

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: November 28, 2016

Auditor Information			
Auditor name: Bryan Henry			
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Email: bhenry@rvjdc.org			
Telephone number: 540-561-3840			
Date of facility visit: 11/2/16, 11/3/16			
Facility Information			
Facility name: W.W. Moore Jr. Juvenile Detention Home			
Facility physical address: 603 Colquhoun St., Danville, VA 24543			
Facility mailing address: <i>(if different from above)</i> 603 Colquhoun St., Danville, VA 24543			
Facility telephone number: 434-799-5295			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Michelle O. Johnson			
Number of staff assigned to the facility in the last 12 months: 61			
Designed facility capacity: 60			
Current population of facility: 34			
Facility security levels/inmate custody levels: Secure Detention			
Age range of the population: 12-18			
Name of PREA Compliance Manager: Michelle O. Johnson		Title: Division Director of Juvenile Detention	
Email address: johnsmo@danvilleva.gov		Telephone number: 434-799-5295 x 2450	
Agency Information			
Name of agency: W.W. Moore Jr. Juvenile Detention Home			
Governing authority or parent agency: <i>(if applicable)</i> City of Danville			
Physical address: 603 Colquhoun St., Danville, VA 24543			
Mailing address: <i>(if different from above)</i> 603 Colquhoun St., Danville, VA 24543			
Telephone number: 434-799-5295			
Agency Chief Executive Officer			
Name: Michelle O. Johnson		Title: Division Director of Juvenile Detention	
Email address: johnsmo@danvilleva.gov		Telephone number: 434-799-5295 x 2450	
Agency-Wide PREA Coordinator			
Name: Michelle O. Johnson		Title: Division Director of Juvenile Detention	
Email address: johnsmo@danvilleva.gov		Telephone number: 434-799-5295 x 2450	

AUDIT FINDINGS

NARRATIVE

The PREA audit of W.W. Moore Jr. Juvenile Detention Home (WWMJDH) was conducted on November 2-3, 2016. This audit was conducted by certified PREA Auditor, Bryan Henry. Prior to the on-site portion of the audit, the Pre-Audit Questionnaire, WWMJDH PREA policies, memorandums of understanding, training procedures and other PREA related documentation were sent via email. A thorough review of all documentation provided occurred prior to the on-site portion of the audit.

This Auditor wishes to extend his deepest appreciation to all of the staff at WWMJDH for their professionalism, hospitality and kindness during the onsite audit process.

On November 2, 2016, an entrance meeting was held with Ms. Michelle Johnson, Division Director of Juvenile Detention and myself to discuss what I would need to complete during my visit. During this meeting the Auditor was given a most recent population report, and list of staff who would be working for the next two days. The Auditors schedule was discussed in regard to a necessary facility tour followed by staff, and resident interviews. Based on the current population of the facility on November 2, 2016 (34), it was determined by the Auditor that a random sample of 11 residents would be interviewed including all female residents. None of the randomly selected residents was Limited English Proficient. No residents currently at WWMJDH openly identified themselves as lesbian, gay, bi-sexual, transgender or intersex.

A tour of the facility was conducted by Ms. Michelle Johnson for the Auditor. During the audit, the Auditor noticed numerous signage posted throughout the facility announcing that a PREA audit would be conducted in the facility on November 2-3, 2016. This tour included all areas the residents could occupy including housing units, administrative areas, educational areas, recreation areas, admissions area, and medical area. Throughout the facility were signage and posters stating the Zero Tolerance policy regarding sexual abuse and sexual harassment. All signage was posted in both English and Spanish. The Control room where video surveillance is observed was also visited during the tour. WWMJDH does have video surveillance in resident cells, therefore that footage was viewed to ensure proper screening is in place for the residents to use the facilities in privacy. Review of the surveillance system to identify potential blind spots was conducted. Throughout the tour the Auditor asked staff questions to ensure compliance.

As previously mentioned, 11 random sample resident interviews were conducted. Fourteen direct care staff interviews were conducted, three supervisory staff interviews were conducted and, four contractor interviews were conducted. In addition to these interviews, also selected for interviews were the Division Director and Nurse.

