

JUVENILE FACILITIES



Auditor Information			
Auditor name: Johnitha R. McNair			
Address: P. O. Box 10941 Baltimore Maryland 21234			
Email: Johnitha@comcast.net			
Telephone number: (443)248-9189			
Date of facility visit: April 25 – 26, 2016			
Facility Information			
Facility name: Rappahannock Juvenile Center			
Facility physical address: 275 Wyche Road Stafford VA 22554			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (540)658-1691			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	Other
Name of facility's Chief Executive Officer: Carla White			
Number of staff assigned to the facility in the last 12 months: 24			
Designed facility capacity: 80			
Current population of facility: 33			
Facility security levels/inmate custody levels: Hardware-secure / Detained			
Age range of the population: 13-18			
Name of PREA Compliance Manager: Reginald Garnett		Title:	Security Manager
Email address: rgarnett@rjdc-va.com		Telephone number:	540-658-1691 x118
Agency Information			
Name of agency: Rappahannock Juvenile Center			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name: Carla White		Title:	Superintendent
Email address: cwhite@rjdc-va.com		Telephone number:	540-658-1691x105
Agency-Wide PREA Coordinator			
Name: Reginald Garnett		Title:	Security Manger
Email address: rgarnett@rjdc-va.com		Telephone number:	540-658-1691x118

AUDIT FINDINGS

NARRATIVE

The Rappahannock Juvenile Center (RJC) provides secure incarceration and services for male and female court-ordered youth. The facility serves the City of Fredericksburg, and counties of King George, Louisa, Madison, Orange, Spotsylvania, and Stafford. The facility provides services to male and female residents between the ages of 8-18. In addition to educational services, youth receive mental and somatic health services, recreational programming and family visitation.

While medical services are provided on site, when an emergency problem arises the problem is identified, the nurse coordinates care with Mary Washington Hospital in Fredericksburg, Virginia.

Juveniles enjoy recreational activities in the indoor gym and outdoor recreation areas. Activities include a variety of sports that include basketball, volleyball, and football, youth also have access to board games, reading, cards and puzzles. A typical day for a youth involves hygiene, meals, school, recreation, structured physical and leisure activities and visits from family. The average length of stay for residents is approximately 28 days.

During the on-site portion of the audit, youth were observed receiving educational services, participating in large-muscle exercise during indoor and outdoor recreation, receiving visits and group and individual counseling. Youth were lively and participatory in their classrooms and appeared to be fully engaged in the educational process. The residential staff presented the picture of professionalism. They were observant, engaged, and responsive to the youth.

Overall, the facility was clean and well maintained. The housing units were decorated with artwork by the residents.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Rappahannock Juvenile Center (RJC) originally opened the fall of 1972 in Fredericksburg, Virginia. The original building was constructed to house 21 residents. After months of design, a new dramatically improved 80 bed Juvenile Center, located just 7 miles north in Stafford was constructed and opened in the fall of 2000. The facility is one building comprised of eight housing units, central control, staff training room, school, gymnasium, kitchen, maintenance, staff breakroom, medical, visitation and an administrative suite. The youth have access to outside and indoor recreation. The facility accredited by the Virginia Department of Juvenile Justice. Security and supervision is heightened and supported by 64 video cameras which are located throughout the interior and exterior of the facility.

Juveniles, officially referred to as Residents, are primarily placed in secure detention pending adjudication and disposition from a court with jurisdiction of the charges. Following disposition, a small percentage of Residents are detained pending transport to other correctional centers or specialized Residential programs. In a limited number of cases, courts sentence juveniles to serve their time at RJC while receiving treatment from community-based programs. Court-ordered residents receive crisis intervention, substance abuse, counseling and educational services while in custody at the center.

All residents participate in the center's behavior management program (the Level System) which rewards positive pro-social behavior and progressively addresses negative behaviors. Residents are afforded due process and have unrestricted access to the Resident Grievance Procedure.

A structured daily routine provides consistency and predictability for residents and staff. The daily schedule maps out all facets of the day including meals, school, treatment services, health care, physical exercise, family visitation and bed time. In addition, participation in required activities limits the opportunity for residents to act out due to boredom or lack of engagement.

SUMMARY OF AUDIT FINDINGS

The notifications of the audit were posted in the facility on March 14, 2016. Photographs of the audit notices were taken and submitted to the auditor via electronic mail. Areas where the notices were posted were: medical, school, each housing unit, administration, gymnasium, and intake. The Pre-Audit Questionnaire and the supporting documentation were uploaded to a flash drive and mailed to the auditor via United States Postal Service; which was received two days prior to the on-site portion of the audit. There were several communications (electronic mail, regular mail and telephone calls) between the auditor and facility staff in reference to the documentation and the audit process. The audit of Rappahannock Juvenile Center took place on the dates of April 25th and 26th, 2016. The auditor arrived at the facility at 8:30 a.m. on April 25, 2016. An entrance conference was held prior to touring the facility and beginning interviews. Present at the entrance conference were the Superintendent, Assistant Superintendent and PREA Coordinator. A complete facility tour was conducted. During the tour, staff members were observed to be fully engaged with the residents and interacting with residents in a supportive and positive atmosphere. The staff members were professionally dressed and observed providing direct supervision during activities. During the tour, this auditor observed PREA audit notices, PREA signs and informative postings on how residents could report abuse. I also witnessed the cross gender announcement made as staff of the opposite gender entered housing units. After touring the facility and observing residents on the housing unit, at recreation, at school, at medical and in intake meeting with staff, the auditor began interviewing residents and staff in the facility. Nine randomly selected staff, 16

