

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: June 30, 2016

Auditor Information			
Auditor name: Vernon Harry; Susan Heck			
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Email: vernonharryandassociates@comcast.net ; susanheckva@gmail.com			
Telephone number: 540-455-1095, 757-784-1675			
Date of facility visit: 6/2-3,7,8,9/2016			
Facility name: Fairfax County Shelter Care II			
Facility physical address: 10670 Page Avenue, Fairfax, VA 22030			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 703-830-2930			
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 type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other group home
Name of facility's Chief Executive Officer: Marlon Murphy			
Number of staff assigned to the facility in the last 12 months: 26			
Designed facility capacity: 12			
Current population of facility: 3			
Facility security levels/inmate custody levels: Non-secure facility; group home			
Age range of the population: 12-17			
Name of PREA Compliance Manager: Marlon Murphy		Title: Program Director	
Email address: marlon.murphy@fairfaxcounty.gov		Telephone number: 703-246-2900	
Name of agency: Fairfax County Juvenile and Domestic Relations District Court			
Governing authority or parent agency: <i>(if applicable)</i> Fairfax County Juvenile and Domestic Relations District Court			
Physical address 4110 Chainbridge Road Fairfax VA 22030			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 703-830-2930			
Name: Robert Bermingham		Title: Director, Court Services Unit	
Email address: Robert.Bermingham@fairfaxcounty.gov		Telephone number: 703-246-3416	
Name: Karla Hardy		Title: Initiatives and Special Projects Manager	
Email address: Karla.Hardy@fairfaxcounty.gov		Telephone number: 703-246-3436	

AUDIT FINDINGS

NARRATIVE

The Shelter Care II Program is located at 10670 Page Avenue, Fairfax, VA 22030 in a governmental complex area in Fairfax, Virginia. The facility is a non-secure group home administered by the Fairfax County Juvenile and Domestic Relations District Court (FJDRDC) that houses males and females from 12-17; the population on the day of the audit was 3. The facility reports the average length of stay for residents is 8.79 days.

This audit of four facilities operated by JDRDC began on June 2, 2016 at Shelter Care II with a meeting attended by Dennis Fee, Director of Residential Services; PREA auditors Vernon Harry and Susan Heck; Karla Hardy, PREA Coordinator for the agency; and Marlon Murphy, Program Director of Shelter Care II. Shelter Care II is one of four group homes administered by the Fairfax County Juvenile and Domestic Relations District Court (JDRDC). A facility tour and staff interviews began on the same day. The interviews were completed on June 10, 2016 but additional documentation was still being provided through June 29, 2016.

Employee background records and training files for the employees and the volunteers are maintained at the Shelter Care II Program. These files were reviewed and no issues were noted. Program Director also performs HR functions at Shelter Care II Program. The Program Director also serves as PREA compliance manager. The PREA Coordinator, Karla Hardy was interviewed at the Foundations Program. Program Director of the Shelter Care II will conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Documented rounds began in May 2016; new forms to clearly distinguish in person rounds from video reviews was put into place in June after the audit. The first quarterly in person review was done in June and forwarded to this auditor.

There have been no substantiated or unsubstantiated incidents of sexual abuse or harassment in the program.

The phone numbers for making reports were posted in the vicinity of the phone. It was recommended that additional PREA posters and the pamphlet that is given to the resident be put on the board by the phone. There was PREA information posted in multiple places throughout the home. The notice of audit was also posted in various locations. The facility has excellent video coverage and no cameras are located in areas where residents bathe, toilet or undress.

Only Program Director and Assistant Program Director perform intake and vulnerability screenings. Two of the three residents were interviewed; one refused. Ten staff were interviewed. The current residents reported receiving vulnerability assessments and PREA education at intake. A review of resident files confirmed that residents are given vulnerability assessments on the day of intake and receive their PREA education on the same day. Residents knew how to report any victimization and articulated multiple ways to make a report. Staff members were able to describe the steps to take should they receive a report of sexual abuse or sexual harassment.

The agency has an excellent relationship with the Fairfax Police Department and they respond to the facility if they need assistance. The agency also has an excellent relationship with the local Community Services Board to help provide mental health services to residents.

There were no instances on noncompliance with the standards noted during the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Shelter Care is a multi-level facility that has a third level surrounding an outdoor courtyard. It has both staircases and an elevator to move between floors. On the first floor, the facility contains a reception area for clients, professionals, and the Administrative Assistant upon entry into the building. Adjacent to the reception area is a conference room. Beyond the conference room is a clerical/copy room with a file room located off the clerical/copy room. Beyond the clerical/copy room is the administrative area, which houses the Director and Assistant Director offices, as well as the CSB psychologist's office. Also on the first floor are two bathrooms.