At the conclusion of the Auditor's on site visit a exit meeting was held with the Superintendent to discuss the findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

The W.W. Moore Jr. Juvenile Detention Home (WWMJDH) is a 60 bed secure juvenile detention home housing 34 residents on November 2, 2016. The building is comprised of a lobby, administrative offices, conference room, admissions area, camera monitoring area, resident's property storage, gymnasium, classrooms, greenhouse area, and housing units.

WWMJDH has a total of six housing units to which female and male residents are separated; only five of the housing units were currently occupied. Each housing unit is comprised of ten individual cells, a common area, a bathing area, and a private meeting area. Each resident is provided their own individual cell. The bathing area has two shower stalls each separated by a wall which prohibits the other resident showering from viewing the other. Meals are provided for all residents in the community dining area. Opportunity for large muscle exercise is afforded to each resident through the gymnasium.

WWMJDH conducts all administrative investigations by facility staff comprised of the Division Director and Supervisory staff. All criminal investigations are referred to Danville Police Department for investigation. Prior to the visit a memorandum of agreement (MOU), between WWMJDH and the City of Danville Multidisciplinary Team was reviewed which discussed each parties responsibilities regarding the response to sexual abuse or sexual harassment.

SUMMARY OF AUDIT FINDINGS

The Pre-Audit Questionnaire was received by the Auditor on October 23, 2016. The supporting policies and other necessary documentation was received by the Auditor on October 23, 2016. All documentation was reviewed prior to the on-site portion of the audit. Review of the Pre-Audit Questionnaire revealed that all policies and procedures were in order. Review of the policies, procedures and related documentation required some revision but otherwise was complete and in order. Upon arrival, notification signs of an audit being conducted were posted in the lobby and all housing areas.

The on-site audit was conducted on November 2-3, 2016, with a resident population of 34 on the day of arrival. Following a meeting with the Division Director, a facility tour was conducted. Throughout the tour, residents in the program were observed to be under constant supervision of direct care staff. All resident housing areas had PREA related information posted in multiple languages. Third party reporting was clearly posted above each telephone in addition this information was given to residents through resident orientation manuals and PREA brochures. Review of the living units showed that the residents have reasonable privacy during shower times and are out of view of other residents. An additional suggestion was made to further prevent residents from being reviewed for the facility to purchase a mobile shower curtain. The Auditor was informed that since his onsite audit the privacy screens have been purchased and are being utilized. Review of the security room showed cameras being monitored. WWMJDH does have cameras in resident cells and shading techniques are used therefore staff can't observe residents using the facilities. The camera system did not show any blatant blind spots or deficiencies.

During the two day on-site audit, 11 residents were randomly selected to be interviewed, including both female residents. A total of 20 staff members were selected for interviews. The majority of the resident interviews revealed that residents were knowledgeable of PREA, the facilities zero tolerance policy regarding sexual abuse and sexual harassment, and methods of reporting allegations of sexual abuse and sexual harassment. All residents reported that they felt safe in the detention center. In regard to the staff interviews, they were knowledgeable of PREA and the facilities policies and procedures regarding sexual abuse and sexual harassment. The staff was able to verbalize their responsibilities regarding reporting PREA related incidents. Training records of direct care staff, supervisory staff and contractors, showed an indication that staff are receiving PREA training and ongoing annual PREA training.

WWMJDH was found to be in full compliance with regard to all applicable PREA standards.

Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

The WWMJDH has a Zero Tolerance policy notated within their policy and procedure manual. The policy manual identifies methods for preventing, detection and responding to sexual abuse and sexual harassment. The policy manual also has a clear set of PREA related definitions.

WWMJDH utilizes a facility wide PREA Coordinator. During the interview of the PREA Coordinator she stated that she has sufficient time and authority to develop, implement, and oversee the facilities efforts to comply with the PREA standards.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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.

WWMJDH does not contract with other entities for the confinement of residents therefore this standard is not applicable.

