

PREA Facility Audit Report: Final

Name of Facility: Fairfax County Shelter Care Program

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/10/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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



Auditor Full Name as Signed: Rosa L. Webb

Date of Signature: 11/10/2025

AUDITOR INFORMATION

Auditor name: Webb, Rosa

Email: derrywebb1959@outlook.com

Start Date of On-Site Audit: 09/25/2025

End Date of On-Site Audit: 09/26/2025

FACILITY INFORMATION

Facility name: Fairfax County Shelter Care Program

Facility physical address: 10670 Page Avenue, Fairfax, Virginia - 22030

Facility mailing address: 10670 Page Avenue, Fairfax, Virginia - 22030

Primary Contact

Name:	Tim Clark
Email Address:	tim.clark@fairfaxcounty.gov
Telephone Number:	7032462900

Superintendent/Director/Administrator	
Name:	Tim Clark
Email Address:	tim.clark@fairfaxcounty.gov
Telephone Number:	7032462900

Facility PREA Compliance Manager	
Name:	Tim Clark
Email Address:	tim.clark@fairfaxcounty.gov
Telephone Number:	703-246-2826

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	1
Average daily population for the past 12 months:	6
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-17
Facility security levels/resident custody levels:	Non-Secure
Number of staff currently employed at the facility who may have contact with residents:	20
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Fairfax County Juvenile and Domestic Relations District Court
Governing authority or parent agency (if applicable):	Virginia Department of Juvenile Justice
Physical Address:	4110 Chain Bridge Road, Fairfax, Virginia - 22030
Mailing Address:	
Telephone number:	7032463367

Agency Chief Executive Officer Information:	
Name:	Matt Thompson
Email Address:	Robert.Thompson@fairfaxcounty.gov
Telephone Number:	703-246-3414

Agency-Wide PREA Coordinator Information

Name:	Alyson Daniels	Email Address:	alyson.daniels@fairfaxcounty.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

5

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.316 - Residents with disabilities and residents who are limited English proficient
- 115.331 - Employee training
- 115.333 - Resident education
- 115.335 - Specialized training: Medical and mental health care

Number of standards met:

38

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-25
2. End date of the onsite portion of the audit:	2025-09-26

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	61
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	5
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	There were five residents in the facility on the days of the audit. All five residents were interviewed.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	22
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were seven staff available on the first day of the onsite portion of the audit. The facility has an acting director, an administrative assistant, nine probation officers, two part time staff, and seven relief staff.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There were only five residents at the facility, both male and female. They were all interviewed.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☐ Yes ☒ No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	There were only five residents at the facility, both male and female. They were all interviewed.
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were only five residents at the facility during the on-site portion of the audit. The auditor interviewed all five residents that were placed at the facility during the on-site portion of the audit.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.

49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.

51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.

53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.

55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories.
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed every resident in the facility. In the review of resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met the targeted categories. The facility does not have segregated housing or isolation.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	All five residents were interviewed during the on-site portion of the audit.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	7
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☐ Yes ☒ No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were seven random staff available during the on-site portion of the audit. All seven were interviewed.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Some staff members were interviewed on more than one protocol due to their duties and responsibilities covering more than one specialized area.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The auditor was given access to, and the ability to observe, all areas of Shelter Care. The auditor was permitted to conduct private interviews with residents at the facility. In addition, the auditor had informal, conversations with residents and staff. The auditor observed the camera system throughout the facility, especially in all areas that the residents had access. There was PREA signage on ways to report posted and the importance of sexual safety throughout the facility. The auditor called the PREA Reporting Hotline and the Domestic and Sexual Violence Services (DSVS) line to confirm receipt of reporting for sexual abuse or sexual harassment. The auditor contacted Inova Fairfax Hospital to verify that they conduct forensic exams. During the site review the auditor noted PREA Audit announcements, PREA posters, reporting posters, and information for outside emotional support services were placed throughout the facility. The auditor observed the camera system throughout the facility. The auditor tested the following critical functions:

- The facility's process for securing interpretation services
- Internal reporting methods for confined persons (grievance procedure)
- External reporting methods for confined persons (Virginia PREA Reporting Hotline)
- Access to outside emotional support services (DSVS)
- Third-Party Reporting (calling the number provided on the brochures and on the agency's website)

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor reviewed documents for staff that were interviewed. Documents reviewed included personnel and training records. The auditor reviewed documents for residents that were interviewed and some additional historical documents for the 12-month audit period. Documents reviewed included intake records, resident education, and risk screening instruments (initial and reassessment). The agency/facility provided the auditor with copies of any requested documents and information (including, among other things, electronically stored information). There were no barriers to receiving any documentation.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	012

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no reported allegations of sexual abuse in the past 12 months. There were no sexual abuse investigation files to review.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

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

0

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

☐ Yes

☐ No

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

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

☐ Yes

☐ No

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

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

There were no reported allegations of sexual abuse in the past 12 months. There were no sexual abuse investigation files to review. There was one allegation of sexual harassment. The report was provided and reviewed by the auditor. The allegation was unfounded.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: - Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual - Shelter Care PREA Policy Manual (effective 07/21) - Fairfax County Juvenile Court Organizational Chart - Interview with PREA Coordinator - Interview with PREA Compliance Manager - Observations During the On-site Review Reasoning and analysis by provision: 115.311 (a) PAQ: The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The agency and the facility have a policy outlining how they implement the prevention, detection and response to sexual abuse and sexual harassment. The policies include definitions of prohibited

behaviors regarding sexual abuse and sexual harassment. The policies include sanctions for those found to have participated in prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Fairfax JDRDC has a Zero Tolerance Policy for any form of sexual abuse, sexual misconduct or sexual harassment. It is the policy of the Fairfax JDRDC to ensure that sexual activity between staff and juveniles, volunteers, or contract personnel and juveniles, regardless of consensual status, is prohibited and subject to administrative disciplinary action and/or criminal prosecution.

Observations during the site review: The auditor observed all areas where PREA signage was posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, living areas, school and in all common areas.

Reasoning and analysis by provision: 115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator in the agency's organizational structure.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC shall designate an upper-level, agency-wide PREA coordinator to develop, implement and oversee agency efforts to comply with the PREA standards in all JDRDC facilities. The position of Initiatives and Special Projects Coordinator serves as the agency PREA coordinator.

Fairfax County Juvenile Detention Center Organizational Chart: The auditor reviewed the organizational chart and documented that the position of the PREA Coordinator in the agency's organizational structure.

Interview with the PREA coordinator: The PREA coordinator has not been in this position for very long and stated that they do not feel they have sufficient time to do everything since they are still learning. They stated that they are assisted by the three PREA compliance managers while learning the expectations of the new position. The three PREA compliance managers have significant experience. When an issue of compliance comes up, the PREA coordinator works with the applicable compliance manager. The area of concern is identified, an action plan is developed, and the progress of the plan is monitored to make sure compliance is reached. The position of the PREA coordinator is in the agency's organizational structure.

