL IV-4.3-5.08, Medical Management of Residents in Special Housing; Case Files; Bon Air Coordinated Response Plan; Information Obtained from Interviews. 115.368: VOL IV-4.1-1.03 establishes that facilities shall take immediate action to protect residents who report sexual abuse or residents who are deemed to be at substantial risk of imminent sexual abuse. Any use of protective custody or segregated housing shall be used only as a last resort and when less restrictive measures are inadequate for the safety of the resident and others, and only until an alternative can be safely arranged in accordance with VOL IV- 4.1-2.28. Residents placed in protective custody shall have access to the same basic rights as residents in the general population and shall not be denied daily large-muscle exercise or any legally required educational programming or special education services. These residents shall receive daily visits from medical or mental health care clinicians in accordance with VOL IV-4.3-5.08. They shall also have access to other programs and work opportunities to the extent possible. Any protective custody placements shall document the basis for the facility's concerns for the resident's safety; the reasons no alternative way of separation can be arranged; and the need for protective custody shall be reviewed a minimum of every two (2) weeks to determine if there is a continuing need for separation from the general population in accordance with case management procedures. Interviews with the Superintendent, PREA Coordinator, Nurse Manager, and Clinical Treatment Programs Director confirmed that residents are not placed in isolation for protection; however, should no other means of protection be necessary, the policy related to this confinement status would be strictly followed and for the least amount of time necessary. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: VOL IV-4.1-1.03, PREA; Investigative Cases By Category, January 01, 2025 - May 21, 2026 Summary; Case Files; Allegations Log; Information Obtained During Interviews.

Evidence Reviewed During the Corrective Action Period: Allegations Log March 2025 - August 13, 2026; Case Files; Information Obtained During Interviews.

115.371(a): VOL IV-4.1-1.03 establishes that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be investigated promptly, thoroughly, and objectively. The auditor's review of the Allegations Log dated March 2025 - February 2026 listed 113 allegations (54 sexual harassment/59 sexual abuse). The auditor was required to review at least 20 cases based on the number of allegations; however, the auditor reviewed 43 case files. Based on this review, the auditor found that the allegations were referred for investigation promptly, and an investigator was assigned; however, there was a delay in interviewing the victim and witnesses for multiple cases. There were five open cases, of which two have been open since October 2025. Of the 116 closed investigations during the audit period, 2 were substantiated, 19 were unsubstantiated, and 95 were unfounded. Sixty cases were closed within 30 days, 31 within 60 days, and 26 between 61 and 185 days. An interview with the Facility Investigation Unit Director confirmed that 30 days is the expected standard for administrative investigations to be closed, barring any unusual circumstances. The auditor also observed that the final investigative report does not contain a clear date of case closure. The auditor requested a sample of more recent cases to review to assess whether the closure rate had increased in timeliness and to review the previously unclosed cases. However, these cases were unable to be provided to the auditor before the issuance of the Interim Report. Based on the initial review, the facility was found to be out of compliance with provision (a) and entered a 180-day corrective action period to remedy these deficiencies.

Corrective Action Taken: To become fully compliant with provision (a), the facility/agency was required to implement measures to ensure that investigations are conducted and closed promptly and to document investigative reports with the closure date. On August 26, 2026, the auditor reviewed an updated Allegations Log including allegations reported between March 2025 and August 13, 2026. This log included allegations through February 27, 2026, that were evaluated by the auditor during the initial document review period and discussed in the interim report. The Facility Investigations Unit improved the closure rate within 0-60 days by over 5%, with an average closure time of 38 days, four points below average from the case information reviewed during the audit period. Additionally, review of 35 cases closed during the Post-Audit Period found report quality improved in documenting a thorough, objective, and prompt investigation. As of August 26, 2026, there were only five open cases (3 reported within the last 30 days and 2 reported over 90 days but on hold due to involved employees being on extended leave). The Investigations Unit also implemented a practice of documenting the case files with the date the case is forwarded to the PREA Unit for review and feedback before closure, and then

accurately documenting the report upon closure of the case. This information was also verified during an interview with the PREA Coordinator and PREA Compliance Manager. The facility has completed the corrective action plan, and no further action is required.