Standard 115.313 Supervision and monitoring

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

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WWMJDH currently utilizes a staffing policy and procedure that adheres to this standard. WWMJDH currently utilizes a 1:10 staffing ratio during waking hours and a 1:16 ration during sleeping hours. Policy and procedure requires that any deviation to this policy require documentation and explanation. WWMJDH had not deviated from this staffing plan at the time of the audit. These staffing ratios meet the minimum requirements set forth in the standard based on the fact that it is not yet mandated to implement these ratios until October 1, 2017. Documentation of annual reviews regarding discussion of the staffing plan in coordination with the Division Director of Juvenile Detention/PREA Coordinator and Chief of Police was reviewed. This annual review is done as part of the annual self-audit required of the Virginia Department of Juvenile Justice Regulatory Standards and the city's budget planning and development process.

WWMJDH also utilizes a video monitoring system in addition to direct staff supervision to deter sexual abuse and sexual harassment of residents. All cameras were in working order and provided adequate coverage within and outside of the facility on the date of the on-site visit.

Documentation and numerous interviews of direct care staff indicated that unannounced rounds are being conducted by intermediate and upper level staff at a minimum of once per shift.

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)

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WWMJDH policy and procedure prohibits cross gender searches and viewing except in exigent circumstances. This includes cross gender strip searches or pat down searches of residents. Policy and procedure further indicates searches of residents for the sole purpose of determining a resident’s genital status is also prohibited. Staff and residents indicated during interviews that cross-gender searches, viewing and searches to determine genital status do not occur.

WWMJDH employs a procedure for staff of opposite gender than is indicated for the housing unit to announce themselves to the unit and unit staff prior to entering the unit. A suggestion was given by this Auditor to install a doorbell that when rung would signify that a staff member of opposite the gender of those housed on the pod is about to enter. This suggestion was taken and is being given serious consideration. After the onsite portion of the audit, this auditor was informed that signage has been installed and currently being utilized for staff of the opposite gender to announce their presence.

WWMJDH conducts training in how to conduct cross gender pat down searches and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible during their annual PREA training. This training certification was observed throughout staff training records.

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.

WWMJDH policy and procedures indicate that residents with disabilities and those with limited English proficiency are provided adequate accommodations. These accommodations include interpreters for those with disabilities and limited English proficiency is provided by either qualified staff or outside resources which also include staff at the police department. A suggestion was made by this Auditor to investigate the usage of the “language line” or another language service to provide interpretation for those languages not commonly used. This suggestion was taken and is currently being given serious consideration. Numerous documents regarding facility policy and expectations are provided both in English and Spanish. These documents include resident brochures and PREA posters among other materials. PREA orientation videos are also available to residents for review in English and Spanish. Through resident and staff interviews, resident interpreters are not utilized.

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.

WWMJDH policy and procedure require criminal background and child abuse registry checks to be conducted on staff, volunteers and contractors at the time of new hire, promotional opportunities and every five years thereafter. At the time of hire and promotion, staff members are required to complete answer questions indicating no involvement of sexual misconduct. A sample review of staff member files indicated the WWMJDH has been compliant with all necessary background and registry checks. WWMJDH policy and procedures also state that they will provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom such employee has applied to work. In addition to those measures mentioned above WWMJDH also utilizes polygraph examinations for all new hires.

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.

WWMJDH policy and procedures specify any incident-based and aggregate data are securely retained by the Superintendent. Data is maintained for 10 years and within compliance of this standard. Aggregated sexual abuse and sexual harassment data from WWMJDH is made available to the public via contacting the Detention Home and with any personal identifiers removed.

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.

WWMJDH policy and procedure clearly requires staff members to report allegations of sexual abuse or sexual harassment whether it is received verbally, in writing, anonymously or from a third party. Policy further identifies protocols and procedures for reporting these allegations to facility administration, Danville Police Department, Virginia Department of Social Services, Department of Juvenile Justice, Virginia State Police, Federal Bureau of Investigation. During random interviews, staff members were able to explain facility protocols and procedures regarding the report of alleged sexual abuse or sexual harassment.

