

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: June 30, 2016

Auditor Information			
Auditor name: Susan Heck/Vernon Harry			
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Telephone number: 757-784-1675; 540-455-1095			
Date of facility visit: June 2, 2016			
Facility Information			
Facility name: Transitional Living Program			
Facility physical address: 10650 Page Avenue, Fairfax, VA 22030			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 703-246-2924			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Mitchell Ryan, Program Director			
Number of staff assigned to the facility in the last 12 months: 21			
Designed facility capacity: 12			
Current population of facility: 7			
Facility security levels/inmate custody levels: Non-secured facility			
Age range of the population: 17.5-20 years			
Name of PREA Compliance Manager: Mitchell Ryan		Title: Program Director	
Email address: Mitchell.Ryan@fairfaxcounty.gov		Telephone number: 703-246-2924	
Agency Information			
Name of agency: Fairfax County Juvenile and Domestic Relations District Court			
Governing authority or parent agency: <i>(if applicable)</i> Fairfax County, VA			
Physical address: 4410 Chain Bridge Road, Fairfax, VA 22030			
Mailing address: <i>(if different from above)</i> 10650 Page Avenue, Fairfax, VA 22030			
Telephone number: 703-246-2924			
Agency Chief Executive Officer			
Name: Robert Bermingham		Title: Director of Court Services, 19 th Judicial District	
Email address: Robert.Bermingham@fairfaxcounty.gov		Telephone number: 703-246-3416	
Agency-Wide PREA Coordinator			
Name: Karla Hardy		Title: Initiatives and Special Projects Coordinator	
Email address: Karla.Hardy@fairfaxcounty.gov		Telephone number: 703-246-3436	

AUDIT FINDINGS

NARRATIVE

The Transitional Living Program received an onsite PREA audit on June 2, 2016. A meeting was held with the PREA Coordinator for the agency, Karla Hardy, on the first day of the audit. The Program Director, Mitchell Ryan, is also the manager of the Post-Dispositional Program which is in the Juvenile Detention Center.

The Transitional Living Program is a non-secure program for youth aged 17.5-20 years of age who are transitioning into the community to live on their own. Residents leave the facility for jobs and for school (if applicable). The program is housed in a separate wing of the Fairfax County Juvenile Detention Home (JDC). It is accessed through specific entrances which keep it separate and apart from the JDC. All future discussion of the facility in this report will discuss the facility as a separate and apart facility since that is the way it functions.

There are four bedrooms and two bathrooms in the facility. All bedrooms can accommodate three residents. In addition to the bedrooms, the facility has a laundry room (used by residents under supervision of staff), a recreation area which holds various equipment and a television, a sitting area around the staff desk, a study, an office with computers (kept locked), a classroom, a dining room, a kitchen with storage areas both within the kitchen and just outside the kitchen, a reception area, a copy machine area, several staff offices, a medical room (houses medication—no onsite medical personnel or services available to residents), staff bathrooms, a conference room and a mechanical room. During the tour it was noted that a number of rooms were unsecured; this was discussed with program staff and PREA Compliance Manager and they will be taking measures to tighten up areas noted. Offices had large windows in doors. These were covered with blinds in some cases, which should remain open for optimum sight protection. The bedrooms and office areas enclose a large outdoor courtyard which is accessed by doors and provides much light and outside access.

This facility has a camera system that predates the PREA standards. It is in good working order but has no additional space for adding cameras. The facility has noted two blind spots they would like to cover—the laundry area and the area used for bedbug protocol. The director is investigating costs and will add cameras if there is room on the DVR system or as money is available to replace/upgrade the system. There is good camera coverage in the computer room, classroom, dining room, halls that access bedrooms and bathrooms, staff desk area, reception area, recreation room, and back hallway.

The facility does not employ medical or mental health professionals. In the event of an alleged sexual assault, victims are transported to INOVA Fairfax Hospital which provides 24/7 SAFE/SANE personnel. Mental health needs are provided by the local Community Services Board which has an ongoing relationship with the agency. All allegations of sexual abuse are investigated; the facility has investigators to handle administrative and sexual harassment investigations, all of whom have taken the Investigator Training provided by the PRC through NIC. Criminal investigations are referred to the Fairfax County Police Department and there is a Memorandum of Understanding in place. Victim advocates for emotional support services related to sexual abuse may be accessed 24/7 by calling the Victim Services Section.