115.371(b): VOL IV-4.1-1.03 establishes that all allegations of sexual abuse shall be investigated by investigators who have received special training in sexual abuse investigations involving juvenile victims in accordance with the Investigator Training related to §115.334. The auditor's review of case files and the PREA Allegations Tracking Log confirmed that sexual abuse allegations are investigated by investigators who have received the required specialized training. The auditor interviewed two PREA Investigators and the Facility Investigation Unit Director, confirming they were all specially trained and knowledgeable in conducting sexual abuse and sexual harassment investigations, both administrative and criminal, in a juvenile correctional setting. They had all recently attended an Investigator's training workshop hosted by a consultant who has worked with the PREA Resource Center and The Moss Group.

115.371(c)(f)(g)(j): VOL IV-4.1-1.03 establishes that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The credibility of an alleged victim, suspect, or witness shall not be assessed by the person's status as a resident or staff. Residents shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation. VOL IV-4.1-1.03 establishes that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. All written administrative and criminal investigative reports shall be retained for as long as the alleged abuser is committed to or employed by DJJ, plus five years, unless the abuse was committed by a juvenile resident, and applicable laws require a shorter period of retention. The auditor reviewed 43 case files and found the investigation files to be well documented and to include reference to direct and circumstantial evidence, including the review of recorded video footage; statements from victims, suspected perpetrators, and witnesses; and review of prior complaints and reports of sexual abuse. Most files documented that a credibility assessment was made, and interviews with the investigators confirmed this is part of the practice. The auditor interviewed four residents who reported a PREA allegation at the facility and confirmed that they were not asked to submit to a polygraph examination as a condition for proceeding with the investigation. Interviews with the investigators confirmed that administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse, which was also confirmed during the auditor's review of the case files.

115.371(d)(k): VOL IV-4.1-1.03 establishes that the departure of an alleged abuser

	or victim shall not be the basis for terminating an investigation. Investigations shall not be terminated based solely on the source of the allegation recanting the allegation. The auditor's review of case files included cases where staff resigned, and the investigation was not terminated due to the staff member's departure. 115.371(e)(i): VOL IV-4.1-1.03 establishes that when the quality of evidence appears to support criminal prosecution, DJJ shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The facility reported on the PAQ that the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was one. The auditor confirmed while onsite that one substantiated sexual abuse allegation by staff was referred for prosecution during the audit period, and reviewed the case file. 115.371(h)(m): DJJ's Investigative Unit may refer allegations of sexual abuse of a resident by a staff member, contractor, or volunteer, and allegations of sexual abuse of a resident by another resident to the Virginia State Police (VSP) as provided by the MOA. All such referrals shall be documented. For allegations of sexual abuse that have been referred to VSP, DJJ's Investigative Unit shall only investigate administratively when the incident has been referred back to the Investigative Unit by VSP. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence, and copies of all documentary evidence shall be attached where feasible. DJJ shall cooperate with any outside agencies investigating sexual abuse and shall endeavor to remain informed about the progress of the investigation. Interviews with the PREA Coordinator, Superintendent, and Facility Investigation Unit Director confirmed that if a case is referred to VSP, the DJJ assigned investigator will work with the VSP to stay informed of the progress of a sexual abuse investigation. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; Case Files; Information Obtained from Interviews. 115.372: No standard higher than a preponderance of evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor's review of closed case files and interviews with the PREA Coordinator, Facility Investigation Unit Director, and two PREA Investigators

	concluded that the facility uses a preponderance of evidence when assigning a disposition to administrative sexual abuse and sexual harassment cases. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.373	Reporting to residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; Investigative Outcomes Form; Case Files; Information Obtained During Interviews. 115.373(a)(b)(c)(d)(e): VOL IV-4.1-1.03 establishes that following an investigation into a resident's allegation of sexual abuse suffered in a DJJ facility, the Facility PREA Compliance Manager shall complete and review the Investigative Outcomes Form (Attachment #6) with the resident within five (5) business days, informing the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the investigations are conducted by an outside entity, DJJ shall request relevant information from the investigating agency and inform the resident. The Facility PREA Compliance Manager shall provide a copy of the notification to the resident. Following a resident's allegation that a staff member has committed sexual abuse against the resident, DJJ shall subsequently inform the resident (unless the allegation has been determined to be unfounded) whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted related to a sexual abuse charge within the facility; and the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that they have been sexually abused by another resident, the alleged victim shall be informed whenever the agency learns that the alleged abuser has been indicted related to a sexual abuse charge within the facility; and the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented on the Investigative Outcomes Form (Attachment #6). The Facility PREA Compliance Manager shall retain a copy of the form and provide additional copies to the Agency PREA Coordinator and DJJ's Investigative Unit. The obligation to report under this procedure shall terminate if the resident is released from DJJ's custody. The facility reported on the PAQ that the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency during the 12 months preceding the audit is 64. Of these investigations that were completed within the audit period, 56 were notified in writing of the investigation results. There were zero investigations completed by an outside agency during the