specialized staff and 10 residents and 3 administrators were interviewed. Staff interviews covered staff from all shifts. The 10 residents interviewed were from all housing units and included the youngest and oldest residents in the facility, the most recent admission and the resident who had been in the facility the longest. The auditor team departed the facility at 5:30 p.m. and returned to the facility at 10 p.m. that evening to interview staff from the overnight shift. The auditor arrived at the facility the next morning at 7:00 a.m. to complete interviews, review all resident files, video of unannounced rounds and other related documentation. The responses of staff and residents during their interviews confirmed that all had received PREA training. The casefiles of all residents currently assigned to the facility were reviewed by the audit team to confirm assessments and resident education documentation. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to: facility logs, shift documentation, policies and procedures, video, training records/logs and curriculum. All personnel were professional, engaged and helpful throughout the audit process. During the on-site portion of the audit and after its conclusion, additional documentation was provided as requested. At the conclusion of the document review and the completion of all interviews an exit conference was held at 3:30 p.m.

Number of standards exceeded: 00

Number of standards met: 38

Number of standards not met: 00

Number of standards not applicable: 03

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Operations Manual (PREA) details the Facility’s approach to implementing the Federal PREA standards. Page one Zero Tolerance – 115.311 prohibits all forms of sexual abuse and sexual harassment and states the facility’s zero tolerance for all staff and youth related to sexual abuse and sexual harassment. The manual includes descriptions of the agency’s strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. Pages one through eight of the Operations Manual provides definitions of prohibited behaviors as well as other related definitions. In addition to outlining the facility’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the Operations Manual provides the sanctions for those found to have participated in prohibited behaviors. Further, outlined in the manual on page one is the authorization for the allocation of a position to be designated as the PREA Coordinator/Compliance Manager. The PREA Coordinator confirmed to the auditor that he has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. Because the agency has only one juvenile facility, the PREA Compliance Manager serves as both the PREA Coordinator and PREA Compliance Manager. The position is included in the organizational structure and verified by the auditor by reviewing the organizational chart which reflects that the PREA Coordinator reports to the Assistant Superintendent for Operations. In keeping with the expectation of this standard, the PREA Coordinator confirmed through the interview process with the auditor that she has sufficient time and authority to develop, implement and oversee efforts to comply with the PREA standards.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual – PREA Pages One - Eight**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Rappahannock Juvenile Center Organizational Chart**
- **Rappahannock Juvenile Center, Inc. Job Description for PREA Coordinator/Compliance Manager**
- **Interviews with PREA Coordinator and Assistant Superintendent for Operations**

Standard 115.312 Contracting with other entities for the confinement of residents

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

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.

RJC only operates one facility and does not contract with other entities for the confinement of residents, this standard does not apply.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Interview with PREA Coordinator**

Standard 115.313 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility presented the Annual Staffing Plan, the Operations Manual (pages eight and nine) and the PREA Staffing/Facility Logistics Assessment which detail and outline the process by which current staffing, possible changes to staffing, and future staffing determinations are analyzed and made. As required by the Operations Manual the plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring the facility has taken into consideration the following factors: (1) generally accepted juvenile detention and correctional/secure residential practices; (2) any judicial findings of inadequacy; (3) any findings of inadequacy from Federal investigative agencies; (4) any findings of inadequacy from internal or external oversight bodies; (5) all components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated; (6) the composition of the resident population; (7) the number and placement of supervisory staff; (8) institution programs occurring on a particular shift; (9) any applicable State or local laws, regulations, or standards; (10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) any other relevant factors. Further, the Operations Manual requires the facility maintain a staff to resident ration of 1:10 during waking hours and 1:20 during sleeping hours. These ratios only include security staff. Additionally, the Operations Manual states that by October 1, 2017 the facility will maintain ratios of 1:8 during waking hours and 1:16 during sleeping hours except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. During the past twelve months, there have been no deviations from the staffing plan. In addition to direct supervision of residents, the facility is equipped with a video monitoring system with 64 cameras that support efforts to protect residents from sexual abuse and sexual harassment. The auditor was able to observe staff postings during waking and sleeping hours, as well as the use of the camera system to supplement supervision and monitoring; including playback of data and captured video. The Operations Manual page nine requires intermediate and higher level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The Operations Manual further requires that unannounced rounds are conducted by the Senior Resident Supervisors (SRS) daily and that random unannounced rounds are conducted by Facility Administrators. The policy and practice is implemented for night shifts as well as day shifts. The practice prohibits staff from alerting other staff members that these supervisory rounds are occurring. The unannounced rounds are documented. A physical review of documentation, video of unannounced rounds and staff interviews confirmed the practice of unannounced rounds.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual – PREA Pages Eight - Nine**
- **Rappahannock Juvenile Center Annual Staffing Plan**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**

- Rappahannock Juvenile Center Staffing Logistics Assessment
- Rappahannock Juvenile Center Intermediate or above Level Monitoring Log
- Auditor Review of Video Files of Unannounced Rounds
- Observations of the Auditor during the on-site portion of the audit
- Interviews with PREA Coordinator and Assistant Superintendents
- Interviews with staff