Required PREA Auditor Notices were evident in the facility. One zero tolerance poster was also evident. There were no other posters or information posted and this was discussed in the audit de-brief with all parties. The PREA Coordinator will take on this task and increase the PREA information in the facility. Even without reminders and additional information about PREA, all residents knew about the zero tolerance policy, knew how to report, how to access services, and that they were protected against retaliation.

This is a small facility (group home, non-secure) with a maximum of 12 residents and has 21 staff. Seven residents are currently in the program and six were interviewed, one refused the opportunity to be interviewed; all current residents' files were reviewed. Of the 21 staff, 11 were interviewed over the course of the audit (represents half of staff and meets minimum of ten required). All staff files were reviewed for background checks, staff training records, and 5-yr backgrounds. Residents that were longer term residents were trained in April, 2016. The newest resident was trained at intake, which reflects the newly implemented agency policy of training residents on PREA and doing vulnerability assessments at intake (earlier than required by standards). Although vulnerability assessments were being done prior to the time of the audit, the form being used was missing elements required by the standard. While these elements were captured in other assessments done by the facility or reviewed by the facility (ACER/MASI/YASSI), a new form capturing all the elements required in the PREA standard in one place has been adopted by the facility (and by the agency as a whole) and will be used moving forward. Agency memorandum has been sent out to all facilities (including TLP) to use the new form to ensure that the information is in one place and continues to guide decisions for each resident.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Transitional Living Program is a non-secure program for youth aged 17.5-20 years of age who are transitioning into the community to live on their own. Residents leave the facility for jobs and for school (if applicable). The program is housed in a wing of the Fairfax County Juvenile Detention Home (JDC) that is completely separate and apart from the Detention Home. The facility is located in the heart of Fairfax City in an urban setting of mixed office and residential buildings.

The program provides support and housing for residents who are transitioning to live on their own. They all have jobs or go to school (or both) in the community. The program focuses on life skills training including job interview preparation, job retention, budgeting their income, food preparation, etc. take part in some dinner preparation although most meals provided through Juvenile Detention Home. They are responsible for their own laundry which is done under staff supervision. They are given much staff support including counselling, if required or needed.

The facility is well staffed, making and often exceeding the PREA standard requiring 1:8 staffing ratio. It has four resident bedrooms with a possible three to the room and two resident bathrooms. All residents shower separately and do all changing in the bathroom.

SUMMARY OF AUDIT FINDINGS

[Click here to enter text.](#)

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

Evidence

Transitional Living Program (TLP) PREA Policy Manual (hereafter "PREA policy manual")115.311 Zero Tolerance Policy, p. 7.
Fairfax JDRDC Agency Prison Rape Elimination Act Policy Manual (hereafter Agency PREA manual), 1.4.1 Zero Tolerance Policy, p. 6
Interviews with 11 staff, six residents and one volunteer reflect knowledge of Zero Tolerance Policy
Poster reflected Zero Tolerance Policy
Resident brochure described Zero Tolerance Policy
Organizational chart reviewed

Facility zero tolerance policy very thorough and well done. Excellent description of prevention, detection, response strategies. Policy includes required definitions, descriptions of sanctions, responsibilities. Agency PREA Manual reflects same.

The agency’s Initiatives and Special Projects Coordinator serves as the PREA Coordinator and is knowledgeable and very competent. She reports to the agency’s Director of Residential Services. The facility’s Program Director serves as the PREA Compliance Manager. He is also in charge of another major program within the agency’s structure which puts additional demands on his time. He is sharing some of the compliance duties with his assistant program director and a team leader which is meeting the demands of this task.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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This policy is NA. The facility does not contract with other agencies or entities for the confinement of its residents.

Standard 115.313 Supervision and monitoring

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

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Evidence

TLP PREA Policy Manual 115.313, pg. 9-10;

Fairfax County JDRDC PREA Policy Manual 1.4.4, Supervision and Monitoring of Residents, pg. 7-8.