The second level (only five steps up and to the left of the program's staff offices) houses a staff workstation overlooking two classrooms. Also on the second floor is a medical room, a school storage closet, two professional meeting rooms, a resident bathroom, the dining room, kitchen, and a janitorial storage closet. Beyond the kitchen is a locked corridor that leads to a secure bridge entryway to the Fairfax Juvenile Detention Center. Just off the dining room is a patio area for residents and staff. The third floor consists of two staff workstations, strategically positioned to maximize sight and sound supervision of the residents. On one side of the floor is the living area, which consists of a day room, a recreation room, a counseling room, a counselor's office, two staff bathrooms and two storage closets. On the other side of the this floor is the sleeping, bath, and laundry accommodations. The facility offers 11 bedrooms; 10 are designated for single use and the 11th is a double occupancy bedroom reserved for privilege level same sex residents, if appropriate. These bedrooms are located on 3 hallways that surround an outdoor courtyard with windows making up the courtyard wall for excellent visibility. On each hallway is a bathroom for residents. A laundry room and storage closet is situated at the end of one of the hallways, near a staff workstation. Emergency exits are situated throughout the building.

Shelter Care deploys a video surveillance system that has the ability to record and store recordings for up to 90 days. Recordings will be viewed by administration when deemed necessary and as a supervisory tool. The agency has an excellent relationship with the Fairfax Police Department and they respond to the facility if they need assistance.

SUMMARY OF AUDIT FINDINGS

Click here to enter text.

Number of standards exceeded: Click here to enter text.

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

Shelter Care II PREA Policy manual p7-8; JDRDC policy manual 1.4.1 page 6-7

Job Descriptions

Organizational Chart

The agency has a policy mandating zero tolerance of any form of sexual abuse or sexual harassment which includes definitions. The position of PREA Coordinator is on the organizational chart; the Program Director also serves as PREA Compliance Manager. The facility and the Agency have PREA manuals which are cited in this report.

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 agency does not contract with any other agency or entity 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

Shelter Care II page 8 115.313 and JDRDC Prison Rape Elimination Act Policy Manual.4.4 p7-8
Staff Rosters/Personnel Records
Staffing Plan Review Form
Staff interviews
Unannounced Rounds Log

This non secure agency has chosen to move to the 1:8 staffing ratio ahead of the 2017 deadline for secure facilities and will often exceed the 1:8 staffing standards. This agency has an excellent retention rate and has dedicated staff who often cover for each other. They have been documenting their monthly review of video footage; 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 quarterly in person unannounced round in June, 2016 was forwarded to this auditor.

PREA Policy describes staffing plan developed in accordance with standard. Reviewed Staffing Plan Review Form. Interview with agency head/PREA compliance manager indicates that this is a carefully developed plan that allows for multiple contingencies in its effort to stay compliant with staffing ratios.

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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Shelter Care II PREA Policy 115.313 Limits to cross-gender viewing and searches
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 agency facility does do pat down searches; they will not do cross gender pat down searches in exigent circumstances. The staff have been trained to do cross-gender pat down searches using training provided through PRC, however, the facility's practice is to contact Fairfax PD to do them in exigent circumstances. Certificates of training reviewed.

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)

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Evidence

Shelter Care PREA manual p12,115.316; JDRDC 1.4.6 page 9-10
Staff interviews
Resident interviews

Training for residents provided in English and is written on appropriate grade level. 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 and staff interviews confirm that residents are not used to translate for other residents. Spanish speaking staff available to ensure intake clarification for residents.

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)

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Evidence

PREA Policy Manual p12-13 and 1.4.7 JDRDC MANUAL
Review of personnel records/files

Interviews with Program Director
Agency employment application
Supplemental questions to agency employment application
Background checks of all current staff
Five year re-backgrounds complete on all current staff, if appropriate

Agency records indicate that initial background records checks were done before hire, along with CPS checks. Agency conducts five-year background checks for all employees after five years of service. Promotional decisions follow PREA standards.

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)

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Evidence

JDRDC 1.4.8 P 11 Agency has not made any upgrades to facilities and technology since August 20, 2012.