	audit period. The auditor reviewed a random sample of 13 Investigative Outcomes Forms, interviewed the PREA Compliance Manager and 4 residents who reported sexual abuse/harassment, and concluded that notifications are made to residents upon closure of the investigation into sexual abuse and sexual harassment. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard; the agency and facility also exceeded this standard based on notifications being provided to residents for sexual harassment allegations, and the standard only requires notification for sexual abuse allegations.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; Disciplinary Actions; Notification to Licensing Board; Information Obtained During Interviews. 115.376(a)(b)(c)(d): VOL IV-4.1-1.03 establishes that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment procedures. Termination is the presumptive disciplinary sanction for employees who have engaged in sexual abuse. Disciplinary sanctions for violations of agency procedures relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. All terminations for violations of agency sexual abuse or sexual harassment procedures, or resignations by employees who would have been terminated if not for their resignation, shall be reported to DJJ's Investigative Unit and to any relevant licensing bodies by the Agency PREA Coordinator. The facility reported on the PAQ that the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies during the 12 months preceding the audit is 3. Two of these staff resigned prior to termination, and one was terminated. The facility reported on the PAQ that the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies during the 12 months preceding the audit is 2. The auditor reviewed the personnel actions related to these two violations and concluded they appeared to be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The facility reported on the PAQ that the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual

	harassment policies during the 12 months preceding the audit is 1. The auditor reviewed the notification made by the PREA Coordinator to the Department of Education licensure division regarding this incident. During interviews with the Agency Director, Superintendent, and PREA Coordinator, the auditor confirmed that staff are expected to follow agency policies related to sexual abuse and sexual harassment, and are held accountable for violating them; that staff who perpetrate sexual abuse will be terminated. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; Information Obtained During Interviews. 115.377(a)(b): VOL IV-4.1-1.03, PREA establishes that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to DJJ's Investigative Unit and to relevant licensing bodies by the Agency PREA Coordinator. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment procedures by a contractor or volunteer. The facility reported that the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents is zero. Interviews with the Superintendent and PREA Coordinator confirmed that volunteers or contractors who violate the agency's policies will be removed from resident contact and will be terminated. Any volunteer or contractor who engages in sexual abuse will be reported to law enforcement and any relevant licensing body. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL IV-4.1-1.16, Resident Discipline; VOL IV- 4.1-2.28, Special Housing; Resident Handbook; Case Files; Information

	Obtained During Interviews. 115.378(a)(b): VOL IV-4.1-1.03, PREA establishes that residents may be subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The residents' due process rights shall be followed as described in VOL IV-4.1-1.16. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed on other residents with similar histories and who have received sanctions for comparable offenses. In the event a disciplinary sanction results in the room confinement of a resident, such confinement shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services in accordance with VOL IV-4.1-2.28. Residents in room confinement shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible to maintain safety and security. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. Residents may be offered participation in programs, services, or interventions designed to address and correct underlying reasons or motivations for the abuse. Such interventions may be required for participation in any rewards-based behavior management program, but not as a condition to access general programming or education. Residents may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The facility reported on the PAQ that during the 12 months preceding the audit, the number of administrative and criminal findings of resident-on-resident sexual abuse that have occurred at the facility is zero. The auditor reviewed case files and the Allegations Tracking Log and found that there were no resident-on-resident cases substantiated during the 12 months preceding the audit. An interview with the Clinical Treatment Programs Director confirmed that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. The facility has programs, services, and interventions designed to address and correct underlying reasons or motivations for the abuse, and residents may be referred to these programs based on the nature of a substantiated incident of sexual abuse. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard
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115.381	Medical and mental health screenings; history of sexual abuse
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Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed: VOL IV-4.1-1.03, PREA; Referral Documentation; Information Obtained During Interviews.

115.381(a)(b)(c)(d): VOL IV-4.1-1.03 establishes that residents who report prior sexual victimization, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a medical practitioner or mental health professional within 14 days of the intake screening. Residents who report having perpetrated sexual abuse shall be offered a follow-up meeting with a mental health professional within 14 days of the intake screening. All offerings of follow-up meetings and outcomes of meetings shall be documented in the resident's medical record or behavioral health file, as appropriate. Information related to sexual victimization or sexual abusiveness that occurred in an institutional setting shall be limited to medical practitioners, mental health professionals, and other staff, as necessary, to inform treatment plans and security and other management decisions (including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law). For a resident who is 18 years of age or older, medical practitioners and mental health professionals shall not report information to an external entity about prior sexual victimization that did not occur in an institutional setting unless they have first obtained informed consent from the resident. If the resident does not consent to reporting the allegation to an external entity, the medical practitioner or mental health professional shall offer follow-up services, as appropriate. Residents under the age of 18 who allege prior sexual victimization shall be reported in accordance with 6VAC35-71-70.