Staffing Plan Review documentation

Unannounced round documentation reviewed

Policy provides an excellent description of agency process for supervision and monitoring of residents. The TLP is housed in the local detention home and uses its front and side entrance to access the space. Development of staffing plan includes both programs and uses all required elements in standard. There was no incidence of failing to meeting the staffing plan noted during interviews with Program Director. None noted in pre-audit questionnaire. The staffing plan does a nice job of providing extra staff during the times residents are returning from work/school.

Upper level staff are doing PREA rounds, but have not documented sufficiently. This facility’s “upper level supervisors” are extremely engaged in their programs including frequently providing short term coverage. They engage often with residents and staff on multiple levels and at all times of the day/night. They have been documenting their review of video; new policy clarification is now in place to require quarterly PREA focused unannounced rounds with requirement to document this activity on a specific form. Documentation of the first official quarterly review in June, 2016 was forwarded to this auditor.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

Evidence

TLP PREA Policy 115.313 Limits to cross-gender viewing and searches, pg. 11-12

Fairfax JDRDC PREA Policy 1.4.5 Limits to Cross-Gender Viewing and Searches, pg. 8-9

Interviews with staff members

Interviews with residents

This facility does not do pat down searches of any kind. If there is a concern about a resident having contraband or carrying a weapon, Fairfax Policy are called and conduct a pat down search. The facility uses a wand to “search” residents when the return from school or work in addition to asking residents to remove their shoes and empty their pockets. Staff do not touch residents during this process. All resident

interviews and staff interviews reinforced this practice.

No cross-gender strip searches or cross-gender visual body cavity searches have been conducted; the facility does not have medical staff and would transport to Inova Fairfax Hospital if any examination were required. Agency policy does not allow for searching of transgender or intersex residents to determine genital status.

Residents use the bathroom to change their clothes in addition to toileting and bathing. All resident and staff interviews were consistent in describing this as the facility's practice.

Agency/facility policy require female staff members to announce their presence on the hall where residents sleep and where the bathrooms are located; practice of this requirement was confirmed by resident and staff interviews.

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

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

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

Evidence

TLP PREA Policy 115.316 Residents with disabilities and who are limited English proficient, p. 13

Fairfax County JDRDC PREA policy 1.4.6, #1, p. 9-10

Interviews with staff and residents

Facility/agency has excellent resources for non-English speaking residents that utilize multiple sources for translation services and help. Information on Communications Accessibility, including a TTY Instruction Sheet as well as a list of Sign Language Interpreters who have contracts with Fairfax County Government, Captioning and County Facilities with Assistive Listening Systems, are available on FairfaxNET or by contacting the Equity Programs Division. Contracts are through Fairfax County. Translation services are available 24/7. Residents are not allowed to translate for other residents and this was confirmed through all resident and staff interviews. PREA brochure available in Spanish. PREA Coordinator having additional materials translated. There have been no instances of residents translating for other residents in the past twelve months.

Standard 115.317 Hiring and promotion decisions

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

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

Evidence

TLP PREA Policy Manual, 115.317 Hiring and Promotion, pg. 13-14

Fairfax County JDRDC PREA Manual, 1.4.7 Hiring and promotion decisions, pg 10

Agency employment application

Supplemental questions to agency employment application
Background checks of all current staff
Five year backgrounds complete on all current staff

Program director serves as hiring manager. Agency policy is clear about required background and CPS checks and all employee records were reviewed and in compliance with the background check requirements of this standard. In addition, the facility has secured repeat backgrounds for all staff who have been with the agency/facility for longer than four years. Questions posed in 115.317 Hiring and promotion decisions (a), 1-3 are included in employee self-evaluation documents and discussed during evaluation meetings with supervisors. Facility director is authorized to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

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.