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)

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Evidence

Shelter Care PREA page 13-14 PREA and 1.4.9 p11 JDRDC
MOU between JDRDC and Fairfax Police Department

Policies and procedures clearly identify the protocols to be followed when an abuse takes place. Resident victims are seen at the Fairfax

Hospital which has specialized unit for youth victims. This hospital provides pediatric forensic nurse examiners 24/7 for the community. Investigations of sexual abuse referred to Fairfax PD. MOU Fairfax PD dated 3/16/16 states that members of their Major Crimes Division have completed are in compliance with PREA Juvenile standards 115.321, 322, 353, 354, 371, and 373. This facility does not do criminal investigations and relies on the judgement and expertise of the Fairfax Police to conduct appropriate interviews.

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)

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Evidence

PREA Policy p14 and 1.4.9 p12 of JDRDC manual
Staff interviews
Agency Head interview

Agency has had no allegations of sexual abuse and no investigations. All interviews with staff reinforce the agency's intent to refer to appropriate law enforcement agency. Its policy indicates that allegations will be referred to appropriate law enforcement agency for investigation. Agency has communicated clearly with its local police department in terms of its expectations that the investigation follows PREA standards.

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)

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Evidence

Shelter Care PREA page 14; JDRDC 115.331 PAGE 13
Review of training curriculum
Staff training files
Staff interviews

PREA Training certificate on file. Curriculum and training records of all staff were reviewed. No compliance issues were noted. Agency policy 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. BPH and agency policies require training for all employees, contractors and volunteers. Policies require refresher training for employees.

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)

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Evidence

Shelter Care PREA page 20 115.331 PAGE 13; JDRDC115.331 115.332 p 13-14
Review of training curriculum

PREA Training certificates on file. Curriculum and training records of volunteers were reviewed.

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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Evidence

Shelter Care PREA p14-15; JDRDC PAGE 14 SECTION 1.5.2 115.333 They use pamphlets and video
Review of Shelter Care Sexual Abuse, Assault, and Harassment Training for Residents
Review of Resident handbook with PREA info and brochure
Staff interviews

Resident interviews

Shelter Care residents indicated that they received PREA training on the day of their arrival. Information is also provided in a pamphlet. Resident interviews along with a review of documentation confirmed this information.

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)

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Evidence

Shelter Care PREA manual page 15; JDRDC page 15 1.5.3

Staff interviews

Certificate of completion for NIC training to meet specialized training requirement.

Agency policy indicates that allegations of sexual abuse will be referred to appropriate law enforcement authority (Fairfax PD). Program Director and Assistant Program Director received specialized training for investigators through PRC and NIC on-line course. Certificate on record. They can handle sexual harassment investigations.

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

PREA Audit Report

Shelter Care PREA Policy p15-16; JDRDC 1.5.4 page 15 -16(115.335)

The agency/facility refers residents to community providers for all ongoing treatment services. Agency does not have QMHP on staff for this purpose at the facility. Facility partners with local Community Services Board (CSB) to meet this need for its residents in most instances. Facility practice is to transport to Inova Fairfax hospital for emergency medical service which has a child advocacy center with all necessary resources.

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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Evidence

Shelter Care PREA Policy p16-17; JDRDC 1.6.1 page 16-17 115.341
Shelter Care Screening and Vulnerable Population Assessment form
Resident interviews
Staff interviews

Shelter Care PREA Screening and Vulnerable Population Assessment; Shelter Care PREA Policy p16-17; JDRDC 1.6.1 page 16-17 115.341 reviewed. Program Director and Assistant Program Director who perform intakes were very familiar with the screening tool and stated that they used it at intake. Resident interviews confirmed this. All resident files checked showed that the screening was done the day of intake. Staff interviewed indicated that information came from multiple sources including parents, community providers, court documents, school, etc. Shelter Care staff recently started using new PREA Screening and Vulnerable Population Assessment form which contains all necessary elements required in the standard. Agency memorandum issued in June (reviewed by auditor) designates that this tool is to be uniformly used with all the group homes.

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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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.

Shelter Care PREA page 17-18; JDRDC 1.6.2 115.342 p17 -18

Staff interviews

Resident interviews

This facility is a non-secure group home and has clear policies. Auditor reviewed Shelter Care PREA manual which states “residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them safe and other residents safe and then only until an alternative means of keeping all residents can be arranged” No residents were put in isolation.

All residents are required to shower separately.

The facility’s population does not have any residents who identify as LBGTI at this time, so no interviews with this segment of the population could be conducted.

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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Evidence

Shelter Care PREA P 18-19; JDRDC P 18 115.351

Resident Training Handout

Facility tour/bulletin board information

Resident Training outline

Posters

Reporting Sexual Abuse brochure

Resident interviews

Staff interviews

Facility has done a good job letting residents and staff know how to report, who they may report to, that others may report for them and that reports may be made privately. Posters were evident throughout the facility and residents knew where they were. Residents knew they could report outside the facility. A recommendation was made to put resident PREA pamphlet on bulletin board and to put new posters on board to create more interest in looking at bulletin board.