Danville Police Department will conduct all criminal investigations alleged to occur within the facility. WWMJDH also has entered into an MOU with Danville-Pittsylvania Community Services and the City of Danville Multidisciplinary Team to provide resident access to outside support services and victim advocacy. These services include confidential, emotional support related to sexual abuse and/or harassment to victims as well as residents who fear retaliation for reporting. As previously stated the Danville Police Department will conduct any facility criminal investigation along with the coordination of SAFE/SANE forensic examinations determined to be necessary offsite at an area hospital.

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.

WWMJDH’s policies and procedures require all criminal allegations of sexual abuse and sexual harassment to be reported to the Danville Police Department. The Danville Police Department will conduct all criminal sexual investigations within the facility. Within the previous 12 months, WWMJDH received 5 sexual harassment allegation that were investigated administratively and 4 of which were found to be an unsubstantiated allegation and determined not to be criminal in nature. 1 was determined to be substantiated in which the employee was terminated.

WWMJDH website includes a PREA section indicating methods of reporting alleged sexual abuse, sexual misconduct or sexual harassment.

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.

WWMJDH provides ongoing PREA training to all employees that have contact with residents according to the PREA standard. A review of the training curriculum, staff training records and staff interviews provide confirmation that staff members receive PREA training at initial hire and annually thereafter regardless of previous experience.

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.

WWMJDH provides ongoing PREA training to all volunteers and contractors who may have direct access to residents. Review of training records indicated volunteers and contractors initially received PREA training during their orientation process and were also issued a handbook outlining sexual abuse, harassment and misconduct for staff. Acknowledgement of receipt and understanding of the PREA brochure and pamphlet is signed by each volunteer and contractor on their respective orientation forms.

Interviews with four contractors indicated that they are knowledgeable of their responsibilities related to PREA and the agency's zero tolerance policy regarding sexual abuse and sexual harassment.

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.

Residents at the WWMJDH receive comprehensive age appropriate orientation of the facilities zero tolerance policy and how to report sexual abuse and sexual harassment at the time of intake. Residents are provided a PREA brochure which also outlines to whom and how to report allegations of sexual abuse and sexual harassment. In addition, resident brochures and other information are available for review on all housing units. Following orientation residents sign acknowledgement of receipt of the outlined training which is then maintained in the resident’s case file.

Review of resident’s files and resident interviews verified residents are receiving adequate orientation of the facility PREA procedures and zero tolerance policy. Some resident interviews revealed some limited knowledge of outside victim’s advocacy services.

Standard 115.334 Specialized training: Investigations

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

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

WWMJDH relies on the Danville Police Department to conduct criminal investigations regarding any allegation of sexual abuse or sexual harassment within their facility. WWMJDH has 1 administrative staff that is trained in “Investigating Sexual Abuse in a confinement setting”. Successful completion of this training was verified by certificates maintained in the employee’s personnel file.

Standard 115.335 Specialized training: Medical and mental health care

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

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WWMJDH medical staff members do not conduct forensic medical exams. An interview with medical personnel and review of training certificates confirmed required training of this standard had been completed.

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)

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WWMJDH policies and procedures require admissions staff to conduct a “PREA Intake Screening Form Vulnerability Assessment Instrument” of all juveniles being initially admitted into the facility. Review of the facilities Risk Assessment indicates all questions outline by this standard are met.

Standard 115.342 Use of screening information

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

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WWMJDH utilizes all information obtained from standard §115.341 to determine housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse and sexual harassment. WWMJDH policy and procedures also prohibit lesbian, gay, bi-sexual, transgender and intersex residents from being isolated and/or separated from other residents solely on the basis of their sexual orientation. WWMJDH did not have any residents placed in isolation because of risk of sexual victimization within the past 12 months.

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)

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WWMJDH provides multiple methods for residents to privately report allegations of sexual abuse and sexual harassment. Numbers to the PREA reporting hotline along with various numbers to other advocacy agencies are posted by each phone that residents are able to utilize. Interviews with staff members indicated proper procedures of accepting and reporting allegations of sexual abuse and sexual harassment from residents. Random interviews of residents indicated that they also were aware of various methods for reporting allegations. Although some residents were not fully aware of the address to write to make a report, the address had been provided to them.