NA. This facility has not upgraded its system since 2012. The facility would like to provide some additional cameras and upgrade its dvr system and will do so as funding allows, but nothing has been added during the period under review.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Evidence

TLP PREA Policy Manual, 115.321 Evidence Protocol and forensic medical examinations, p 14.
Fairfax County JDRDC PREA Policy 1.4.9 Evidence protocol and forensic medical examinations, #s1-5, p. 11
MOU with Fairfax County Police Department
Staff interviews

The facility/agency has a MOU in place with the Fairfax County Police Department to conduct any criminal sexual abuse investigation and it indicates the intention to follow uniform evidence protocol. The MOU also states that investigative results will be forwarded to the agency. In addition, the MOU provides a victim advocate for any victim requesting this service from the FCPD Victim Services unit.

There have been no allegations of sexual abuse in the past twelve months; no instances where forensic medical examinations were required in the past twelve months. Any forensic exam would be conducted at Inova Fairfax Hospital at no cost to the resident. Inova Fairfax has SAFE/SANE staff available 24/7. Staff interviews confirm this practice and all staff interviewed were aware of who would investigate. No residents reported sexual abuse in the past twelve months so were not available to interview for compliance.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Evidence

TLP PREA Policy Manual, 115.322 Policies to ensure referrals of allegations for investigations, p. 15
Fairfax County JDRDC PREA Policy 1.4.10 Ensuring referrals of allegations for investigations, p. 12-13
MOU with Fairfax County Police Department
Staff interviews
Agency head interview
Program director interview (superintendent interview)

The facility/agency is committed to investigating all allegations of sexual abuse and sexual harassment. An MOU is in place with Fairfax County Police Department to handle all allegations that are criminal in nature. The program director, assistant program director, and counselor/team leader have taken the Special Training for Investigators provided through PRC and NIC. Sexual harassment investigations and administrative investigations will be handled by one of these three staff and their understanding of the training was confirmed through investigator questions and interviews. Staff interviews indicate that staff know who is supposed to be doing investigations. There have been no allegations of sexual abuse or sexual harassment in the past twelve months.

Standard 115.331 Employee training

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

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

Evidence

TLP PREA Policy Manual 115.331 Employee Training, p. 15
Fairfax County JDRDC PREA Policy 1.5.1 Employee, Volunteer, and Contractor Training, p. 13-14
Review of “The Fairfax County Juvenile and Domestic Relations District Court Staff Guide to Prevention Detection and Responding to:

Sexual Assault, Sexual Abuse and Sexual Harassment”
Training records of al 21 staff were reviewed
Interviews with 11 of 21 staff

TLP PREA Policy Manual has good description of ongoing training efforts and tools used to train staff. FC has an overarching training curriculum for all its staff entitled, "The Fairfax County Juvenile and Domestic Relations District Court Staff Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment". This document is comprehensive and includes all required elements of standard. TLP and FC policies require training for all employees, contractors and volunteers. Policy requires refresher training for employees. This facility is an all male facility.

There was initial confusion in terms of whether this group home facility fell under the PREA standards. All staff were trained within the last six months. All staff have now been trained. Policy requires annual refresher training. Training records of all 21 staff members were reviewed; training records were signed by employees and indicate understanding.

Standard 115.332 Volunteer and contractor training

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

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

Evidence

TLP PREA Policy Manual 115.331 Employee Training, p. 15;
Fairfax County JDRDC PREA Policy 1.5.1 Employee, Volunteer, and Contractor Training, p. 13-14
Review of “The Fairfax County Juvenile and Domestic Relations District Court Staff Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment”
Interview with volunteer

TLP PREA Policy Manual has good description of ongoing training efforts and tools used to train staff. TLP and FC policies require training for all employees, contractors and volunteers. FC has an overarching training curriculum for all its staff, contractors and volunteers entitled, "The Fairfax County Juvenile and Domestic Relations District Court Staff Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment". This document is comprehensive and includes all required elements of standard. This facility is an all male facility.
Training records of all volunteers were reviewed; training records were signed by volunteers and indicate understanding. Volunteer interview reflected understanding.

Standard 115.333 Resident education

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

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corrective actions taken by the facility.