The facility reported that during the 12 months preceding the audit, 100% of residents who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner; 4 samples of the referral and case notes were provided for the auditor's review. The facility reported that during the 12 months preceding the audit, 100% of residents who previously perpetrated sexual abuse, as indicated during screening, were offered a follow-up meeting with a mental health practitioner; the facility provided 2 samples of the referral and case notes for the auditor's review. Interviews with the Clinical Treatment Programs Director and Nurse Manager confirmed that informed consent is obtained from residents before reporting about prior sexual victimization that did not occur in an institutional setting if the youth is over the age of 18. They further explained that information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. Youth are advised of the limitations of confidentiality and mandatory reporting of abuse during intake and before beginning any medical/mental health treatment. The Clinical Treatment Programs Director also informed the auditor that every youth admitted to the facility is assigned a BSU therapist and each youth will be seen by their therapist within a couple of days of arrival.

	Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard. The agency exceeds the minimum requirements of this standard based on the practice of assigning a BSU therapist to every youth upon admission to Bon Air which ensures a follow-up meeting for every youth within 14 days of the initial screening.
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL IV-4.3-2.05, Medical Sexual Assault Response Plan; VOL IV-4.1-2.21 Transportation; PREA Sexual Assault Checklist; Referral Documentation; Information Obtained During Interviews. 115.382(a)(b)(c)(d): VOL IV-4.1-1.03 establishes that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined by medical practitioners and mental health professionals in accordance with VOL IV-4.3-.05. If no qualified medical practitioners or mental health professionals are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical practitioners or mental health professionals. Resident victims of sexual abuse while committed shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. DJJ Health Services also has an operating procedure for the Medical Sexual Assault Response Plan, VOL IV-4.3-2.05, which establishes that, in accordance with VOL IV-4.1-1.03 Prison Rape Elimination Act, resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The health services staff shall immediately notify the provider, or if after hours, notify the on-call provider of the alleged sexual abuse. All residents alleging penetration within the past 120 hours from the time the abuse allegedly occurred shall be sent to the facility's designated hospital's emergency department for evaluation and treatment. The facility's health administrator and a provider will determine if a resident needs to be evaluated by an emergency department when the alleged abuse occurred more than 120 hours from the time the abuse allegedly occurred prior to the allegation. Before the resident's transport, health services staff shall notify the emergency department at the receiving facility that a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) exam is required. The

	resident shall be transported in accordance with VOL IV-4.1-1.03 Prison Rape Elimination and VOL IV-4.1-2.21 Transportation, as appropriate. DJJ staff shall ensure that resident victims of alleged sexual abuse while committed are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Such information and access may be provided by the SAFE/SANE nurse and/or by a DJJ healthcare provider. Emergency and ongoing evaluation and treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Upon return of a sexual assault victim from the emergency department, the Designated Health Authority or designee shall review the discharge summaries and instructions. Ongoing medical and mental health evaluation and treatment services shall be provided in accordance with VOL IV-4.1-1.03 Prison Rape Elimination Act. Interviews were conducted with the Nurse Manager and Clinical Treatment Programs Director, who confirmed that residents receive timely and unimpeded access to emergency medical treatment and crisis intervention services when needed. The nature and scope of these services are determined according to the professional judgment of their respective departments. Services for sexual abuse victims are provided immediately upon the facility becoming aware of the incident. Additionally, all residents engaged in treatment are informed of the limitations of confidentiality before entering into treatment. The Clinical Treatment Programs Director stated that BSU staff are on-call 24 hours and would be notified if a sexual assault occurred, at which time the on-call provider would complete a wellness check. The PREA Coordinator advised that there were no sexual abuse victims who required emergency medical treatment. Of the four residents interviewed by the auditor who reported sexual abuse/harassment at the facility, none required emergency medical treatment; however, they were all evaluated by a mental health provider after the allegation was reported. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VOL IV-4.1-1.03, PREA; VOL IV-4.3-2.05, Medical Sexual Assault Response Plan; VOL IV-4.3-5.10, Care of Pregnant Residents; VOL IV-4.1-2.21 Transportation; PREA Sexual Assault Checklist; Referral Documentation; Information Obtained During Interviews.