Reasoning and analysis by provision: 115.311 (c)

PAQ: The facility has designated a PREA compliance manager. The PREA compliance

	manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA compliance manager is in the organizational structure. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Each JDRDC Residential facility shall designate the Program Director as PREA compliance manager to coordinate the facility's efforts to comply with the PREA standards. The PREA compliance manager shall have regular contact with the PREA coordinator. Interview with the PREA compliance manager: The compliance manager oversees the facility's efforts to comply with the PREA standards and has indicated they have enough time to manage all the PREA related responsibilities. Being the PREA compliance manager is part of the program director's responsibilities and job at the present time. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual Reasoning and analysis by provision: 115.312 (a) PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the contracts require contractors to adopt and comply with PREA standards. • The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit: 0 • The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0 The agency has not entered into or renewed any contracts for the confinement of residents since the last PREA audit. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC does not contract for the confinement of its residents with private agencies or other

	entities. Reasoning and analysis by provision: 115.312 (b) PAQ: The contracts entered into for the confinement of residential services require the agency to monitor the contractor's compliance with PREA standards. • Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0 The agency has not entered into or renewed any contracts for the confinement of residents since the last PREA audit. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC does not contract for the confinement of its residents with private agencies or other entities. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Shelter Care Annual Review of Staffing Plans for 2022, 2023, 2024 and 2025. • Unannounced Unit Checks • Interview with Program Director • Interview with PREA Compliance Manager • Interview with Intermediate or Higher-Level Facility Staff • Observations made during site review Reasoning and analysis by provision: 115.313 (a) PAQ: The agency ensures that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. • The average daily number of residents in the past 12 months: 6 • The average daily number of residents on which the staffing plan was

predicated: 6

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC facilities develop, implement, and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. The staffing plan considers: Generally accepted juvenile residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies, if applicable; any findings of inadequacy from internal or external oversight agencies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of direct care staff; institutional programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The staffing plan shall be followed at all times with the exception of an emergency that is out of our control. Deviations from the plan shall be documented. The staffing plan shall specify a staff to resident ratio including a ratio for resident waking hours and resident sleeping hours.

Shelter Care PREA Policy Manual: The facility staffing plan has been developed with consideration to the following: Generally accepted juvenile detention and correctional/secure residential practices, any judicial findings of inadequacy, findings of inadequacy from Federal investigative agencies or from internal or external oversight bodies, all components of the physical plant (including "blind spots" or areas where staff or resident may be isolated), the co-ed nature of the composition of the resident population, the number and placement of supervisory staff, facility programming on a particular shift, any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. At no point will the staff/child ratio become lower than one to eight.

Interview with the program director: The facility is a community based residential shelter, basically a transitional non-secure group home so the detention and correctional practices are not part of the staffing plan. The program director, PREA compliance manager, and PREA coordinator review and develop the staffing plan annually. Adequate staffing levels and video monitoring are part of this plan. The plan is electronically stored. The facility and agency look at any findings of inadequacy and adjust the plan if needed. Cameras are reviewed to address any blind spots. The composition of the resident population, the number and placement of supervisor staff and programs occurring on a particular shift are all considered. Any applicable state or local laws, regulations and standards are required and are considered as part of the plan. If there were any substantiated or unsubstantiated incidents of sexual abuse they will be considered.

Interview with PREA compliance manager: Cameras are reviewed to address any blind spots. The composition of the resident population, the number and placement of supervisor staff and programs occurring on a particular shift are all considered.

Any applicable state or local laws, regulations and standards are required and are considered as part of the plan. If there were any substantiated or unsubstantiated incidents of sexual abuse they will be considered. The plan considers all 11 of the components of the standard that apply to the facility.

Reasoning and analysis by provision: 115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents justify all deviations from the staffing plan.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The staffing plan shall be followed at all times with the exception of an emergency that is out of our control. Deviations from the plan shall be documented. The staffing plan shall specify a staff to resident ratio including a ratio for resident waking hours and resident sleeping hours.

Shelter Care PREA Policy Manual: It is Shelter Care's policy to never deviate from the required staff/resident ratio unless in limited and discrete exigent circumstances, and will fully document and report to the agency's PREA Coordinator any deviations from the plan during such circumstances.

Observations during site review: There have been no deviations from the staffing plan in the past 12 months, so there were no documented deviations to review.

Interview with the program director: The facility always meets the staffing plan. There has never been a time when the facility did not meet the staffing plan within the past 12 months. If the facility had a deviation, it would be documented. The Fairfax County Juvenile Detention Center is attached to the facility and could help out in an emergency.

Reasoning and analysis by provision: 115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios at a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0
- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC facilities shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios.

Shelter Care PREA Policy Manual: The Shelter Care facility staffing is as follows: Two awake child care staff during the sleeping hours of 11:00 p.m. – 7:00 a.m.; Two child care staff between the hours of 7:00 a.m. and 8:30 a.m.; Two child care staff between the hours of 8:30 a.m. and 2:00 p.m. while the residents are in school

(could include a program director); and Two or three child care staff from 2:00 p.m. and 11:00 p.m.

Observations during site review: The standard states that there shall be a 1:8 staffing ratio during waking hours and 1:16 during sleeping hours by direct care staff. The facility staffing ratios are 1:6 for waking hours and 1:12 for sleeping hours. It was noted that the staffing ratios were being followed as required.

Interview with the program director: The facility is required to maintain staffing ratios of 1:8 in waking hours and 1:16 during sleeping hours.

Reasoning and analysis by provision: 115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Each facility shall assess the established staffing plan a minimum of once per year in consultation with the Agency PREA coordinator and the facility's PREA compliance monitor. The review will consider the current staffing plan, any changes to staffing patterns, the facility's use of video monitoring systems (if applicable) or other monitoring technologies, and any resources the facility has available to commit to adherence to the staffing plan.

Shelter Care PREA Policy Manual: The Shelter Care facility participates in an assessment of the staffing plan, along with the agency PREA coordinator, to determine and document whether adjustments are needed to the staffing plan, the prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources available to commit to ensure adherence to the staffing plan.

Shelter Care Annual Review of Staffing Plans for 2023, 2024 and 2025: The auditor reviewed the annual review of the staffing plans for the past three years.

Interview with the PREA coordinator: The staffing plans are reviewed and updated annually.

Reasoning and analysis by provision: 115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents the unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Intermediate-level or higher-level facility supervisors shall conduct and document unannounced rounds, in person, to identify and deter staff sexual abuse and sexual

	harassment. These checks will be conducted no less than quarterly and shall cover all shifts, day and night. Staff shall not alert other staff when these supervisory rounds are occurring. Shelter Care PREA Policy Manual: Intermediate-level or higher level facility supervisors shall conduct and document in-person unannounced rounds to identify and deter staff sexual abuse and sexual harassment. In-person checks will be conducted no less than quarterly and shall cover all shifts, day and night. Staff shall not alert other staff when these supervisory rounds are occurring. Unannounced Unit Checks: The auditor reviewed the unannounced rounds logs for the past 12 months. They confirmed that the PREA unannounced rounds were regularly occurring on all three shifts. Interview with Intermediate higher-level facility staff: Unannounced rounds occur officially once a month on all shifts, unofficially every day. They are documented on the unannounced rounds form. The person conducting the rounds just shows up and walks around. They can show up anytime. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Handle With Care Training Certificates • Interviews with Random Staff • Interviews with Random Residents • Observations from site review Reasoning and analysis by provision: 115.315 (a) PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past twelve (12) months: • The number of cross-gender strip or cross-gender visual body cavity searches of residents. 0 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC

facilities shall not conduct cross-gender strip searches or cross-gender body cavity searches (meaning a search of the anal or genital opening).

Shelter Care PREA Policy Manual: The Shelter Care facility staff shall not conduct cross-gender strip searches or cross gender visual body cavity searches (meaning a search of the anal or genital opening).

Interviews with random staff: All random staff interviewed stated that they were restricted from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. An exigent circumstance would be in the event of an emergency and no staff of the same gender were present. The facility is adjacent to the Fairfax County Juvenile Detention Center and if needed, their services could be used for searches of the same gender.

Interviews with random residents: All random residents interviewed stated no staff member of the opposite gender have performed a pat-down search of their body.

Reasoning and analysis by provision: 115.315 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past twelve (12) months:

- The number of cross-gender strip or cross-gender pat-down searches of residents: 0
- The number of cross-gender pat-down searches that did not involve exigent circumstances: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The following JDRDC facilities are authorized to conduct same gender pat-down searches of residents for security purposes: Juvenile Detention Center (JDC) and Shelter Care. All other JDRDC facilities are prohibited from conducting pat-down searches of residents. JDRDC facilities permitted to conduct pat-down searches of residents shall not conduct cross-gender pat-down searches. In exigent circumstances, the local police shall be called to address security and contraband concerns in order to avoid cross-gender pat-down searches. These searches are to be documented.