Evidence

TLP PREA Policy Manual 115.333 Resident Education, p. 15-16; all elements contained in standard covered
Fairfax County JDRDC PREA Manual, 1.5.2 Resident Education, p. 14-15; all elements contained in standard covered
Reviewed resident PREA brochure
DVD from PRC

Review of all resident training records which contained signed forms indicating that residents received and understood the training received
Resident interviews confirmed knowledge of elements of the training

Although there was confusion as to whether group homes in VA were required to be PREA compliant, all residents at this facility were trained as of April 13, 2016. Policy of agency and facility require training at time of intake (before 10 days). Training includes all required components. Residents sign training forms indicating they received the training and understand. Resident interviews (total population of seven residents; six interviewed, one refused) indicate knowledge of training. Confirm receiving PREA brochure and viewing age appropriate PREA DVD.

Materials are available to non-English speakers and other residents who may be disabled through an extensive array of services available to all Fairfax County agencies (including TLP).

Facility had minimally required PREA information posted; PREA Coordinator will develop and distribute for posting more extensive PREA information (posters, community resources, etc.).

Standard 115.334 Specialized training: Investigations

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

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

Evidence

TLP PREA Policy Manual 115.334 Specialized Training, Investigations p. 16;
FC JDRDC PREA Policy Manual, 1.5.3 Specialized Training: Investigations, p. 14-15
Training records of staff designated as facility investigators—NIC Training Certificates
Interviews with all designated staff
MOU with Fairfax County Police Department

The program director, assistant program director, and counselor/team leader have taken the Special Training for Investigators provided through PRC and NIC; these staff also received standard PREA training. Sexual harassment investigations and administrative investigations will be handled by one of these three staff and their understanding of the training was confirmed through investigator questions and interviews. Staff interviews indicate that staff know who is supposed to be doing investigations. There have been no allegations of sexual abuse or sexual harassment in the past twelve months.

Standard 115.335 Specialized training: Medical and mental health care

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

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Evidence

TLP PREA Policy Manual 115.3345 Specialized Training, Medical and mental health care p. 16-17
FC JDRDC PREA Policy Manual, 1.5.4 Specialized Training: Medical and mental health care, p. 15
Interview with Mental Health Practitioner

This facility does not employ medical or mental health staff. Residents are seen at Inova Fairfax Hospital for any emergency medical treatment; victim advocates provided through Special Victims unit of FC PD. No forensic exams done onsite.

This facility has an ongoing relationship with the Fairfax County Community Services Board (CSB) to provide ongoing treatment to its residents. They maintain an office on site to facilitate this service delivery. Although not an employee, the QMHP interview was conducted with a CSB employee. Interviewee demonstrated knowledge of PREA and requirements of ongoing training. Records of residents indicated that services were initiated as appropriate and according to standard.

Medical staff listed on Pre-Audit Questionnaire are employees of local detention home. All have received required training provided by PRC.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Evidence

TLP PREA Policy Manual 115.341: Obtaining information from residents, p. 18-19
FC JDRDC PREA Policy Manual, 1.6.1 Obtaining information from residents, p. 15-16
Review of Screening Instrument
Interviews with staff who screen for vulnerability
Agency memorandum re use of vulnerability instrument for agency reviewed

Information is gathered through review of court record; discussions with probation officers/parents/social workers; interview with resident; review of other assessment tools currently in use.

Screening was being done with multiple tools covering elements but not conducive to making screening useful as resident moved through program. Interviews with staff responsible for conducting the screening indicated understanding of what the tool is meant to capture and why and that appropriate controls are in place to keep the information confidential.

The Vulnerability screening instrument in use by the facility at the time of the audit did not meet the PREA standard. The agency has issued a memorandum designating the appropriate screening instrument and how it is to be used. Vulnerability screening instrument has been changed within the last thirty days to include all required elements of the standard. A memorandum designating tool to be used moving forward has been issued and reviewed by this auditor. Review of the new vulnerability screening tool indicates that all elements are included.

Standard 115.342 Use of screening information

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

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Evidence

TLP PREA Policy Manual 115.342: Placement of residents in housing, bed, program, education, and work assignments, p.19-20
FC JDRDC PREA Policy Manual, 1.6.2, Placement of residents in housing, bed, program, education, and work assignments, p. 16-17
Interviews with six of seven residents
Interviews with 11 of 21 staff

Residents are carefully screened before placement in this program. Information gathered is used in initial acceptance and used when room assignments are made.