Standard 115.315 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC Operations Manual page 31 addresses the facility’s approach to compliance with this standard. The Operations Manual outlines that cross-gender searches are not conducted outside of exigent circumstances or when performed by medical practitioners. In the past 12 months there have been zero cross-gender strip or cross-gender visual body cavity searches of residents. There have been zero cross-gender pat down searches of residents. Cross-gender pat-down searches are not conducted unless there are exigent circumstances. The Operations Manual states that all cross-gender strip searches, and cross-gender visual body cavity searches must be documented and justified. Additionally, the facility has implemented procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing on video camera). The operations manual, page thirty-one, requires staff to announce themselves prior to entering the cottages housing residents of the opposite gender by announcing “female/male on the unit”. To further support compliance with policy and this standard, a sign is posted outside the door of each cottage, reminding staff of the requirement to make the cross-gender announcement prior to entering the housing unit. Observations during the facility tour and interviews with residents and staff confirmed the practice of the cross-gender announcement. The Operations Manual prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. There were zero of these type searches (as described in §115. 315 (e)-1) occurring during the past 12 months. 100 % of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with the security needs of the facility. A review of training documentation related to searches, as well as interviews with staff and residents support the practices as outlined by policy and in keeping with compliance with the standard.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Page 31
- Training sign in sheets and curriculum
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interview with residents and staff
- Interview with PREA Coordinator
- Observations of Auditor during the on-site portion of the Audit

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC Operations Manual requires that the facility takes the 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. Additionally, residents requiring the assistance of an interpreter will be provided such assistance through Universe Technician Translation services. The Operations Manual prohibits the use of resident interpreters, resident readers or other types of resident assistants. Various forms are available to youth in both English and Spanish and PREA posters and information is also posted in English and Spanish throughout the facility. The facility has had no residents with disabilities in the last 12 months. Resident and staff interviews verified the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual – PREA Page 31**
- **Review of Various forms translated into Spanish**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Interview with residents, and staff**
- **Interview with PREA Coordinator**
- **Interview with Superintendent**

Standard 115.317 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC Operations Manual Page 31 requires that “RJC shall conduct Child Protective Services and State and Federal Background checks on every employee prior to hire and every five years thereafter.” A PREA Employee Questionnaire Form is required and completed with Annual Performance Evaluations, and prior to promotion of any employee in accordance with this code section. These forms are filed in employee personnel files. Additionally, the Personnel Policy in the Operations Manual requires that “persons selected to perform services within the facility shall immediately undergo a personal background check. This will include: 1. A check of personal references for character evaluation. 2. A police records check for past criminal activity. 3. A Central Registry check for a past history of child abuse. 4. A Division of Motor Vehicles check for past driving offenses (if applicable). 5. Any other

background information as required by the Va. Department of Juvenile Justice. Persons required to have this background investigation include the following: 1. Full-time employees; 2. Part-time employees; 3. Persons who provide professional services on a regular basis; 4. Volunteers who work one-on-one with residents.” In the past 12 months RJC has hired 24 staff that may have contact with residents and all 24 have had criminal background record checks completed. Policy also requires consulting with child abuse registries before hiring or enlisting services of any contractor who has contact with residents. In the past 12 months there have been 4 contracts for services that where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. Additionally, prior to hiring or promoting, the applicant or staff is informed that material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. Interviews with staff and the Human Resources Manager confirm practices that are compliant with this standard.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Page 31-32
- Rappahannock Juvenile Center Operations Manual – Personnel Page 1
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interviews with staff
- Interview with Human Resources Manager
- Interview with PREA Coordinator
- Review of PREA Mandated Disclosure Form

Standard 115.318 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC has not acquired a new facility or made any substantial expansions or modifications to the existing facility since August 20, 2012. The agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. While the facility has a total of 64 cameras to supplement efforts in supervision and monitoring, they have discussed where additional cameras or other monitoring technology such as mirrors might be placed to reduce blind spots or other supervision issues related to the facility plant.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Observations of the Auditor during the on-site Tour
- Observations of the Auditor during video review
- Interviews with Staff
- Interview with PREA Coordinator
- Interview with Superintendent

Standard 115.321 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility only conducts administrative investigations related to sexual abuse investigations. Virginia Department of Juvenile Justice also investigates allegations of sexual abuse. The Stafford County Sheriff's Office has the responsibility for conducting all criminal investigations including those regarding sexual abuse. A Memorandum of Understanding between the facility and Sheriff's Office was presented for review and specifies roles of each of the parties. It was reported that the agreement was presented to the Sheriff's Office, however the agreement is unsigned. It is the recommendation of this auditor that the facility work diligently to secure a signed agreement with the Sheriff's Office if the agreement is to be considered as evidence to support compliance with this standard. It is reported by the PREA Coordinator that the Stafford County Sheriff's Office follows a uniform evidence protocol that is developmentally appropriate for youth when conducting sexual abuse investigations. The RJC Operations Manual requires that all residents who experience sexual abuse have access to forensic medical examinations without financial cost to the victim. The manual also requires that where possible the forensic examinations are conducted by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). When a SAFE or SANE is not available a qualified medical practitioner performs forensic medical examinations. Efforts to provide access to a SAFE or SANE are documented by the facility. The facility utilizes Mary Washington Hospital in Fredericksburg VA for medical treatment of youth. There have been no forensic examinations conducted in the past 12 months.

The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. This is supported by the facility's relationship with the Rappahannock Council Against Sexual Assault (RCASA) which was confirmed by the presentation and review of a Cooperative Agreement between RJC and RCASA. The agreement verified that RCASA would provide victim advocacy to residents of the facility who experience sexual abuse. The RJC Operations Manual also requires that if and when a rape crisis center is not able to provide victim advocacy services that facility shall make the services available by a qualified agency staff member. Additionally, the manual requires that as requested by the victim, the victim advocate or qualified agency 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.