Shelter Care PREA Policy Manual: Shelter Care staff conducts pat down searches of all residents entering the building. Staff members must conduct these searches in a professional and respectful manner, in the least intrusive manner possible, and consistent with security needs. Fairfax JDRDC and Shelter Care policy dictates that only have staff members of the same anatomical sex as the resident will conduct pat down searches. In exigent circumstances, the local police would be called to address security and contraband concerns in order to avoid cross-gender pat-down searches. Any cross-gender search conducted by the local police is to be documented in a Serious Incident Report

Interviews with random staff: All random staff interviewed stated that they were restricted from conducting cross-gender pat-down searches except in exigent circumstances. An exigent circumstance would be in the event of an emergency and

no staff of the same gender were present.

Interviews with random residents: All random residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body.

Observations made during the site review: Only the same gender staff performed searches of the residents. These were both pat-down searches and the use of a metal detection wand.

Reasoning and analysis by provision: 115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC facilities permitted to conduct pat-down searches of residents shall not conduct cross-gender pat-down searches. In exigent circumstances, the local police shall be called to address security and contraband concerns in order to avoid cross-gender pat-down searches. These searches are to be documented. The following JDRDC facilities are authorized to conduct same gender "full body" searches: JDC and BPH. The equivalent PREA term for "full body" search is "strip search". All other JDRDC facilities are prohibited from conducting full body searches. These searches are to be documented.

Shelter Care PREA Policy Manual: Any cross-gender search conducted by the local police is to be documented in a Serious Incident Report.

Reasoning and analysis by provision: 115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ area where residents are likely to be showering, performing bodily functions, or changing clothing.

- Facility is not set up in a way where this would be an issue.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC facilities shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are

likely to be showering, performing bodily functions, or changing clothing.

Shelter Care PREA Policy Manual: Each resident is assigned a private bedroom with the exception of one shared bedroom that is assigned based on appropriate considerations and only to residents of the same gender who have earned the privilege. Each bedroom has a door which remains closed at all times. The doors can always be opened from the inside and have small windows that allow for room checks during sleeping hours without waking the residents. The residents have access to private, enclosed toilet and shower facilities. In addition, only one resident can be in the bathroom at a time. It should be noted that bathrooms are designated for girls and boys respectively based on the composite of the population. The rules of Shelter Care II clearly indicate that residents can only change clothes or even single clothing items in the designated bathroom. Staff may not enter the bathroom while a resident is using that bathroom to shower, change, or performing bodily functions unless in an emergency situation. In those cases, staff must announce their presence regardless of staff or resident gender.

Interviews with random staff: Random staff interviewed stated that since the facility is co-ed and there is a practice of staffing with both male and female staff whenever possible. Staff announce when they first come on shift. The resident rooms and the large living area are adjacent, so residents know the gender of the staff throughout the shift. Staff do not announce once residents are in their rooms for sleeping unless they have a need to knock on the door. If the residents are in their rooms staff of the opposite gender do not go into the room. Staff will knock on the doors. All staff stated residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Interviews with random residents: All random residents interviewed stated that staff of the opposite gender announce at the beginning of their shift. All residents stated that they can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Observations made during the site review: Staff of the opposite gender were observed announcing their presence upon entering the areas where the residents were located.

Reasoning and analysis by provision: 115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. In the past 12 months:

- Zero such searches occurred.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC facilities shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information

	as a part of a broader medical examination conducted in private by a medical practitioner. Shelter Care PREA Policy Manual: Shelter Care staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, status may be determined during a conversation with the resident, by reviewing physical exam documents (which is required as a part of the intake process), or by obtaining a broader medical examination conducted in private by a medical practitioner. Interviews with random staff: All random staff interviewed stated they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's genital status. There were no residents that identified as transgender or intersex to be interviewed. Reasoning and analysis by provision: 115.315 (f) PAQ: The percent of all security staff who received training on conducting cross gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs was 100% Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC facilities, where this applies, shall train security staff in how to conduct searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Shelter Care PREA Policy Manual: Prior to conducting a pat down search, all staff members shall complete the training on how to conduct searches of all residents in a professional respectful and the least intrusive manner using the training curriculum found online at: http://www.prearesourcecenter.org/faq/cross-gender-supervision. Handle With Care Training Certificates: The auditor reviewed the Handle With Care Training Certificates and confirmed that the staff have been training on how to conduct pat down searches. Interviews with random staff: All random staff interviewed stated they have received the training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. All stated they had received the training when they were initially hired and during annual refresher training. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.316	Residents with disabilities and residents who are limited English proficient
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Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual
- Shelter Care PREA Policy Manual: (effective 07/21)
- Fairfax County Juvenile and Domestic Relations District Court (JDRDC) Limited English Proficiency and Language Access Plan
- Interview with Agency Head Designee
- Interviews with Random Staff
- Observations during site review

Reasoning and analysis by provision: 115.316 (a)

PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC requires all residential facilities to take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hearing impaired, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the JDRDC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hearing impaired, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, JDRDC ensures that written materials are offered to residents in all residential facilities in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

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 at 703-324-2953 (voice), 711 (TTY), or 703-324-3570 (fax).

Shelter Care PREA Policy Manual: All written and video material that is designed to prevent, detect, and respond to sexual abuse and harassment shall be provided in a way that residents can understand either in English, Spanish, or closed captioning.

Additionally, JDRDC facilities have access to volunteer interpreters in the event there is no Spanish-speaking staff on duty for purposes of interpretation and translation. If that resource is not available, a paid interpreter is accessed over the phone with which the JDRDC has contracted for the purposes of interpretation and translation. This paid service is also utilized for languages other than English and

Spanish. For deaf and hearing or visually impaired residents, county resources are available on Fairfax Net, the county's website and resource center for employees, that includes: 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.

Observations during site review: The auditor observed PREA signage throughout the facility in all areas in which the residents are present were in both English and Spanish.

Interview with Agency Head/Designee: JDRDC requires all residential facilities to take the necessary steps to ensure that residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. When necessary, the agency provides access to interpreters, and ensures written materials are offered in formats or through methods that all residents can understand.

There was no resident who identified as being limited English proficient

Reasoning and analysis by provision: 115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC requires all residential facilities to take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hearing impaired, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the JDRDC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hearing impaired, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, JDRDC ensures that written materials are offered to residents in all residential facilities in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Observations during site review: The auditor called the one of the language services lines and confirmed that they provided services to the residents at the Shelter Care if needed.

Fairfax County Juvenile and Domestic Relations District Court (JDRDC) Limited English Proficiency and Language Access Plan: It shall be the policy of the JDRDC to take every reasonable step to ensure timely and accurate communication access to all individuals regardless of national origin or primary language. When performing

any JDRDC functions, staff shall provide language assistance to LEP individuals and their family members whom they encounter or whenever an LEP person requests language assistance services. The JDRDC recognizes the importance of effective and accurate communication between its staff and the diverse community it serves. It is the policy of this JDRDC to inform members of the public that language assistance services are available to LEP persons and that the JDRDC will provide these services to them. JDRDC staff in need of interpretation services will initially identify the LEP individual's primary language. Language identification cards are clearly posted in each JDRDC building with public access and extra forms available in each unit for staff to use. JDRDC staff will follow instructions on Court Forms/Referral-Reporting Forms/Interpreter Forms/Interpreter Request Guidelines to obtain interpreter services. Options available to JDRDC include face-to-face interpreters, telephonic, video remote interpreting and document translation. At each JDRDC building/unit entry point or lobby, language identification signs shall be posted. The JDRDC shall also maintain translated written forms and documents for the benefit of LEP individuals. In the case of illiteracy or languages into which written materials have not been translated, such forms and documents will be read verbally to the client by a VIP or contracted interpreter in the client's primary language.

There were no residents who identified as being limited English proficient to be interviewed.