Auditor reviewed TLP PREA manual which states “residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe and then only until an alternative means of keeping all residents safe can be arranged”. No residents were put in isolation. Isolation is not used. All interviews with residents and staff confirm this.

All residents are allowed the opportunity to shower separately. Policy states and staff interviews support that a resident's own perception of safety would be given consideration in programming and housing decisions. Acceptance of GBTI residents made on case by case basis. No GBTI residents are in this facility’s current population.

Standard 115.351 Resident reporting

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

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

Evidence

PREA Audit Report

TLP PREA Policy Manual 115.351, Resident Reporting, p.20-21

FC JDRDC PREA Policy Manual, 1.7.1 Resident Reporting of sexual abuse or sexual harassment, p. 18

Interviews with six of seven

Interviews with staff

Policy of agency and facility state and interviews with staff and residents confirm that residents have multiple ways to report sexual abuse or sexual harassment including using Fairfax Victim Services 24 hour Crisis Helpline, filing a grievance, reporting to staff. Tools to report are provided to residents. Staff are allowed to report privately. Per agency policy, residents are not detained solely for civil immigration.

Standard 115.352 Exhaustion of administrative remedies

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

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

Evidence

TLP PREA Policy Manual 115.352 Exhaustion of Administrative Remedies, p.21-22

FC JDRDC PREA Policy Manual, 1.7.2 Administrative Remedies, p. 18

Interviews with residents

Interviews with staff

Agency and facility policy mirror PREA standard and include all components of the standard. No grievances of this nature have been filed at this facility. No residents have reported sexual abuse; all residents and staff interviewed were aware that a third party could file a grievance on a resident's behalf. All staff interviewed responded that a grievance alleging a resident was at substantial risk of imminent sexual abuse would be forwarded to proper person and responded to immediately.

Standard 115.353 Resident access to outside confidential support services

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

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

Evidence

TLP PREA Policy Manual 115.353 Resident access to outside support services and legal representation, p.22

FC JDRDC PREA Policy Manual, 1.7.3 Resident access to outside support services and legal representation, p. 19

MOU with Fairfax Police Victim Services

Interviews with six of seven residents

Interviews with staff, program director, PREA compliance manager

Interviews with program director, PREA compliance manager and residents confirm that the residents have confidential access to their attorneys and with reasonable access to parents/guardians. No residents detained solely for civil immigration purposes. Residents provided with victim advocates through Fairfax County Police Department's Victim Services—MOU in place and reviewed. Residents indicated that they know the limits of confidentiality when talking with outside support services. Residents indicated understanding of mandatory reporting.

Standard 115.354 Third-party reporting

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

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

Evidence

TLP PREA Policy Manual 115.354 Third Party Reporting, p. 23

FC JDRDC PREA Policy Manual, 1.7.4 Third Party Reporting of Sexual Abuse or Sexual Harassment, p. 19

Interviews with six of seven residents

Interviews with staff

Agency provides information on how to make a third party report on its website. All residents interviewed were aware that someone could report on their behalf (and that they could report on someone else's behalf). Third party reports are investigated.

Standard 115.361 Staff and agency reporting duties

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

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

Evidence

TLP PREA Policy Manual 115.361 Staff and agency reporting duties, p.23-24

FC JDRDC PREA Policy Manual, 1.8.2 Staff Reporting of Sexual Abuse or sexual Harassment, #2, p. 20

Interviews with staff, program director, PREA coordinator

Program director, PREA Coordinator, and interviewed staff aware of the facility's responsibility to report any allegations of sexual abuse to appropriate authorities, parents/guardians, investigators and to comply with mandatory reporting laws.

Standard 115.362 Agency protection duties

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

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

Evidence

TLP PREA Policy Manual 115.361 Agency Protection duties, p. 24

FC JDRDC PREA Policy Manual, 1.8.2 Staff Reporting of Sexual Abuse or sexual Harassment, p. 20

Staff interviews including agency head designee, program director

There have been no reports of imminent sexual abuse in the past 12 months. All interviews confirmed agency/facility policy to protect and to act immediately.