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.

WWMJDH has a policy and procedure in place providing residents, outside family members and/or other advocates with a grievance system accessible to them. This policy and procedure is fully compliant with all standard requirements including a final agency decision on the merits of a grievance alleging sexual abuse and sexual harassment being made within 90 days of the initial filing of a grievance. In the previous 12 months WWMJDH has received 5 grievances alleging sexual abuse or sexual harassment. All grievances were addressed in the specified allocated time and none warranted a criminal investigation.

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.

WWMJDH has entered into a Memorandum of Understanding (MOU) with Danville-Pittsylvania Community Services and the City of Danville Multidisciplinary Team. The MOU verifies that Victim Services agrees to provide ongoing emotional support services for residents determined to be victims of sexual abuse or sexual harassment. During resident interviews they were able to verify reasonable and private access to their attorneys and other legal representatives while also being able to call and receive visits from their parents and/or legal guardians on a regular basis.

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)

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WWMJDH has established numerous methods of third party reporting on behalf of residents. WWMJDH provides information about PREA and clear instructions on how to anonymously report as a third party any allegation of sexual abuse or sexual harassment on their website. This website is fully accessible to the public. WWMJDH further provides instructions regarding third party reporting by posting clear instructions in their lobby. This information is presented in both English and Spanish.

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)

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WWMJDH implements a policy and procedure which is fully compliant with all the standard requirements outlined in §115.361. Random interviews with various staff members indicate their awareness and compliance of this standard. Employees interviewed understood that they were mandatory reporters and were able to describe the procedures of reporting alleged incidents of sexual abuse and sexual harassment. Staff interviews also indicated their knowledge of their requirement to immediately report retaliation against residents or staff who report any incidents of sexual abuse or sexual harassment.

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.

WWMJDH policy and procedure specifies appropriate and immediate procedures staff members are to take to protect residents from sexual abuse and sexual harassment. Interviews with staff members including those to be considered specialized staff verified facility compliance with this standard. Additional interviews and review of documentation indicated WWMJDH did not have any residents identified as being at risk for sexual abuse or sexual harassment within the last 12 months.

Standard 115.363 Reporting to other confinement facilities

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

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

WWMJDH policy and procedure requires in the event of a resident making an allegation of being sexually abused or sexually harassed while confined in another facility, the Superintendent will notify the head of the facility or appropriate office of the agency where an alleged abuse or harassment occurred and to also notify appropriate investigative agencies. Notification to the other facility is to occur within 72 hours of receiving the allegation and documentation of said notification is to be maintained. In the past 12 months, WWMJDH did not receive any allegations that a resident was abused while confined at another facility nor were there any allegations of sexual abuse or sexual harassment WWMJDH received from other facilities.

Standard 115.364 Staff first responder duties

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

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

WWMJDH has a policy and procedure in place specifying first responder duties and expectations. Interviews of staff members indicated their knowledge of the current policy and expectations of the first responder(s). Within the previous 12 months, WWMJDH has received 0 allegations of sexual abuse.

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.

WWMJDH has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse or sexual harassment among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This written plan was provided for review.

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

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

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

WWMJDH has a policy and procedure in place prohibiting the agency or any other governmental entity responsible for collective bargaining on the agency's behalf to enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and what to extent discipline is warranted. Review of policy indicates WWMJDH is also fully compliant with all other entities of this standard.

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.

WWMJDH has a policy and procedure in place to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Reviews of this policy and procedure and after interviewing the facility PREA Coordinator, indications were the facility is fully compliant with this standard. The Division Director of Juvenile Detention is responsible for monitoring retaliation and provided ample responses to questions during the interview to indicate full knowledge of said responsibilities. WWMJDH has not had any incidents of retaliation during the previous 12 months.

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.

WWMJDH policy and procedure stipulates that residents who have been alleged to have suffered from sexual abuse or sexual harassment will only be placed in isolation as a last resort when less restrictive actions are inadequate to keep the resident as well as other residents safe until an alternative means of keeping all residents safe can be arranged. Further review of the policy and procedure reveals if a resident is placed in isolation due to said circumstances, the resident will be afforded the opportunity to receive daily large muscle exercise and access to educational programming or special education services. Additionally, the resident shall receive daily visits from a medical or mental health clinician. WWMJDH has not required isolation of any residents under these circumstances within the previous 12 months.