Reasoning and analysis by provision: 115.316 (c)

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-responder duties under §115.364, or the investigation of the resident's allegations: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC does not allow the facilities to rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the resident's safety, the performance of first-response duties under PREA regulation 115.364, or the investigation of the resident's allegations.

Shelter Care PREA Policy Manual: The facility shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could

	compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations. Interviews with random staff: All staff interviewed stated that the agency never allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff stated they have to use the professional on-call interpreter service. Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Human Resources Files • Human Resources PREA File • Five-year Background Check Signed Forms • Annual HR Acknowledgement Forms • Interview with Administrative (HR) staff Reasoning and analysis by provision: 115.317 (a) PAQ: Agency policy. prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC does not permit the hiring or promoting of anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual

activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1)(b) of this section.

Reasoning and analysis by provision: 115.317 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Interview with administrative (HR) staff: The agency always considers without fail any sexual abuse or sexual harassment allegations or incidents in whether to hire or promote anyone or enlist the services of any contractors.

Reasoning and analysis by provision: 115.317 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality on which the employee would work; and (c) consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background records checks: 5

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Before hiring new employees who may have contact with residents, all hiring managers of the JDRDC residential facilities are required to complete the following: criminal background check; consult any child abuse registry maintained by the State or locality in which the employee would work; and consistent with Federal, State and local law, make and demonstrate best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Shelter Care PREA Policy Manual: Prior to hiring or entering into any agreements with employees, volunteers, and contractors, the Shelter Care hiring manager ensures that the following is completed: VCIN, NCIC, and Fingerprint background checks; Virginia Department of Social Services Central Registry of Child Abuse/Neglect background check; best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This is covered in the standard reference check form that is used for all employees prior to

their start date; all applicants complete “JDRDC PREA Acknowledgement Form for Applicants New Hire and Promotion” in order to allow the hiring manager to ask about previous misconduct described in paragraph A of PREA regulation 115.317.

Human Resource Files - The auditor reviewed the human resource files for all random staff at Shelter Care and confirmed that all employees have had background checks completed when they were hired.

Human Resource PREA File: The auditor was allowed to view the electronic HR PREA file and reviewed the tracking sheet for employee background checks.

Interview with administrative (HR) staff: The agency has access to the central human resources department and has a contracted service. The agency runs checks with the FBI, and VCIN, which is the Virginia state run system. Files are maintained electronically and are located on a shared drive. There is a PREA folder on the drive and it contains a tracking sheet.

Reasoning and analysis by provision: 115.317 (d)

PAQ: Agency policy requires that a criminal background check records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with the residents.

- In the past 12 months, the number of contracts for services where criminal background checks were conducted on all staff covered in the contract who might have contact with residents: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC performs criminal background records checks, and consults applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

Interview with Administrative (HR) staff: The agency completes background checks and child abuse registry checks on all employees, volunteers, and contractors.

Reasoning and analysis by provision: 115.317 (e)

PAQ: Agency policy requires that either criminal background records background checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC conducts regular criminal background records checks at least every 5 years of current employees and contractors who may have contact with residents.

Five-year background checks forms: The auditor reviewed the five-year background check forms and confirmed that background checks are occurring every five years for all employees, contractors, and volunteers at Shelter Care. The form states the agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or

have in place a system for otherwise capturing such information for current employees. In meeting this requirement the CSU will conduct criminal background checks on all employees of the agency every fifth year in the month of February (2016, 2021, 2026...).

Interview with administrative (HR) staff: Background checks occur every five years and are maintained electronically.

Reasoning and analysis by provision: 115.317 (f)

PAQ: The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (1) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The JDRDC imposes upon employees a continuing affirmative duty to disclose any such misconduct.

Shelter Care PREA Policy Manual: All current employees have a continuing affirmative duty to disclose any misconduct as described in paragraph A of PREA regulation 115.317. Employees are required to complete an Annual Acknowledgment form on an annual basis. The employee will be required to report any previous misconduct as described in paragraph A of PREA regulation 115.317.

Annual HR Acknowledgement Forms: The auditor reviewed human resource files for and documented that this form is being completed as part of the hiring process. The form is completed annually by all employees.

Interview with administrative (HR) staff: This is part of the background checks process. The employee must complete a disclosure form, and these questions are asked. Each employee completes this form annually. The agency has mandatory reporting of any legal procedures.

Reasoning and analysis by provision: 115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination.

Shelter Care PREA Policy Manual: Material omissions regarding such misconduct or the provision of materially false information, is grounds for termination.

	Interview with administrative (HR) staff: The agency has mandatory reporting of any legal procedures. Reasoning and analysis by provision: 115.317 (h) PAQ: Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC authorizes all residential facility Program Directors 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. Shelter Care PREA Policy Manual: The JDRDC authorizes Shelter Care Program Directors 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. Interview with administrative (HR) staff: The agency would provide this information but would require a signed release of information before doing so. Finding: Based on this analysis, the facility substantially compliant with the provisions of this standard.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: • Interview with Agency Head Designee • Interview with Program Director Reasoning and analysis by provision: 115.318 (a) PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: Any new facility or facility upgrade shall consider the effects of designs, acquisitions, expansions, or

	modifications on JDRDC's ability to protect residents from sexual abuse. When installing or updating any video monitoring system, electronic surveillance system, or other monitoring technology, JDRDC considers how such technology may enhance the agency's ability to protect residents from sexual abuse. Interview with agency head designee: The agency head designee stated that any new facility or facility upgrade shall consider the effects of designs, acquisitions, expansions, or modifications on JDRDC's ability to protect residents from sexual abuse. Interview with program director: There have not been any modifications since the last PREA audit. Reasoning and analysis by provision: 115.318 (b) PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Interview with agency head designee: The agency head designee stated that the agency considers how installing or updating any video monitoring system, electronic surveillance system or other monitoring technology may enhance the agency's ability to protect residents from sexual abuse. Interview with program director: The facility will be due a new upgrade in a year or two and when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, the facility considers using such technology to enhance residents' protection from sexual abuse. There have not been modifications since the last PREA audit. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Memorandum of Understanding between Fairfax County Police Department and Fairfax Juvenile and Domestic Relations District Court, Court Services Unit • Memorandum of Understanding between Fairfax County Domestic and

Sexual Violence Services (DSVS) and Fairfax County Juvenile and Domestic Relations District Court, Court Services Unit

- Interview with PREA Compliance Manager
- Interview with Medical Staff
- Interviews with Random Staff
- Interview with SAFE/SANE Staff

Reasoning and analysis by provision: 115.321 (a)

PAQ: The agency is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: For all allegations of sexual abuse and sexual harassment, JDRDC will ensure that an administrative or criminal investigation is completed. The Fairfax County Police Department (FCPD) has the legal authority and shall be the investigating authority for all allegations of sexual abuse or sexual harassment as defined by the Department of Justice (DOJ) referred for investigation by any of the residential facilities operating under the JDRDC, unless the allegation does not involve potentially criminal behavior. Any referrals are documented by the agency. The JDRDC facilities shall identify qualified persons to respond to and conduct initial investigations into all allegations of sexual harassment or sexual abuse to determine if the issue is to be handled administratively, or referred to FCPD Major Crimes Division as a criminal matter. FCPD Major Crimes Division (MCD) will be responsible for conducting criminal investigations into any allegations of a sexual assault that occurs at, or is reported from, any of the five residential facilities located in the confines of Fairfax County. Upon the request of the FCPD, the JDRDC will provide MCD detectives unrestricted access to any physical area under their control at any of the five residential facilities in order to conduct their criminal investigation.