Standard 115.363 Reporting to other confinement facilities

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

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

Evidence

TLP PREA Policy Manual 115.363 Reporting to other confinement facilities, p. 24

FC JDRDC PREA Policy Manual, 1.8.3 Reporting to other facilities, #1 p. 21

Interview with agency head

Interview with program director

There have been no allegations within the past 12 months; no documentation to review. Agency head and program director interviews indicate knowledge of duty to report; agency/facility policies articulate reporting responsibilities.

Standard 115.364 Staff first responder duties

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

- Does Not Meet Standard (requires corrective action)

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

Evidence

TLP PREA Policy Manual 115.364 Staff First Responder Duties, p. 24-25

FC JDRDC PREA Policy Manual, 1.8.4, Staff First Responder Duties (PREA Response Protocol), p. 21

All interviews with staff indicate their knowledge of their responsibilities

No incidents have been reported; no documentation to review

Protocols posted.

All staff interviewed (regardless of position at facility) were aware of their responsibilities as first responders. Protocol is posted. No allegations within past 12 months.

Standard 115.365 Coordinated response

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

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

Evidence

TLP PREA Policy Manual 115.365, Coordinated Response, p. 25-26

FC JDRDC PREA Policy Manual, 1.8.5 Coordinated Response, p. 22-23

Interview with program director

Interview with staff members

Staff were aware of the plan (detailed in 115.364) and that it is a coordinated response for all staff and responders. There is a response plan that is specific to the facility.

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.

This standard does not apply to this agency/facility.

Standard 115.367 Agency protection against retaliation

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

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

Evidence

TLP PREA Policy Manual 115.36,7 Agency protection against retaliation p. 27-28

FC JDRDC PREA Policy Manual, 1.8.7 Protection from Retaliation, p. 23-24

Interviews with program director, agency head.

Program director interview indicates understanding of retaliation protection responsibilities. Interviews with program director and agency head indicate understanding of need to monitor for retaliation after a staff or resident report. Program director indicated knowledge that monitoring would include periodic status checks for residents. Policy indicates that any other individual who cooperates with an investigation or reports would be afforded the same protection. Interviews indicate knowledge of responsibility. Policy states and interviews support that monitoring would continue past 90 days if anything indicated that a longer time was necessary for the protection of staff or residents. Interviews with key staff (above) supported the agency/facility policy of not tolerating any retaliation.

Standard 115.368 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence

TLP PREA Policy Manual 115.368 Post allegation protective custody p. 28

FC JDRDC PREA Policy Manual, 1.8.8 Post allegation protective custody, p. 24

Staff interviews

Resident interviews

Policies and procedures exist and are compliant with the standard, however, no residents are held in isolation at this facility for any reason. This is a non-secure group home facility. All resident interviews and all staff interviews are consistent with no isolation. This is a non-secure facility.

Standard 115.371 Criminal and administrative agency investigations

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

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

Evidence

TLP PREA Policy Manual 115.371 Criminal and administrative agency investigations, p. 28-29

FC JDRDC PREA Policy Manual, 1.9.1 Criminal and administrative investigations, p. 24-25

MOU with Fairfax County Police Department

Interviews with investigative staff

Review of training certificates

Three staff members have taken the training provided through NIC on the PRC website. Certificates were reviewed and staff members interviewed; all exhibited understanding of the training received. Facility only does administrative investigations. Policy complies with standard. No allegations have been made; none referred for investigation. Facility refers criminal cases to FCPD for investigation. MOU on file.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Evidence

TLP PREA Policy Manual 115.372 Evidentiary standard for administrative investigations, p.29

FC JDRDC PREA Policy Manual, 1.9.2 Evidentiary standard for administrative investigations, p. 25

Interview with investigative staff

Policy is compliant with standard. Interviewed staff knew appropriate standard of evidence. No allegations have been made, no investigations have been conducted, no reports to review.