	115.383(a)(b)(c): VOL IV-4.1-1.03 establishes that any resident who is the victim of sexual abuse shall be offered a medical and mental health evaluation and, as appropriate, treatment services while in any DJJ facility in accordance with VOL IV-4.3-2.05 (Medical Sexual Assault Response Plan). The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility shall provide such victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from sexual assault, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services in accordance with VOL IV-4.3-5.10 (Care of Pregnant Residents). Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within thirty (30) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Interviews were conducted with the Nurse Manager and Clinical Treatment Programs Director, who confirmed that residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility are offered medical and mental health evaluation and, as appropriate, treatment. The nature and scope of these services are determined according to the professional judgment of their respective departments. Referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody are developed as part of the aftercare plan for releasing residents. All residents engaged in treatment are informed of the limitations of confidentiality before entering into treatment. Residents receive care at no financial cost. The Clinical Treatment Programs Director confirmed that the facility will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The facility currently runs a sex offender program to address these needs. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Evidence Reviewed: Policy VOL IV-4.1-1.03, PREA; PREA Incident Review Forms; Information Obtained During Interviews.

115.386(a)(b)(c)(d): Policy VOL IV-4.1-1.03 establishes that the facility shall conduct a sexual abuse incident review using the PREA Incident Review Form (Attachment #11) at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall occur within 30 days of the investigation's conclusion. Additionally, an incident review shall be conducted using the PREA Incident Review Form (Attachment#11) at the end of every substantiated sexual harassment investigation, which shall occur within 30 days of the investigation's conclusion. The review team shall include the Superintendent and/or Assistant Superintendents, with input from line supervisors, Facility PREA Compliance Manager and/or Agency PREA Coordinator; Investigators; Medical practitioners; and Mental health professionals. The review team shall consider whether the allegation or investigation indicates a need to change procedures or practices to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; document its findings, and any recommendations for improvement, and submit to the Superintendent and PREA Coordinator. The findings shall be maintained in accordance with the Library of Virginia retention schedule. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

The facility reported on the PAQ that during the 12 months preceding the audit, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents, is seven, and five samples were uploaded for the auditor's review. The auditor requested the incident review for the additional two cases and reviewed 11 more cases that were closed after the PAQ was closed and prior to the site visit. Incident reviews were completed for all sexual abuse incidents closed as substantiated or unsubstantiated. The auditor's review of the PREA Incident Review Forms for these 13 cases found that a thorough review was conducted. In addition to the information required to be considered, the team also considers whether an interpreter was used during the investigation; how the incident was originated; any referrals required and who made contact and when the contact was made; whether a victim advocate was offered and the result; and lists the participating Incident Review Team members, which is not required by the standard. Interviews were conducted with four members of the incident review team, who confirmed that a monthly meeting is held for the purpose of reviewing closed cases. The facility conducts incident reviews on substantiated sexual harassment cases, which is above and beyond the requirement of this

	standard. Note: By direction of the DOJ provided on December 2, 2025, provision (d) subsection (2) has been determined to conflict with Executive Order 14168, and the facility shall not be held to this provision. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard. The facility and agency exceeded provision (a) by conducting reviews of substantiated sexual harassment cases, and provision (d) by including other substantial and relevant information in the review beyond the minimum requirements.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03, PREA; 2024 SSV; DJJ Public Website; Information Obtained During Interviews. 115.387(a)(b)(c)(d): Policy VOL IV-4.1-1.03 establishes that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using an internal computer-based system and a standardized set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. The incident-based data includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice (DOJ). The agency maintains, reviews, and collects data as needed from all incident-based documents, including incident reports, other reports, investigation files, and sexual abuse incident reviews. 115.387(e): Policy VOL IV-4.1-1.03 establishes that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The agency does not contract with private facilities for confinement of youth. 115.387(f): The agency provides all such data from the previous calendar year to the DOJ no later than June 30, upon request. The auditor reviewed the 2024 SSV report submitted, which was the last request by the DOJ. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.