Evidence relied upon to make auditor determination:

- Cooperative Agreement between Rappahannock Juvenile Center and Stafford County Sheriff's Office
- Memorandum of Understanding with RCASA
- Rappahannock Juvenile Center Operations Manual – PREA pp. 17, 19, 21-22, & 29
- Interviews with staff
- Interviews with PREA Coordinator
- Rappahannock Juvenile Center Pre-Audit Questionnaire

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual directs the referrals of allegations for investigations and ensures that all allegations of sexual abuse and sexual harassment are administratively and or criminally investigated. Allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations which include all or any combination of the following agencies as listed in the Operations Manual: Stafford County Sheriff’s Office, Stafford County Department of Social Services, Virginia Department of Juvenile Justice, Virginia State Police, Office of the Inspector General, Stafford County Commonwealth Attorney, and the Federal Bureau of Investigation, unless the allegation does not involve potentially criminal behavior. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. In the past 12 months, there were no allegations of sexual abuse received by the facility. Additionally, the agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publically available via other means. Interviews with the Superintendent and the PREA Coordinator and random staff confirmed their knowledge and understanding of, as well as their compliance with the policy’s requirements.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual – PREA pp 5 & 7**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Interview with PREA Coordinator**
- **Interview with Superintendent**
- **Interviews with Random Staff**

Standard 115.331 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC Operations Manual and the RJC PREA Training Modules (Employee Training) cover the agency’s requirements for staff training. The training curriculum, staff training records and staff interviews indicate that at a minimum, staffs receive PREA training during staff orientation and annually during refresher training. The training curriculum provided covered: the agency’s zero tolerance policy, fulfilling responsibilities related to preventing, detecting, reporting, and response procedures;

resident's rights to be free from sexual abuse and sexual harassment; the rights of residents and employees to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and harassment in juvenile facilities; the common reactions of sexual abuse and sexual harassment victims; detecting and responding to signs of actual and threatened sexual abuse; avoiding inappropriate relationships with residents; communicating professionally and respectfully with residents, including those residents who are lesbian, gay, bisexual, transgender, intersex and gender non-conforming residents; 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. The training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. The facility has 93 staff that may have contact with residents, who were trained or retrained on the PREA requirements enumerated in this standard. Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment through shift briefings and regular meetings. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually and more frequently as needed. The agency ensures that employees who may have contact with residents understand the training they have received through employee signature.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA pp 9-12
- Rappahannock Juvenile Center PREA Training Module for Employees
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Auditor review of training documentation
- Auditor review of training curriculum
- Interviews with staff
- Interview with PREA Coordinator

Standard 115.332 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual requires that all volunteers and contract personnel receive orientation prior to their assignment. This training will include the volunteer's and contractor's responsibilities under the agency's policies and procedures. The number of volunteers and contractors trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is four. The level and type of training contractors and volunteers are provided is based on the services they provide and the level of contact they have with residents. All volunteers and contractors who may have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency also maintains documentation confirming that the volunteers and contractors understand the training they have received.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Page 10
- Auditor review of training curriculum
- Auditor review of training documentation
- Rappahannock Juvenile Center Pre-Audit Questionnaire

- **Interview with PREA Coordinator**

Standard 115.333 Resident education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual (Training and Education – Resident Education) requires that upon admission all residents are provided the zero tolerance policy and PREA Orientation. Resident education is accessible to all residents, including residents who are limited English proficient and those residents who may be deaf, visually impaired or otherwise disabled. During the intake process, staff read and review the zero tolerance policy and information on how to report sexual abuse and sexual harassment with each resident. After providing the residents with the required information related to the zero tolerance policy, residents sign and date that they received and understand the information. Additional resident education is provided to each youth within ten days of the intake process. A total of 425 residents admitted to the facility in the past 12 months 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. Documentation of the residents’ signatures is maintained by the facility. Files for all residents housed at the facility were physically inspected and reviewed by the auditor to confirm the practice of acquiring and maintaining signatures. Further confirmation of resident education was received during resident and staff interviews. The PREA information is presented in a manner that is accessible to all residents. During the facility tour the auditor observed the presence of PREA posters and reporting instructions posted throughout the facility. The facility has access to interpreting and translation services for residents with limited English proficiency and those residents who may have hearing or visual impairments.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual – PREA pp 12-14**
- **Rappahannock Juvenile Center Operations Manual – PREA Page 31**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Auditor review of resident education materials**
- **Auditor review of each resident’s file**
- **Interviews with Staff**
- **Interviews with Residents**
- **Interviews with PREA Coordinator**

Standard 115.334 Specialized training: Investigations

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

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.