Shelter Care PREA Policy Manual: Shelter Care has designated the Program Director or Assistant Director to respond to and conduct initial investigations into all allegations of sexual harassment or sexual abuse to determine if the issue is to be handled administratively, or referred to FCPD Major Crimes Division as a criminal matter. The first staff member (regardless of that staff member's position within the facility) to receive an allegation of sexual abuse shall: immediately contact the Administrator on call; call local law enforcement and rescue if needed; take immediate steps to protect the alleged victim by separating the alleged victim and abuser; maintain constant one to one supervision of the alleged resident victim and alleged abuser; prevent the alleged victim from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and prevent the alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating,

drinking, or eating; and preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence.

Memorandum of Understanding between Fairfax County Police Department and Fairfax Juvenile and Domestic Relations District Court, Court Services Unit: The auditor reviewed the MOU and confirmed that the responsibilities of each party are outlined in detail.

Interviews with random staff: All random staff stated they understand the protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They stated it was their responsibility to preserve the evidence, and this meant not allowing the alleged victim or alleged abuser to shower, brush teeth or use the bathroom. They stated that investigations are conducted by the program director and the local police.

Reasoning and analysis by provision: 115.321 (b)

PAQ: The protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC residential facilities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. This protocol is referenced in JDRDC PREA policy 1.8.4 (PREA Regulation 115.364).

Reasoning and analysis by provision: 115.321 (c)

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. When possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.

- The number of forensic medical exams conducted during the past 12 months: 0
- The number of exams performed by SANEs/SAFEs during the past 12 months: 0
- The number of exams performed by a qualified medical practitioner during the past 12 months: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Residents who experience sexual abuse shall be given access for forensic medical examinations without financial cost where evidentiarily or medically appropriate.

Such examinations shall be conducted at the Fairfax Hospital by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFEs or SANEs are not available, the examination can be performed by other community qualified medical practitioners. The facilities are required to document their efforts to provide SAFEs or SANEs.

Shelter Care PREA Policy Manual: All residents who experience sexual abuse will be transported by staff or guardians to Fairfax Hospital for a forensic medical SANE examination when deemed evidentiarily or medically appropriate.

Interview with medical staff: The facility does not conduct forensic examinations. Youth are taken to Inova Fairfax Hospital where they have trained staff to conduct the exams

Interview with SANE/SAFE Nurse: The auditor contacted the Inova Fairfax Hospital and confirmed that they provided forensic exams. The staff stated that these are done through their forensic department and are available 24/7. The website for the hospital stated that Inova Fairfax Medical Campus provides Sexual Assault Nurse Examiner (SANE) services in the Fairfax, Virginia area. The hospital's Ewing Forensic Assessment and Consultation Team (FACT) department offers comprehensive care for victims of sexual assault and abuse, including expert medical evaluations and forensic evidence collection.

Reasoning and analysis by provision: 115.321 (d)

PAQ: The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC works with the DSVS unit to make a victim advocate available to the resident. JDRDC facilities are required to document efforts to secure services from DSVS. If requested by the resident, the DSVS victim advocate or qualified agency staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Memorandum of Understanding between Fairfax County Domestic and Sexual Violence Services (DSVS) and Fairfax County Juvenile and Domestic Relations District Court, Court Services Unit: The auditor reviewed the MOU and it outlines the responsibilities of all parties and states that victim advocate will be provided when a resident is transported to the hospital for a sexual assault exam, if the resident consents.

Shelter Care PREA Policy Manual: The agency established the Fairfax Office for Women and Domestic and Sexual Violence (OFW) as the crisis team that will be available to serve as a victim advocate.

	Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews if requested by the resident. The agency maintains a memorandum of understanding and monitors the qualifications to make sure they meet the standard. There were no residents who reported sexual abuse at this facility to be interviewed. Reasoning and analysis by provision: 115.321 (e) PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organizations staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC works with the DSVS unit to make a victim advocate available to the resident. JDRDC facilities are required to document efforts to secure services from DSVS. If requested by the resident, the DSVS victim advocate or qualified agency staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Shelter Care PREA Policy Manual: The agency established the Fairfax Office for Women and Domestic and Sexual Violence (OFW) as the crisis team that will be available to serve as a victim advocate. Memorandum of Understanding between Fairfax County Domestic and Sexual Violence Services (DSVS) and Fairfax County Juvenile and Domestic Relations District Court, Court Services Unit: The auditor reviewed the MOU and it outlines the responsibilities of all parties and states that victim advocate will be provided when a resident is transported to the hospital for a sexual assault exam, if the resident consents. Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews, when requested by the victim. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual
- Shelter Care PREA Policy Manual (effective 07/21)
- Interview with Agency Head Designee
- Interview with Investigative Staff

Reasoning and analysis by provision: 115.322 (a)

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

- In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0
- In the past 12 months, the number of allegations resulting in an administrative investigation: 1
- In the past 12 months, the number of allegations referred for criminal investigation: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: For all allegations of sexual abuse and sexual harassment, JDRDC will ensure that an administrative or criminal investigation is completed. The Fairfax County Police Department (FCPD) has the legal authority and shall be the investigating authority for all allegations of sexual abuse or sexual harassment as defined by the Department of Justice (DOJ) referred for investigation by any of the residential facilities operating under the JDRDC, unless the allegation does not involve potentially criminal behavior. Any referrals are documented by the agency.

Shelter Care PREA Policy Manual: Shelter Care has designated the Program Director or Assistant Director to respond to and conduct initial investigations into all allegations of sexual harassment or sexual abuse to determine if the issue is to be handled administratively, or referred to FCPD Major Crimes Division as a criminal matter. Shelter Care follows the agency policy (1.4.10) outlined in the JDRDC PREA Policy Manual that ensures allegations of sexual abuse or sexual harassment are referred for investigation to the FCPD and documented. This is also included in the MOU and published on the JDRDC public website.

Interview with agency head designee: For all allegations of sexual abuse and sexual harassment, JDRDC will ensure that an administrative or criminal investigations is completed. The JDRDC facilities shall identify qualified persons to respond to and conduct initial investigations into all allegations of sexual abuse or sexual harassment. The qualified person will determine if the issue is to be handled administratively or referred to the Fairfax County Police Department for investigations by the Major Crimes Division as a criminal case.

Reasoning and analysis by provision: 115.322 (b)

PAQ: The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the investigation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment is published on the agency's website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: For all allegations of sexual abuse and sexual harassment, JDRDC will ensure that an administrative or criminal investigation is completed. The Fairfax County Police Department (FCPD) has the legal authority and shall be the investigating authority for all allegations of sexual abuse or sexual harassment as defined by the Department of Justice (DOJ) referred for investigation by any of the residential facilities operating under the JDRDC, unless the allegation does not involve potentially criminal behavior. Any referrals are documented by the agency.

Shelter Care PREA Policy Manual: The Fairfax County Police Department (FCPD) has the legal authority and shall be the investigating authority for all allegations of sexual abuse or sexual harassment as defined by the Department of Justice (DOJ) referred for investigation by any of the residential facilities operating under the JDRDC, unless the allegation does not involve potentially criminal behavior.

Interview with investigative staff: The agency requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.

Reasoning and analysis by provision: 115.322 (c)

PAQ: If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: For all allegations of sexual abuse and sexual harassment, JDRDC will ensure that an administrative or criminal investigation is completed. The Fairfax County Police Department (FCPD) has the legal authority and shall be the investigating authority for all allegations of sexual abuse or sexual harassment as defined by the Department of Justice (DOJ) referred for investigation by any of the residential facilities operating under the JDRDC, unless the allegation does not involve potentially criminal behavior. Any referrals are documented by the agency.