115.388	Data review for corrective action
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03; DJJ Website Review; Information Obtained During Interviews. 115.388(a)(b)(c): Policy VOL IV-4.1-1.03 establishes that data collected pursuant to Standard 115.388 will be used to assess and improve the effectiveness of DJJ’s sexual abuse prevention, detection, and response procedures, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as DJJ as a whole. The annual report will include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of DJJ’s progress in addressing sexual abuse. The report shall be approved by the Director and made available to the public through DJJ’s website. Specific material from the report may be redacted when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted must be indicated. The auditor reviewed the 2024 PREA Annual Report provided by the facility with the PAQ and the 2025 PREA Annual Report uploaded to the website and confirmed that the annual report includes all requirements delineated in provisions (a) and (b) of this standard. Additionally, the report was reviewed by the DJJ Director and was found posted to the agency's public website. No personally identifiable information is included in the PREA annual report; no data was redacted from the annual report. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy VOL IV-4.1-1.03; DJJ Website Review; Information Obtained During Interviews. 115.389(a)(b)(c)(d): Policy VOL IV-4.1-1.03 establishes that DJJ shall ensure that data collected pursuant to the Data Collection Section above are securely retained. DJJ makes all aggregated sexual abuse data, from facilities under its direct control and any private facilities with which it contracts, readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, DJJ removes all personal identifiers. DJJ maintains sexual abuse data collected pursuant to the Standards 115.387 and 115.388 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. The auditor reviewed the 2024 PREA Annual Report provided by the

	facility with the PAQ and the 2025 PREA Annual Report uploaded to the website and confirmed that the annual report meets all requirements delineated in provisions (b) and (c) of this standard. All annual reports published since 2013 were found posted to the agency's public website. No personally identifiable information is included in the agency's PREA annual report. The agency does not contract with private facilities for confinement of youth. An interview with the PREA Coordinator confirmed that all sexual abuse data is maintained securely in the agency's computer-based system for at least 10 years after the date of its initial collection. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: VDJJ Public Website; PREA Audit Reports; Observations During Site Visit; Information Obtained from Interviews. 115.401(a)(b): The Agency PREA Coordinator stated the agency currently has only one facility, Bon Air Correctional Center. This facility has been audited at least once during every three-year cycle since PREA inception, which was corroborated by the auditor's review of the final reports posted to the agency's public website at https://www.djj.virginia.gov/pages/policy/prea.htm. The last PREA audit for this facility was conducted June 6-7, 2023, with a final report issued on July 12, 2023. This current audit onsite portion of the audit was conducted May 19-21, 2026, in the first year of the fifth three-year cycle; however, the final report was issued after August 19, 2026, during the second year of the fifth three-year cycle. 115.401(h): During the site inspection, the auditor was allowed access to all areas of the facility, and all areas of the facility were observed. 115.401(i): The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). All information and documentation requested by the auditor was promptly delivered. 115.401(m): Space was designated for the auditor to conduct interviews and to review documentation during the site visit. Staff and resident interviews were held in the administrative conference room. Some staff interviews were held in the staff members' general work areas. All interviews were conducted privately. 115.401(n): The Audit Notices, in both English and Spanish, were provided to the facility, as required, and were delivered to the agency on March 13, 2026, with instructions for posting. The auditor inquired if any other prevalent languages were spoken by youth at the facility, and was advised that there were not. These notices

	were posted throughout the facility on April 8, 2026. Photos were provided to the auditor by email, confirming the locations of posting. During the site visit, the auditor observed the audit notices posted conspicuously throughout the facility (at the front lobby, intake area, administration area, recreation areas, laundry room, medical, education areas, multi-purpose area, shift command office, staff break room, and all housing units). During interviews with residents and staff, the auditor further verified that they were aware they could correspond with the auditor confidentially. During interviews with administrative staff who handle outgoing mail and the Superintendent, the auditor confirmed that the youth can correspond with the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received before the site visit, nor during the post-audit period. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: DJJ Public Website; Information Obtained from Interviews. 115.403(f): The auditor confirmed, after a search of the agency's public website and an interview with the PREA Coordinator, that the agency ensures the auditor's final PREA report is published at https://www.djj.virginia.gov/pages/policy/prea.htm. Conclusion: A systematic review and analysis of the evidence concluded that the facility and agency demonstrated compliance with all provisions of this standard.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

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

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	Limits to cross-gender viewing and searches	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based	yes

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

	interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322	Policies to ensure referrals of allegations for investigations	

(c)		
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	

	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334	Specialized training: Investigations	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341	Obtaining information from residents	

(a)		
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	Placement of residents	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

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

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	

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

	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare	yes

	system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal	yes

	prosecution?	
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	

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

	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual	yes

	harassment policies?	
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382	Access to emergency medical and mental health services	

(d)		
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

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