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)

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Evidence

Shelter Care PREA P 19-20 JDRDC P 18-19 115.352
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. Residents are instructed what to do with an emergency "grievance".

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)

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Evidence

Shelter Care PREA P 20-21 JDRDC P 20 115.353
Resident interviews
Agency head interview
MOU with Fairfax Police Victim Services
Interviews with staff, program director, PREA compliance manager

Information is posted for residents. Residents seemed to understand that they could access outside support services; all confirmed that they were allowed to visit with their attorneys. Shelter Care shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse. JDRDC has entered into a MOU with the FCPD whereby the police department Victim Services (10600 Page Avenue, Fairfax, VA 22030, 703-246-2141; 24-hour hotline: 703-360-7273) is available for this type of service. The phone number to access FCPD Victim Services, along with the PREA hotline and associated addresses shall always be visibly posted in the facility.

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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Evidence

Shelter Care PREA P 21 JDRDC P 20 115.354 mou with FCPD
Interviews with residents
Interviews with staff

Posters are in all areas of the facility which might be viewed by parents/guardians, etc. Information on how to report is on the bulletin boards at the facility and on pamphlet given to residents. Reporters are directed to CPS. Agency provides information on how to make a third party report on its website.

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)
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Evidence

Shelter Care PREA P 21-22 JDRDC P 20-21 115.361
Staff interviews
Interview with Compliance Managers/Program Director
Sexual abuse response protocol

Agency refers all sexual abuse allegations to local law enforcement. All staff interviewed understood that allegations were taken seriously and kept confidential. Interviews with PREA Compliance Manager/Program Director indicated clear understanding.

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)

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Evidence

Shelter Care PREA P 22; JDRDC P 21

Staff interviews

Interviews with agency head designee, program director

All staff and Program Director indicated that all reports of risk would be treated seriously and acted on appropriately--room/facility change/staff movement--whatever kept resident safe. All staff interviewed stated that it would be acted on immediately. Policy states “immediate action to protect residents who report sexual abuse or who are deemed to be at substantial risk of imminent sexual abuse.”

No residents currently at the facility had reported sexual abuse or being at risk of sexual abuse.

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)

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Evidence

Shelter Care PREA P 22-23 JDRDC P 21 115.363

Staff interviews

Interview with agency head

Interview with program director

Interviews with the agency personnel indicated that they have not experienced this situation. Policy provides clear instruction in terms of how reports should be made and to whom and what to do should the report come to Shelter Care from another facility. Policy also states that reports will be made to appropriate authorities in the locality where the other facility is located, included CPS.

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

Shelter Care PREA P 23 JDRDC P 22 115.364
Sexual Abuse Immediate Response Protocol
Posted protocols
Staff interviews

Staff were asked first responder questions in addition to random staff questions and were able to articulate their responsibilities and knew where the protocol was posted. There have been no instances of sexual abuse at the facility.

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

Shelter Care PREA P 23-24 JDRDC P 22-23 115.365
Staff interviews
PREA protocols posted in staff offices

Staff were asked first responder questions in addition to random staff questions and were aware of their responsibilities and where the protocol was posted. Protocol 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)
- Not Applicable

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

JDRDC P 23-24 115.366 1.8.6

Agency policy mirrors standard. This standard is non-applicable; not a collective bargaining state.

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

Shelter Care PREA p 25; JDRDC 115.367 1.8.7 P 24

Interview with Program Director

Facility Program Director will monitor for retaliation against residents and will monitor for retaliation against staff member. There were no allegations of sexual abuse over the past 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.

Evidence

Shelter Care PREA p 26; JDRDC 115.368 1.8.8 P 25
Staff interviews
Resident interviews

This facility is a non-secure group home and has clear policies regarding segregated housing. Auditor reviewed Shelter Care Program Policy on Management of Resident Behavior provides guidance on management of resident behavior and states “residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them safe 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.

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

Shelter Care PREA p 26; JDRDC 115.3718 1.9.1 P 25-26 only administrative sexual harassment
Staff interviews
MOU with Fairfax County Police Department
Interviews with investigative staff
Review of training for investigators

This facility refers all criminal allegations to Fairfax Police. Policies and procedures clearly identify the protocols to be followed when an abuse takes place. Resident victims are seen at the Fairfax Hospital which has specialized unit for youth victims. This hospital provides

pediatric forensic nurse examiners 24/7 for the community.