The Rappahannock Juvenile Center does not formally investigate allegations that meet the criteria of abuse, neglect, or criminal allegations, and does not employ investigators.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Interview with PREA Coordinator**
- **Interview with Superintendent**

Standard 115.335 Specialized training: Medical and Mental Health Care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC Operations Manual ensures training and education of Medical and Mental Health which addresses compliance with this this standard. While medical staff assigned to the facility do not conduct forensic examinations, the facility transports youth requiring forensic examinations to Mary Washington Hospital where forensic exams may be conducted. As required by the Operations Manual, in addition to orientation and training relevant to their positions, all medical and mental health staff are required to receive PREA training. 100% (5 total) of medical and mental health staff have been trained as required by agency policy. The documentation of all training is maintained by the facility.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual – PREA Page 32**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Interviews with Medical and Mental Health Staff**
- **Interview with PREA Coordinator**
- **Review of Training Certifications for all medical and mental health staff**

Standard 115.341 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC Operations Manual requires designated staff to obtain information about each resident’s personal

history and behavior to screen and assess residents for the potential of sexual victimization and abusiveness at intake and periodically throughout the resident's confinement. This screening for risk of victimization and abusiveness is completed on each resident within 72 hours of intake. The risk assessment is conducted using an objective screening instrument. 193 residents who had a length of stay of 72 hours or more were screened during the past 12 months. Staff and resident interviews and a review of every resident record confirmed that the screening for risk of sexual abuse victimization and sexual abusiveness toward other residents is being conducted; including periodic reassessments.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual - PREA pp 13-14
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Review of screenings for all Youth
- Review of screening tool
- Auditor Interviews with Staff
- Auditor Interviews with Residents
- Auditor Interviews with PREA Coordinator

Standard 115.342 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Outlined in the RJC Operations Manual is how the agency will use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The Operations Manual requires that the information gathered from the use of the assessment be shared only to the extent of keeping residents safe and shall be guarded to prevent exploitation of the residents. Further, the Operations Manual states that Rappahannock Juvenile Center does not isolate residents from other residents for the sole purpose of keeping them safe. There have been no residents placed in isolation in the last 12 months because he or she was at risk of sexual victimization. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator of likelihood of being sexually abusive, further, policy prohibits placing LGBTI residents into particular housing, bed or other assignments solely on the basis of such identification or status. Housing and programming assignments for transgender or intersex residents in a facility on a case-by-case basis. A review of resident files revealed all residents were appropriately classified and supervised according to the information gathered from the screening tools. Based on the records review of each resident, interviews of staff, and interviews of residents the facility has demonstrated compliance with this standard.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Pages 13-14
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Review of Vulnerability Assessment documentation
- Interviews with PREA Coordinator
- Interviews with Staff
- Interviews with Residents
- Auditor observation of physical plant

- **Review of facility schematics**

Standard 115.351 Resident reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual requires that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse; sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or other violations of responsibilities that may have contributed to such incidents. At RJC residents are able to report allegations verbally, in writing, and through third parties. Residents may report allegations anonymously. A resident may complete a counseling request or initiate a grievance; residents have access to writing materials and tools to document any such report. Residents repeatedly reported to this auditor that they may ask to speak to the PREA Coordinator or any administrator. Additionally, residents have access to the resident phone system where they are able to call into the PREA Hotline by dialing “3” from any resident phone. Posted throughout the facility and near every resident phone are numerous numbers residents may call to report allegations of abuse. They may call the child abuse hotline, Stafford County Department of Social Services, RCASA, and/or the Office of the Public Defender. Residents were very familiar with the numerous avenues they may use to report abuse and were able to verbalize numerous ways to this auditor. The Operations Manual Policy 3.22 Chapter Three (Reporting Sexual and Physical Misconduct) mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. All verbal reports must be documented promptly by staff and immediately reported to the Administrator or Assistant Administrator. As it relates to civil immigration purposes, RJC provides information to those residents on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. As mandated reporters, staff are required to report sexual abuse and sexual harassment of residents; staff may privately report directly to any administrator. Staff may also make private reports to human resources. Residents receive reporting information at intake, this information is also found in the resident handbook. Reporting information is clearly posted throughout the facility and adjacent to the telephones to assist residents in making reports using the telephone. Interviews with staff and residents support an understanding of the process including the multiple ways residents may report allegations of sexual abuse or sexual harassment as well as ways staff may privately report allegations of abuse. In addition to interviews, observations made during the tour confirmed the proper posting of information for residents.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual – PREA Page 20**
- **Rappahannock Juvenile Center PREA Brochure**
- **Rappahannock Juvenile Center Residents’ Guide to Sexual Misconduct**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Auditor Review of forms and reporting documentation**
- **Interviews with Residents**
- **Interviews with Staff**
- **Interview with PREA Coordinator**

Standard 115.352 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual Section Resident Environment; Resident Grievance Procedure and the Operations Manual PREA page 32 provide the administrative process for dealing with resident grievances regarding sexual abuse. Residents are provided information as to how to file a grievance during the intake process and again within 10 days of intake. The PREA Coordinator reports and the Grievance Policy states that there is no time limit for a resident to submit a grievance regarding an allegation of sexual abuse. RJC shall not require any resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Further, the agency allows for a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Decisions on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. In the past 12 months there have been no grievances filed that alleged sexual abuse. In the past 12 months there were no grievances alleging sexual abuse that reached a final decision within the 90 days after being filed. In the past 12 months there were no grievances filed alleging sexual abuse that involved extensions because a final decision was not reached within 90 days. Policy requires that residents are notified in writing when the agency files for an extension, including notice of the date by which a decision will be made. Additionally, policy the operations manual permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. The operations manual requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents a resident's decision to decline. Further, policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. There have been no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of a resident's decision to decline. As it relates to the filing of emergency grievances alleging substantial risk of imminent sexual abuse, policy outlines the established procedures. This policy requires an initial response within 8 hours after filing an emergency grievance alleging substantial risk of sexual abuse and requires the agency to issue a final decision be issued within five days. Lastly, policy and the operations manual limits the ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months there have been no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual - PREA**
- **Rappahannock Juvenile Center Grievance Policy**
- **Interviews with Staff**
- **Interviews with Residents**
- **Interview PREA Coordinator**