Shelter Care PREA Policy Manual: The JDRDC and FCPD have entered into a Memorandum of Understanding (MOU), which outlines the responsibilities of both the agency and the investigating entity and is posted on the public JDRDC website.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • National Institute of Corrections "PREA: Your Role Responding to Sexual Abuse": • Employee Training Certificates • Annual PREA Training Employee Acknowledgement Forms • Interviews with Random Staff Reasoning and analysis by provision: 115.331 (a) PAQ: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: All JDRDC employees, volunteers, and contractors who have contact with residents shall be trained on the following: its zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment

prevention, detection, reporting, and response policies and procedures; the right of residents to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents. The Fairfax County JDRDC's "Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment": JDRDC requires the facilities to provide this guide to every new JDRDC residential facility staff person. Additionally, this guide must be read within 30 days of the start of a staff member's employment. For volunteers and contractors, this guide must be read within 30 days of the start of services. This material will be reviewed annually with each employee, volunteer, and contractor. Employees, volunteer, and contractors will also be required to complete the training, "PREA: Your Role Responding to Sexual Abuse" and any other training deemed appropriate by the agency.

Shelter Care PREA Policy Manual: Employees, volunteers, and contractors will read "The Fairfax County Shelter Care's Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment" (appendix) information within 30 days of the start of their employment. This material will be reviewed annually with each employee, volunteer, and contractor. Employees, volunteers, and contractors will also be required to complete "PREA: Your Role Responding to Sexual Abuse" and any other training deemed appropriate by the agency.

National Institute of Corrections "PREA: Your Role Responding to Sexual Abuse": The auditor reviewed the training. During this course, participants will learn to respond appropriately to sexual abuse in their facility. Topics include: elements of The Prison Rape Elimination Act including: defining sexual abuse, inmate-on-inmate sexual abuse, staff sexual misconduct, vulnerable populations, duties to report and respond, and effective communication methods.

Interviews with random staff: All random staff interviewed stated that they had been trained on the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; resident's right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the

applicable age of consent.

Reasoning and analysis by provision: 115.331 (b)

PAQ: Training is tailored to the unique needs and attributes of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

- Training is tailored to the facility population which is co-ed facility.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: Such training shall be tailored to the unique needs and attributes of the residents of the facilities and to the gender of the residents in each facility. At any point of transfer between JDRDC facilities, an employee will receive training as a new employee, which will address any gender training needs.

The training curriculum is the NIC "PREA: Your Role Responding to Sexual Abuse" and is tailored to the needs of the residents.

Reasoning and analysis by provision: 115.331 (c)

PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: All employees who have contact with residents shall receive refresher training on the agency's current sexual abuse and sexual harassment policies and procedures annually.

Shelter Care PREA Policy Manual: Refresher training on JDRDC's current sexual abuse and sexual harassment policies and procedures will be conducted annually for all staff, volunteers, and contractors.

Interviews with random staff: All random staff stated that they have at least one annual PREA refresher and often more than that if needed.

Reasoning and analysis by provision: 115.331 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: JDRDC has instructed the facilities to maintain documentation of such training onsite at the facilities in the training record of all staff persons, volunteers, and contractors. All who receive such training will indicate they understand the training they receive by signature.

Shelter Care PREA Policy Training: Per JDRDC agency policy, documentation of such

	training is maintained onsite at Shelter Care in the training record of all staff persons, volunteers, and contractors. All who receive such training indicate by signature they understand the training. Annual PREA Training Employee Acknowledgement Forms: The auditor reviewed the annual PREA training employee acknowledgement forms and confirmed that all staff are receiving annual refreshers. Findings: Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Interview with Contractor Reasoning and analysis by provision: 115.332 (a) PAQ: All volunteers and contractors who have contact with residents have been training on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. • The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response: 1 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: All JDRDC employees, volunteers, and contractors who have contact with residents shall be trained on the following: its zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the right of residents to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual

abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents. The Fairfax County JDRDC's "Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment": JDRDC requires the facilities to provide this guide to every new JDRDC residential facility staff person. Additionally, this guide must be read within 30 days of the start of a staff member's employment. For volunteers and contractors, this guide must be read within 30 days of the start of services. This material will be reviewed annually with each employee, volunteer, and contractor. Employees, volunteer, and contractors will also be required to complete the training, "PREA: Your Role Responding to Sexual Abuse" and any other training deemed appropriate by the agency.

Shelter Care PREA Policy Manual: Employees, volunteers, and contractors will also be required to complete "PREA: Your Role Responding to Sexual Abuse" and any other training deemed appropriate by the agency.

Interview with contractor who has contact with residents: The contractor stated they had received training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. They stated that they were required to have the same training as the staff.

The facility does not currently have any volunteers.

Reasoning and analysis by provision: 115.332 (b)

PAQ: The level and type of training provided to the volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and coordinators who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

- Volunteers and contractors receive the same PREA training as staff

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: All JDRDC employees, volunteers, and contractors who have contact with residents shall be trained on the following: its zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the right of residents to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse

	between residents; how to avoid inappropriate relationships with residents; and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents. The Fairfax County JDRDC's "Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment": JDRDC requires the facilities to provide this guide to every new JDRDC residential facility staff person. Additionally, this guide must be read within 30 days of the start of a staff member's employment. For volunteers and contractors, this guide must be read within 30 days of the start of services. This material will be reviewed annually with each employee, volunteer, and contractor. Employees, volunteer, and contractors will also be required to complete the training, "PREA: Your Role Responding to Sexual Abuse" and any other training deemed appropriate by the agency. Interview with volunteer and contractor who have contact with residents: They both stated they have been trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Reasoning and analysis by provision: 115.332 (c) PAQ: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received. Shelter Care PREA Policy Manual: Per JDRDC agency policy, documentation of such training is maintained onsite at Shelter Care in the training record of all staff persons, volunteers, and contractors. All who receive such training indicate by signature they understand the training. Volunteer and Contractor Acknowledgement PREA Training and Review of Policies: The auditor reviewed the signed forms for volunteers and contractors for the completion of PREA Training and Policy Review. Their signature on the form indicated that they understood the training they had received. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Signed Youth PREA Training Acknowledgement Forms • Resident Education Acknowledgment Forms

- PREA brochures English and Spanish versions
- Interview with Intake Staff
- Interviews with Random Residents
- Observations during on-site visit

Reasoning and analysis by provision: 115.333 (a)

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.

- The number of residents admitted in the past 12 months who were given this information at intake: 134

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: At each facility, during the intake process, residents will receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Within the first ten (10) days of arrival at any facility and each intra-agency transfer, residents shall receive age appropriate information (either in person or through video) the right of residents to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents, and all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All JDRDC facilities shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Each facility is required to maintain documentation of resident participation in these education sessions. Each facility is required to ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Shelter Care PREA Policy Manual: At the time of intake, the pamphlet "What You Should Know About Sexual Assault and Abuse" (appendix) is to be verbally explained and given to all residents.

Interview with intake staff: At the intake, all residents are provided with information to read about PREA. Within seven days they watch a PREA video. The residents also watch the video every Saturday.

Interviews with random residents: All random residents interviewed confirmed that they received PREA education on the first day they came to the facility during the intake process. The residents stated that this information was provided and read to them. They also stated they watch the PREA video every Saturday. The residents stated that the rules about PREA were explained to them and/or they received a copy of them

Reasoning and analysis by provision: 115.333 (b)

PAQ: Within 10 days of intake, the agency shall provide comprehensive age-

appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

- The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake: 134

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Within the first ten (10) days of arrival at any facility and each intra-agency transfer, residents shall receive age appropriate information (either in person or through video) the right of residents to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents, and all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Shelter Care PREA Policy Manual: At the time of intake, the pamphlet "What You Should Know About Sexual Assault and Abuse" (appendix) is to be verbally explained and given to all residents. Every Saturday after breakfast, a PREA informational video will be shown to the residents to further educate them comprehensively and age appropriately regarding their rights to be free from sexual abuse and sexual harassment. Additionally, this video will educate the residents on their rights to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Interview with intake staff: Resident PREA education begins the minute of intake and again within seven days. As part of the intake process, residents are shown a video that outlines the facility's PREA policy and gives them information as to what they should do if they are being harassed or sexually abused, and how to report. A PREA video is shown every Saturday as well.