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.

Review of WWMJDH policy and procedure and during an interview with the facility Division Director of Juvenile Detention indicate WWMJDH is fully compliant with all portions of this standard. WWMJDH will conduct all administrative investigations and the Danville Police Department will conduct all criminal investigations and any additional protocols associated with their investigation. WWMJDH has not had any sustained allegations of appeared criminal conduct that were referred for prosecution since August 20, 2012.

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.

WWMJDH policy and procedure does not impose any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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.

WWMJDH policy and procedure defines the notification expectations which adhere to all standard requirements. The interview with the PREA Coordinator also indicated full compliance of this standard. WWMJDH has had 5 allegations of sexual abuse or sexual harassment. Of those 5 allegations, 11 of 11 residents were notified of the results of the investigation.

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.

WWMJDH defines staff disciplinary sanctions up to and including termination for violation of the agency sexual abuse and sexual harassment policies in place. WWMJDH has had 1 staff member from the facility terminated or resign prior to termination within the previous 12 months. That 1 staff member was terminated for violation of the facilities policies and procedures.

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.

WWMJDH policy and procedure indicates any contractor or volunteer who engages in sexual abuse or sexual harassment will be prohibited from contact with the residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Within the previous 12 months, WWMJDH has had 0 cases of contractors or volunteers prohibited from contact with residents due to sexual abuse or sexual harassment allegations not has any contractor or volunteer been reported to law enforcement or relevant licensing bodies.

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.

WWMJDH policy and procedures stipulate 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 sexual harassment or following a criminal finding of guilt for resident-on-resident sexual abuse or sexual harassment. WWMJDH has had 0 residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse or sexual harassment in the previous 12 months.

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.

WWMJDH policy and procedure indicates full compliance with this standard. Interviews with medical personnel and documentation verified immediate notification to the medical and mental health staff pursuant to the expectation of this standard.

Standard 115.382 Access to emergency medical and mental health services

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

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

WWMJDH policy and procedure provides resident victims of sexual abuse and sexual harassment timely, unimpeded access to emergency medical treatment and crisis intervention services. Treatment services are also provided to the victim without any financial cost regardless to whether or not the victim identifies the abuser or cooperates with any investigation arising out of the incident. Interview with medical personnel further verified compliance of this standard.

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.

WWMJDH policy and procedure outlines the process to be completed to ensure residents have access to ongoing medical and mental health services pursuant to this standard. Interviews with medical personnel indicate their awareness and understanding of the facility policy expectations.

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.

WWMJDH policy and procedure requires a review within 30 days of the conclusion of every sexual abuse and sexual harassment investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The facility review team consists of the Administrators, PREA Coordinator, facility administrative investigators, Medical Staff, and the Mental Health Case Manager. Within the previous 12 months, WWMJDH has had 5 sexual abuse or sexual harassment incidents to investigate.

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.

WWMJDH collects accurate data pursuant to this standard on their Serious Incident Reports in conjunction to the Bureau of Justice Uniform Crime Reports. Review of the annual report on the facility website indicated completion according to this standard.

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.

WWMJDH policy and procedure requires review of the data collected from all reports of sexual abuse and sexual harassment in order to assess and improve the effectiveness of its sexual abuse and sexual harassment prevention, detection, and response policies, practices, and training. The interview with the PREA Coordinator indicated on ongoing review of data pursuant to this standard. The facility annual report is made available to the public on the facility website.

Standard 115.389 Data storage, publication, and destruction

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

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

WWMJDH policy and procedures specify any incident-based and aggregate data are securely retained by the Superintendent. Data is maintained for 10 years and within compliance of this standard. Aggregated sexual abuse and sexual harassment data from WWMJDH is made available to the public via the facility website and with any personal identifiers removed.

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.

Bryan Henry_____

November 28, 2016_____

Auditor Signature

Date