Standard 115.353 Resident access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC Operations Manual pages 29 & 30 requires the facility to 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 of local, State, or national victim advocacy or rape crisis organization. The policy also requires the facility to enable reasonable communication between residents and these organizations in as confidential manner as possible. The facility informs residents, prior to giving them access to outside support services, the extent to which such communication will be monitored. The facility informs residents prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State or local law. The agency maintains memoranda of understanding or other agreements with community service providers (RCASA) that are able to provide residents with emotional support services related to sexual abuse. The facility maintains copies of the memorandum of understanding and attempts to enter into such agreements. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility also provides residents with reasonable access to parent or legal guardians. Resident interviews confirmed that they were aware of the telephone numbers and addresses and how to make contact with outside support services. Answers from residents regarding service provision from confidential support services varied and included: therapy, assistance, help, therapy, and investigations. While the answers varied, it appeared residents understood that they would be provided assistance that was confidential and supportive in nature. Staff and resident interviews confirmed that residents have reasonable access and that access is provided in as confidential a manner as possible. Interviews with residents and staff confirm that residents have access to their attorneys, other legal representation, as well as parents and legal guardians. Residents reported that they were able to make phone calls, visit with and send and receive mail from parents and guardians and their legal representatives.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual – PREA pp 29 & 30**
- **Rappahannock Juvenile Center, Inc. Policy 13.2**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Observations of the auditor made during the Facility Tour**
- **Memorandum of Understanding with RCASA**
- **Interviews with Residents**
- **Interviews with Staff**
- **Interviews with PREA Coordinator**

Standard 115.354 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC has established a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. Additionally, the agency website: <http://www.staffordcountyva.gov/rjc> provides the public with information regarding third-party reporting of sexual abuse or sexual harassment and encourages reports on behalf of a resident. Staff and resident interviews revealed all were aware of a resident’s right to report sexual abuse or sexual harassment to a trusted staff member as well as others outside of the facility including their parents/legal guardians and attorneys. During staff interviews the responses indicated that staff clearly understood to immediately report and document all allegations of sexual abuse and sexual harassment. Staff and residents were able to provide various examples of third parties, including “parents, guardians, trusted adults, and attorneys”.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA pp. 16, 20 & 32
- Rappahannock Juvenile Center Questionnaire
- Interviews with Staff
- Interviews with Residents
- Interview with PREA Coordinator

Standard 115.361 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC Operations Manual requires staff to immediately report 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. The agency requires all staff to report immediately and according to agency policy any retaliation against resident or staff who reported such incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation policy also requires all staff to comply with applicable mandatory child abuse reporting laws. Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to

**the extent necessary to make treatment, investigation, and other security and management decisions.
Evidence relied upon to make auditor determination:
Rappahannock Juvenile Center Operations – PREA Page 7
Rappahannock Juvenile Center Pre-Audit Questionnaire
Interviews with Staff
Interview with PREA Coordinator**

Standard 115.362 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC requires that when an agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past twelve months there have been no times the agency or facility has determined that a resident was subject to substantial risk of imminent sexual abuse. During interviews with staff, staff responded that they would take all allegations seriously. The responses of staff were in keeping with the policy outlining agency protection duties.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Interviews with staff**
- **Interview with PREA Coordinator**
- **Interview with Superintendent**

Standard 115.363 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual requires that upon receiving an allegation from a resident that he/she was sexually abused while confined at another confinement facility (i.e., detention center, Juvenile Correctional Center), the Superintendent or designee 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 investigative agency. Such notification shall be made as soon as possible but no later than 72 hours after receiving the allegation. RJC shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is

investigated in accordance with the standards. During the past 12 months, there were no allegations received that a resident was abused while confined at another facility nor were there allegations during the past 12 months of sexual abuse received by RJC from other facilities. The interview with the facility Superintendent demonstrated her clear understanding of this policy and the PREA standard and her duty to immediately report allegations received of abuse of residents while confined at other facilities as well as the prompt investigations of reports to her of allegations received from other facilities regarding abuses that may have taken place at RJC.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Page 7
- Rappahannock Pre-Audit Questionnaire
- Interview with Superintendent
- Interview with PREA Coordinator

Standard 115.364 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual requires staff to take specific steps to respond to a report of sexual abuse including: separating the alleged victim from the abuser; preserving and protect any crime scene until the appropriate steps can be taken to collect evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence request the alleged victim not take any action that could destroy physical evidence; and document in writing the information received regarding the incident. The staff have PREA response kits, which hold evidence tape, evidence bags, specimen cups, sterile sheets, sterile coverings for the clothing, hair, shoes and hands as well as writing utensils and detailed instructions related to the coordinated response to be taken in the event of a sexual assault, if needed. Interviews with staff confirm they understand the importance of their roles in ensuring that the alleged abuser does not take any action to destroy physical evidence. If the abuse occurred within a time period, that still allows for the collection of physical evidence ensure the alleged abuse not take any action that could destroy physical evidence; and document in writing the information received regarding the incident. During staff interviews, they were able to speak to the aforementioned steps and their responses demonstrated a clear understanding of their roles as first responders. Medical and mental health staff were able to speak to their roles as responders to an incident once notified by staff. Medical spoke to completing an initial assessment of injuries and rendering aid as required. Medical also stated that any incident requiring a forensic medical examination would be referred out to Mary Washington Hospital for examination by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner. In the past 12 months there no allegations that a resident was sexually abused. Additionally, agency policy requires that if the first responder is not a security staff member that responder shall notify security staff and be required to request the alleged victim not take any action that might destroy physical evidence.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interviews with Staff (Random, and Specialized)
- Interview with PREA Coordinator