Interviews with random residents: All random residents interviewed stated that they were told they had a right to not be sexually abused or sexually harassed; they had a right to report sexual abuse or sexual harassment; and they had a right not to be punished for reporting sexual abuse or sexual harassment. All of the residents stated that they received this information on the first day that they arrived at the facility.

Reasoning and analysis by provision: 115.333 (c)

PAQ: There are no residents who were not educated within 10 days of arriving at the facility. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the

previous facility.

Shelter Care PREA Policy Manual: Documentation will be maintained in the facility log book, including date and time, to indicate who viewed the video and any special needs that were addressed will be entered into the PREA log. All residents who have not seen the video will be required to view the video in whatever version that best fits their needs i.e English, Spanish, hearing impaired.

Interview with intake staff: Resident PREA education begins at the intake and again in seven days and weekly thereafter.

Reasoning and analysis by provision: 115.333 (d)

PAQ: Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually, impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: All JDRDC facilities shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Each facility is required to maintain documentation of resident participation in these education sessions. Each facility is required to ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Shelter Care PREA Policy Manual: All residents who have not seen the video will be required to view the video in whatever version that best fits their needs i.e English, Spanish, hearing impaired. Observations during the site review: The auditor observed all areas where PREA signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, common areas. and the school area.

Reasoning and analysis by provision: 115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Each facility is required to maintain documentation of resident participation in these education sessions. Each facility is required to ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Shelter Care PREA Policy Manual: The residents acknowledge they received and understand the pamphlet by their signature. This acknowledgement is kept in the residents' intake folders.

Signed Youth PREA Training Acknowledgement and Resident Education Acknowledgment Forms: The auditor reviewed the signed Youth PREA Training

	Acknowledgement and Resident Education Acknowledgment Forms for all residents at Shelter Care during the on-site portion of the audit. The signed form documents that the residents have received the education and have understood the material they were given. Reasoning and analysis by provision: 115.333 (f) PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Each facility is required to ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. Shelter Care PREA Policy Manual: Shelter Care ensures that key information is continuously and readily available or visible to residents through pamphlets, posters, and other written formats. Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, common areas. and the school area. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • NIC PREA Investigating Sexual Abuse in a Confinement Setting Course • Training certificates and records for investigators • Interview with Investigative Staff Reasoning and analysis by provision: 115.334 (a) PAQ - Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

The number of investigators currently employed who have completed the required training: 1

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: In addition to the general training provided to all employees pursuant to 115.331, the JDRDC ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. In each residential facility (with the exception of JDC), the persons requiring this training are the following: Facility Director, Facility Assistant Director, a facility designee. The agency's PREA Coordinator is also required to receive this training. This training curriculum is made available by JDRDC through the American Correctional Association and is compliant with the requirements of this regulation. Documentation of this training will be housed onsite at each facility and only staff who have received this training will be permitted to conduct any investigations involving allegations of sexual abuse.

Shelter Care PREA Policy Manual: In addition to the general training provided to all employees pursuant to 115.331, the JDRDC ensures that, to the extent the agency itself conducts sexual abuse investigations its investigators have received training in conducting such investigations in confinement settings. In each residential facility (with the exception of JDC), the persons requiring this training are the following: Facility Director, Facility Assistant Director, a facility designee. This training curriculum is made available by JDRDC through the National Institute of Corrections Learning Center: <https://nic.learn.com/learncenter.asp?id=178416> and is compliant with the requirements of this regulation.

NIC PREA Investigating Sexual Abuse in a Confinement Setting Course: The purpose of this course is to assist agencies in meeting the requirements of Prison Rape Elimination Act (PREA) Section 115.334 Specialized Training for Investigators. At the end of this course, the investigator will be able to explain the knowledge, components, and considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards.

Interview with investigation staff: The facility investigator stated they have completed the NIC training, and it covers all of the investigation protocols.

Reasoning and analysis by provision: 115.334 (b)

PAQ: Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Interview with investigation staff: The NIC training covered techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

	Reasoning and analysis by provision: 115.334 (c) Training certificates and records for investigators: The auditor reviewed training certificates and records for the facility investigator. Specialized training has been completed, and training records are documented. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • PREA 201 For Medical and Mental Health Practitioners with the National Institute of Corrections • Medical and Mental Health Training Certificates • Interview with Medical and Mental Health Staff Reasoning and analysis by provision: 115.335 (a) PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities • The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 3 • The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100% Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: In addition to the general training provided to all employees and contractors pursuant to 115.331 and 115.332, JDRDC ensures that all full-and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Items a. through d. are covered in the National Institute of Correction's curriculum found at the following url: https://nic.learn.com/learncenter.asp?id=1784-

09&sessionid=3-2B13BF3E-1947-4F87-9FFD-CAF298A82FC3&page=6. This online training is mandatory for all medical and mental health care staff employed at all JDRDC residential facilities and each facility maintains documentation onsite that medical and mental health care staff working in that facility have received the training. Medical staff employed by or contracted with the JDRDC do not conduct forensic examinations.

Shelter Care PREA Policy Manual: In addition to the general training provided to all employees pursuant to 115.331, the JDRDC ensures that all full- and part-time medical and mental health care staff who work regularly in its facilities have been trained in: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. These are covered in the National Institute of Correction's curriculum found at the following url: <https://nic.learn.com/learncenter.asp?id=178409&sessionid=3-2B13BF3E-1947-4F87-9FFD-CAF298A82FC3&page=6>. This online training is mandatory for all medical and mental health care staff employed at the facility.

PREA 201 Training for Medical and Mental Health Practitioners: The auditor reviewed the training curriculum for medical and mental health staff. The medical and behavior health training consists of initial and refresher PREA training and specialized training offered online by the National Institute of Corrections (NIC). These training phases are required medical and mental health staff includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment.

Interview with medical and mental health staff: Medical and mental health staff confirmed that they had received specialized training regarding sexual abuse and sexual harassment. They stated that the training covered the topics of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment.

Reasoning and analysis by provision: 115.335 (b)

PAQ: The agency medical staff at this facility does not conduct forensic medical exams.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Medical staff employed by or contracted with the JDRDC do not conduct forensic examinations.

Shelter Care PREA Policy Manual: Forensic exams are not conducted by any staff person at the Shelter Care Program.

	Interview with medical and mental health staff: The medical and mental health staff interviewed stated they did not conduct forensic examinations. They stated these were conducted at a local hospital. Reasoning and analysis by provision: 115.335 (c) PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: This online training is mandatory for all medical and mental health care staff employed at all JDRDC residential facilities and each facility maintains documentation onsite that medical and mental health care staff working in that facility have received the training. Shelter Care PREA Policy Manual: Documentation that all medical and mental health care staff have received this training will be housed onsite at the facility. Medical and mental health training certificates: The auditor reviewed the NIC certificates for the mental health staff and confirmed that they had completed the required training. Reasoning and analysis by provision: 115.335 (d) PAQ: Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: In addition to the general training provided to all employees and contractors pursuant to 115.331 and 115.332, JDRDC ensures that all full-and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Shelter Care PREA Policy Manual: Employees, volunteers, and contractors will read “The Fairfax County Shelter Care’s Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment” (appendix) information within 30 days of the start of their employment. This material will be reviewed annually with each employee, volunteer, and contractor. Employees, volunteers, and contractors will also be required to complete “PREA: Your Role Responding to Sexual Abuse” and any other training deemed appropriate by the agency. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.341	Obtaining information from residents
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual
- Shelter Care PREA Policy Manual (effective 07/21)
- Sample of Youth Vulnerability Assessments
- Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness
- Interviews with Random Residents
- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager

Reasoning and analysis by provision: 115.341 (a)

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement.

- The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 3

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Within 72 hours after admission to the program, and periodically throughout a resident's confinement, each facility shall assess each resident within the resident population for potential vulnerability to sexual assault, or tendencies to act out with sexually aggressive behavior. Any screening instruments used shall be objective.

Shelter Care PREA Policy Manual: A mental health screening, MAYSI, and a Vulnerability Assessment (Appendix) will be completed upon intake for each resident.