Investigations of sexual abuse referred to Fairfax. MOU Fairfax police dated 3/16/16 states that members of their Major Crimes Division have completed are in compliance with PREA Juvenile standards 115.321, 322, 353, 354, 371, and 373. This facility does not do criminal investigations and relies on the judgement and expertise of the Fairfax Police to conduct appropriate interviews. Shelter Care does administrative investigations and Program Director and Assistant Program Director have completed PREA investigator training.

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

Shelter Care PREA p 27; JDRDC 115.372 1.9.2 P 26 only administrative sexual harassment

Agency head interview

MOU between JDRDC and Fairfax Police Department

This facility refers all criminal allegations to Fairfax Police Department. Administrative Investigations conducted by Program Director or Assistant Program Director who have completed PREA training.

Agency policy imposes no standard higher than preponderance determining substantiated allegations of sexual harassment.

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

JDRDC 115.373 1.9.3 P 26 Fairfax PD conducts investigation and resident is kept advised of status

Agency head interview

This facility refers all criminal allegations to Fairfax Police Department. MOU Fairfax police dated 3/16/16 states that members of their Major Crimes Division have completed are in compliance with PREA Juvenile standards 115.321, 322, 353, 354, 371, and 373.

Agency policy indicates that outside investigating authority will be requested to provide information so that the resident will be informed.

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

JDRDC 115.376 2.1.1 P 27

Agency Head interview

This agency has resources to place staff in other positions within the county pending outcome of investigation. Policy clearly defines possible sanctions for staff who violate agency sexual abuse or sexual harassment policy.

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

JDRDC 115.377 2.1.2 P 27

Volunteer interview

Agency policy clearly articulates corrective action for contractors (teachers who work for Fairfax School system) or volunteers who violate agency policy against sexual abuse or sexual harassment. No volunteers were reported to have violated agency 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

Shelter Care PREA p27-28; JDRDC 115.378 2.1.3 P 27 -28
Program Director interview
Resident manual

Agency policy prohibits sexual activity between residents. Consequences could include being moved to maintain safety, loss of points or privileges. If the case is referred for prosecution because the activity is coerced, criminal charges could result.

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

Shelter Care PREA p 28-29; JDRDC 115-381 p 28-29
Vulnerability assessment
Resident intake file review

Agency policy mirrors standard; there are no medical or mental health providers on staff, so residents referred out to community resources within timeframe required under standard (as part of intake process). No current residents reported sexual victimization at intake.

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

Shelter Care PREA p29; JDRDC 115.382 2.2.2 P 29
 PREA Response Protocol
 Resident interviews

At the time of a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to PREA regulation 115.362 and shall immediately notify the Administrator on Call. For medical emergencies, the Administrator on Call will direct the staff on duty to have the resident transported to INOVA Fairfax Hospital for treatment, where they will also receive emergency mental health treatment. For situations where a mental health emergency exists absent a medical emergency, the Administrator on Call will direct staff on duty to have the resident transported to the Merrifield Mental Health Center or call the CSB Mobile Crisis Unit, whichever is appropriate. No current residents reported sexual abuse.

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

Shelter Care p29-30; JDRDC 115.383 2.2.3 P 29-30

At the time of a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to PREA regulation 115.362 and shall immediately notify the Administrator on Call. For medical emergencies, the Administrator on Call will direct the staff on duty to have the resident transported to INOVA Fairfax Hospital for treatment, where they will also receive emergency mental health treatment. For situations where a mental health emergency exists absent a medical emergency, the Administrator on Call will direct staff on duty to have the resident transported to the Merrifield Mental Health Center or call the CSB Mobile Crisis Unit, whichever is appropriate. No current residents reported sexual abuse.

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

JDRDC 115.386 2.3.1 P 30-31

Agency head interview

Facility has a review process in place for all incidents and current Agency’s policy mirrors standard and process of incident review will incorporate all required elements of the standard. There have been no sexual abuse incidents to date.

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

JDRDC 115.387 2.3.2 P 31

Agency head interview

Facility does not have any incidents to report at this time; PREA policy mirrors the 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.

Evidence

JDRDC 115.388 2.3.3 P 31-32
 Agency head interview

There have been no past or current incidents to report.

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

JDRDC 115.389 2.3.4 P 32
 PREA Coordinator interview

Agency PREA Policy mirrors standard. This agency has had no incidents of sexual abuse.

AUDITOR CERTIFICATION

I certify that:

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

 

Auditor Signature

June 30, 2016

Date