Standard 115.365 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is explained in the Operations Manual and in the coordinated response plan which is detailed in flow chart form on the Coordinated Response Quick Reference which details actions to be taken by staff first responders, medical, mental health, investigators and administrators. The checklist also details the order of the response by action and who is responsible for each action. The checklist was reviewed and is in compliance with this standard. Interviews with the Superintendent and other staff including staff first responders, medical and mental health revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse in keeping with the facility’s coordinated response plan, the policy and the PREA standards. The coordinated response plan checklist, PREA policy and response of staff during interviews demonstrated compliance with this standard.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual Page 33**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Rappahannock Juvenile Center Coordinated Response Plan Quick Reference Guide**
- **Interviews with Staff**
- **Interview with PREA Coordinator**

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

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

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.

Rappahannock Juvenile Center is not a collective bargaining agency; therefore, this standard is not applicable.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Pre-Audit Questionnaire**

- **Interview with PREA Coordinator**

Standard 115.367 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance with this standard was found by the responses from interviews held with the PREA Coordinator/Compliance Manager and Superintendent as well as guidelines in the RJC Operations Manual which outlines how the agency will 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. The PREA Coordinator and Assistant Superintendent or designee shall monitor and investigate any indications of retaliation. Interviews with the Superintendent and Assistant Superintendent as well as the PREA Coordinator has been designated by the agency as having primary responsibility of monitoring for possible retaliation. Interviews with the PREA Coordinator demonstrated a clear understanding of his role to monitor for changes that may suggest possible retaliation by residents or staff; he was able to provide various examples including recognizing changes in staff and resident interactions; increased incidents/infractions; increased movement or assignments of residents between housing units; as it related to staff he responded he would look for changes in work habits (low quality – low productivity) calling out of work, increased discipline, changes in work/unit assignments. The PREA Coordinator reported that he would actively monitor for retaliation by meeting with staff and residents who had reported sexual abuse or sexual harassment or who had cooperated with investigations. During the interview the PREA Coordinator indicated that he would respond immediately to remedy retaliation and that he would monitor for retaliation for at least 90 days and longer if the situation called for a longer monitoring period to ensure the safety of residents and or staff. The interview with the Superintendent indicated she would ensure compliance with the policy for monitoring for retaliation by meeting with the PREA Coordinator and Assistant Superintendent to ensure steps for protection were followed as outlined by policy. There were no incidents of retaliation occurring in the past 12 months.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual – PREA**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Interview with PREA Coordinator**
- **Interviews with Superintendent and Assistant Superintendent**

Standard 115.368 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

RJC Operations Manual states that the facility will ensure that adequate measures are taken to provide separation between the alleged victim and alleged suspect, while ensuring that such separation does not represent a form of punishment for the alleged victim; Isolation may only be used as last resort when less restricted measures will not ensure the victims safety until alternate measure can be put in place. Residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. No residents who alleged to have suffered sexual abuse were placed in isolation during the past 12 months.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center, Inc. Policy Operations Manual Page 7
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interview with PREA Coordinator

Standard 115.371 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual addresses criminal and administrative investigations. While RJC only conducts administrative investigations, the facility ensures all elements of the standards are met. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Sustained allegations of conduct that appear to be criminal are referred for prosecution. There were no sustained allegations of conduct that appeared to be criminal referred for prosecution since August 20, 2012. The agency retains all written reports pertaining to administrative or criminal investigations of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. Departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interview with PREA Coordinator

Standard 115.372 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

RJC Operations Manual demonstrates compliance with this standard. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Page 6
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interview with PREA Coordinator

Standard 115.373 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual requires that any resident who makes an allegation that he or she suffered sexual in the facility is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. In the past 12 months there were no criminal or administrative investigations of alleged resident sexual abuse conducted. Discussion with the PREA Coordinator confirmed that if a criminal investigation is conducted by an outside agency, Stafford County Sheriff’s Department, the agency requests the relevant information from the outside agency in order to inform the resident as to the outcome of the investigation. There were no investigations completed by an outside agency in the past 12 months. The operations manual requires that following a resident’s allegation that a staff member has committed sexual abuse against a resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is 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 on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All such notifications and attempts of notifications shall be documented. There have been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the facility in the past 12 months. The operations manual further states that following a resident’s allegation that her or she has been sexually abused by another resident in the facility the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications are documented. There have been no notifications to residents pursuant to this standard in the past 12 months.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Page 20
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interview with PREA Coordinator

Standard 115.376 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual outlines the agency's disciplinary response related to violations of PREA policies by staff. Policy states staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months no staff from the facility have violated the agency's sexual abuse or sexual harassment policies. Additionally, in the past 12 months no staff has been subsequently disciplined short of termination, or terminated for violating the agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies 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 staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of RJC's PREA and/or Harassment Policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Stafford County Sheriff's Office, unless the activity was clearly not criminal, and to any relevant licensing bodies. The policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. In the past 12 months, there have been no reports to law enforcement or licensing boards following termination or resignation prior to termination of staff for violating agency sexual abuse or sexual harassment policies.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Page 28
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interview with PREA Coordinator