Standard 115.373 Reporting to residents

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

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

Evidence

FC JDRDC PREA Policy Manual, 1.9.3 Reporting investigative outcomes to residents, p. 25-26

Interviews with program director, investigators

MOU with Fairfax Police Department

Policy complies with standard. MOU with Fairfax Police Department. No allegations have been made at this facility. No documents/investigations to review. Program director and investigators knowledgeable of policy requirement.

Standard 115.376 Disciplinary sanctions for staff

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.1.1 Disciplinary Sanctions for Staff, p. 26

Policy complies with standard. No records to review. No disciplinary actions against staff.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.1.2 Corrective action for contractors and volunteers, p. 26-27

Program director interview

Policy complies with standard. No records to review. No disciplinary actions against contractors or volunteers. Interview support policy.

Standard 115.378 Disciplinary sanctions for residents

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

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

Evidence

TLP PREA Policy Manual Interventions and disciplinary sanctions for residents, p. 30-31
FC JDRDC PREA Policy Manual, 2.1.3 Disciplinary sanctions for residents, p. 27
Interview with program director

Policy complies with standard. Facility prohibits sexual activity between residents. No allegations have been made against staff or other residents. Facility does not offer counseling or other interventions; this facility's purpose is transitioning residents to the community to live on their own.

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

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

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

Evidence

TLP PREA Policy Manual 115.381 Medical and mental health screenings; history of sexual abuse, p. 31
FC JDRDC PREA Policy Manual, 2.2.1 Medical and mental health screenings; history of sexual abuse, p. 28
Interviews with staff who conduct vulnerability screenings
Vulnerability screening instrument

Facility does not employ medical or mental health staff. Mental health referrals are to the Merrifield Mental Health Center or the Community Services Board (CSB) Mobile Crisis Unit, as appropriate, and medical needs are handled by Inova Fairfax Hospital. Agency/facility policy complies with standard. No current residents (7 at time of audit) reported prior victimization or that they were prior perpetrators.

Vulnerability screening instrument has been changed within the last thirty days to include all required elements of the standard. An agency memorandum designating tool to be used moving forward has been issued.

Standard 115.382 Access to emergency medical and mental health services

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

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

Evidence

TLP PREA Policy Manual 115.382 Access to emergency medical and mental health services p.32
FC JDRDC PREA Policy Manual, 2.2.2 Access to Emergency medical and mental health services, p. 28-29
Interviews with staff

No residents have reported sexual abuse while at the facility. Agency/facility policy complies with standard in all elements. Interviews with staff indicate knowledge of proper response.

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

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

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

Evidence

TLP PREA Policy Manual 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers p.32-33
FC JDRDC PREA Policy Manual, 2.2.3 Ongoing medical and mental health care for sexual abuse victims and abusers, p. 29

Agency uses Merrifield Mental Health Center and Inova Fairfax Hospital to provide mental health and medical treatment as appropriate. Agency/facility policy complies with standard. No current residents reported sexual abuse while incarcerated.

Standard 115.386 Sexual abuse incident reviews

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.3.1 Sexual abuse incident reviews, p. 29-30
Interviews with agency head and program director

The facility has had no incidents of sexual abuse; no investigations. The agency has a plan for conducting sexual abuse incident reviews which includes all appropriate parties. Interviews support agency policy. Agency policy complies with standard.

Standard 115.387 Data collection

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.3.2 Data Collection, p. 30-31

PREA Coordinator in charge of collecting data. Agency policy complies with standard. DOJ has not requested any data.

Standard 115.388 Data review for corrective action

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.3.4 Data storage, publication and destruction, p. 31

Agency policy complies with standard. There have been no incidents of sexual abuse at the facility. Interview with PREA Coordinator consistent with agency policy.

Standard 115.389 Data storage, publication, and destruction

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.3.4 Data storage, publication and destruction, p. 31
Interview with PREA Coordinator

Agency policy complies with standard. There have been no incidents of sexual abuse at the facility. Interview with PREA Coordinator consistent with agency policy.

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.

 

June 28, 2016

Vernon Harry

Susan Heck

Auditors’ Signatures

Date