Standard 115.377 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and requires that they are reported to the Stafford County Sheriff's Office and licensing bodies unless the activity was clearly not criminal. The Operations Manual further requires that RJC will take appropriate remedial measures, and will consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or

sexual harassment policies by a contractor or volunteer. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Page 1
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interview with PREA Coordinator

Standard 115.378 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual addresses elements of this standard and states that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process 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. In the past 12 months there have been no administrative findings of resident on resident sexual abuse that have occurred at the facility. In the past 12 months there have been no criminal findings of guilt of resident-on-resident sexual abuse occurring at the facility. In the event a disciplinary sanction results in the isolation of a resident, RJC shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. In the event a disciplinary sanction results in the isolation of a resident, RJC shall ensure that residents in isolation 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. In the past 12 months there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. Interviews from staff confirm that the facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, interviews confirm that the facility offers the same services to offending residents and that the facility may require participation in interventions as a condition of access to rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. RJC disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. For the purpose of disciplinary action, the agency prohibits disciplinary action for 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 agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Page 28
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interview with PREA Coordinator

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual states that all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner within 14 days. In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner is 100%. Medical and mental health staff maintain secondary materials documenting compliance with this required service. All residents who previously perpetrated sexual abuse, as indicated during the screening pursuant to §115.341, are offered a follow-up meeting with a mental health practitioner and that meeting will take place within 14 days of the intake screening. In the past 12 months 100% of residents who disclosed previously perpetrating sexual abuse, as indicated during screening were offered a follow-up meeting with a mental health practitioner. Mental health staff maintain secondary materials documenting compliance with this service. Interviews with medical and mental health practitioners confirm that the 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.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Page 22
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Auditor review of documentation
- Interviews with medical and mental health staff
- Interview with PREA Coordinator

Standard 115.382 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual requires that all resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of the services are determined by medical and mental health practitioners. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event

health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Treatment services shall be provided to every without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with the PREA Coordinator as well as medical and mental health staff confirm their understanding and compliance with this standard.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Page 23
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interviews with Medical Staff
- Interview with PREA Coordinator

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 17.9.2 Chapter 17 (Medical and Mental Care - Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers) addresses ongoing medical and mental health care for sexual abuse victims and abusers. Policy 17.9.2 requires RJC to offer ongoing 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. RJC houses female residents. RJC has entered into a Cooperative Agreement with RCASA who will provide emergency medical and legal advocacy to victims of sexual assault. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Additionally, the facility will attempt to obtain a mental health evaluation within 60 days of learning of such abuse history and offers treatment when deemed appropriate by a mental health practitioner. The Operations Manual and responses received during interviews with medical and mental health staff and the PREA Coordinator confirm a complete understanding of the practices that comply with this standard.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – Page 23
- Cooperative Agreement with RCASA
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interviews with Medical and Mental Health Staff
- Interview with PREA Coordinator

Standard 115.386 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual outlines compliance with this standard and provides information regarding the incident review team and its role. The manual details the make-up of the sexual abuse incident review team. Policy also outlines the elements to be considered in their assessments of incidents. Further, policy dictates the facility conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there were no administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents. Sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months there were no administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only unfounded incidents. The sexual assault incident review team includes upper-level management and allows for input from supervisors, investigators and medical or mental health practitioners. The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) – (d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator. The facility will document and implement the recommendations for improvement or document its reasons for not doing so. Interviews with staff who make up the facility incident review team, as well as the Superintendent revealed that they understand the purpose of the incident review team and the process by which incidents will be reviewed.

Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual – PREA Pages 25&26**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Interviews with members of the Incident Review Team**
- **Interview with PREA Coordinator**

Standard 115.387 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC Operations Manual details the agency’s efforts and protocol for compliance with this standard. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. RJC will aggregate the incident-based sexual abuse data at least annually. RJC will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency does not contract for the confinement of its residents. The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual – PREA Pages 23 - 26
- Interview with PREA Coordinator
- Interview with Superintendent

Standard 115.388 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The RJC Operations Manual addresses this standard. RJC will review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, and training, including: identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings from its data review and any corrective actions for the facility and agency as a whole. The report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of RJC’s progress in addressing sexual abuse. The report shall be approved by the Superintendent and made readily available to the public through the agency website: <http://www.staffordcountyva.gov/rjc> RJC reserves the right to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of RJC, but in so doing will indicate the nature of the material redacted. A review of documentation and interviews with the Superintendent and PREA Coordinator confirms this practice.

Evidence relied upon to make auditor determination:

- Rappahannock Juvenile Center Operations Manual Pages 26 & 27
- Rappahannock Juvenile Center Pre-Audit Questionnaire
- Interview with Superintendent
- Interview with PREA Coordinator

Standard 115.389 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RJC Operations Manual requires that the agency ensures that incident-based and aggregate data are securely retained. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection unless Federal, state or local laws require otherwise.

Interviews with the Superintendent and PREA Coordinator along with policy demonstrates compliance with this standard.


Evidence relied upon to make auditor determination:

- **Rappahannock Juvenile Center Operations Manual – PREA Pages 26 & 27**
- **Rappahannock Juvenile Center Pre-Audit Questionnaire**
- **Interview with Superintendent**
- **Interview with PREA Coordinator**

AUDITOR CERTIFICATION

I certify that:

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



Auditor Signature

May 26, 2016

Date