Review of Vulnerability Assessments: The auditor reviewed the assessments of the residents that were interviewed and confirmed they were being completed within 72 hours of intake.

Interview with staff that perform screening for risk of victimization and abusiveness: The vulnerability screening is completed during the intake process. There is a review of the youth's documentation. Information is obtained through any documentation that accompanies the resident to the facility submitted by the

referring probation officer, conversations with the resident, mental health screenings, court records, case files, and behavioral records. The residents are only at the facility for an average of three weeks. If their behavior warranted a reassessment, it would be completed.

Interviews with random residents: All the random residents stated they remember when they first came to the facility being asked questions like whether they had ever been sexually abused, whether they identified with being gay, bisexual or transgender, whether they had any disabilities, and whether they thought they might be in danger at the facility.

Reasoning and analysis by provision: 115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

Sample of resident Vulnerability Assessment: The auditor reviewed the Vulnerability Assessment for the residents that were interviewed. The instrument is an objective assessment.

Reasoning and analysis by provision: 115.341 (c)

PAQ: At a minimum, the agency attempts to ascertain information about: prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual:
Information to be gathered shall include: prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Shelter Care PREA Policy Manual Information to be gathered shall include: prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and

any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Interview with staff that perform screening for risk of victimization and abusiveness: The assessment considers history of victimization, history of abuse, mental health, size, age, gender identification, age, size and stature.

Reasoning and analysis by provision: 115.341 (d)

PAQ: This information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Information shall be gathered through conversations with residents during the intake process, medical and mental health screenings, classification assessments, and by reviewing court records, case files, facility behavioral records or other relevant documentation from residents' files.

Shelter Care PREA Policy Manual: Additionally, this information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentations from the resident's files. Contact is made with the probation officer by the Primary Counselor within 3 days of being assigned to work directly with the client. This is also to ensure proper and comprehensive information gathering regarding potential vulnerabilities and sexually aggressive behavior.

Interview with staff that perform screening for risk of victimization and abusiveness: There is a combination of asking mainly yes/no questions and reviewing any documentation that comes with the resident.

Reasoning and analysis by provision: 115.341 (e)

PAQ: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The information gathered shall remain confidential. Information shall be disseminated within each facility in a manner that ensures sensitive information is not exploited to any resident's detriment by staff or other residents.

Shelter Care PREA Policy Manual: The information gathered shall remain confidential. Information disseminated within the facility shall be done so in professional weekly staff meetings limited only to staff working directly with the residents so as not to subject this information to exploitation of any sort by staff or other residents. Additionally, any conversations between staff regarding this

	information that does not take place in the staff meetings shall take place in a confidential manner, out of earshot of the clients or any other person not professionally involved in the care of the resident. Information may also be disseminated on written material contained in the facility log, the client's individual case record, through the associated screening and assessments instruments housed within the facility for each individual client, and on confidential, secure electronic communications. Interview with agency PREA coordinator: The agency has outlined that only the staff that need the information from the assessment would have access. Interview with PREA compliance manager: Almost everyone at the facility, because the facility is so small, has access to the resident's vulnerability assessment within the facility. Interview with staff that perform screening for risk of victimization and abusiveness: Anyone that needs it. It is kept in a locked room. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care Court PREA Policy Manual (effective 09/2021) • Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager • Interview with Agency PREA Coordinator • Interview with the Program Director • Interviews with Medical and Mental Health Staff Reasoning and analysis by provision: 115.342 (a) PAQ: The agency/facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC facilities shall use the information gathered pursuant to 115.341 or any time during

placement to make housing, bed, program, education and work assignments for residents, with the goal of keeping all residents safe from sexual abuse. Each facility has a program-specific manner in which it evaluates the appropriateness of these assignments and is outlined in the respective facility manuals.

Shelter Care PREA Policy Manual: Resident room assignments are made on the basis of the information gathered pursuant to 115.341. These room assignments are evaluated on a daily basis, depending on an individual's circumstances, group dynamics, and new residents being admitted to the program, all in efforts to prevent sexual abuse and sexual harassment.

Interview with staff that perform screening for risk of victimization and abusiveness: The information from the assessment tells the facility what red flags are, and it helps with placement of the residents.

Interview with PREA compliance manager: The assessment is used to help determine placement, supervision and any special programming.

Reasoning and analysis by provision: 115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

- The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0
- The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0
- The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Residents may be isolated 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. During any period of isolation, facilities shall not deny residents daily large muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents in JDRDC facilities shall also have access to other programs and work opportunities to the extent possible and as applicable.

Shelter Care PREA Policy Manual: 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. Any decision to isolate a resident shall be approved by the administrator on call. During any period of isolation, the facility shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible and as applicable. If a resident is isolated as a last resort, the facility shall clearly document in the resident's individual case record: the basis for the facility's concern for the resident's safety; and the reason why no alternative means of separation can be arranged. At a minimum, every 30 days, the facility shall afford each resident who has been isolated a review to determine whether there is a continuing need for separation from the general population

Interview with the program director: The facility does not use isolation for residents who have alleged to have suffered sexual abuse.

Interviews with medical and mental health staff: The facility does not use isolation.

Reasoning and analysis by provision: 115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: A resident shall not be placed in any housing or programming based solely on the resident's identification as lesbian, gay, bisexual, transgender or intersex. A resident's identification as lesbian, gay, bisexual, transgender or intersex shall not be considered as an indicator of the likelihood of being sexually abusive.

Shelter Care PREA Policy Manual: A resident shall not be placed in any housing or programming based solely on the resident's identification as lesbian, gay, bisexual, transgender or intersex. A resident's identification as lesbian, gay, bisexual, transgender or intersex shall not be considered as an indicator of the likelihood of being sexually abusive.

Interview with agency PREA coordinator: The facility does not have special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents.

Interview with PREA compliance manager: The facility does not have special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents. The facility only has one housing unit.

There were no residents who identified as transgender, intersex, gay, lesbian, or bisexual to be interview at the facility.

Reasoning and analysis by provision: 115.342 (d)

PAQ: In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety. In making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Decisions to place transgender or intersex residents in a male or female facility, along with other housing and programming decisions and assignments, shall be made on a case-by-case basis ensuring each resident's health and safety and considering the impact of the placement on population management and security concerns.

Placement decisions are typically made by a JDRDC judge and result in court-ordered placements. Housing and programming decisions and assignments are made at the facility level by well-trained staff in conjunction with oversight by the Program Administrators.

Shelter Care PREA Policy Manual: Decisions to place transgender or intersex residents in a male or female facility are typically made by a JDRDC judge and result in court-ordered placements. Housing and programming decisions and assignments are made by well-trained facility staff in conjunction with oversight by the Program Administrators. For all placement, housing, programming decisions and assignments whereby JDRDC has influence or control, the goal is to ensure each resident's health and safety and to consider the impact of these decisions on population management and security concerns.

Interview with PREA compliance manager: The assessment would help determine housing placement. All residents have private rooms.

Reasoning and analysis by provision: 115.342 (e)

PAQ: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: For all JDRDC facilities, placement and programming decisions for transgender or intersex residents shall be reassessed every 90 days for any threats to the resident's safety.

Shelter Care PREA Policy Manual: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least every 90 days to review any threats to safety experienced by the resident.

Interview with PREA compliance manager: The facility considers whether the housing and programming assignments will ensure the health and safety of all residents

Interview with staff that perform screening for risk of victimization and abusiveness: The average length of time at the facility is about three weeks. There is usually not

a reassessment unless behavioral warranted one.

Reasoning and analysis by provision: 115.342 (f)

PAQ: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The resident's perception of his or her own safety shall be considered.

Shelter Care PREA Policy Manual: A transgender or intersex resident's perception of his or her own safety shall be considered.

Interview with PREA compliance manager: The assessment takes into consideration the residents' views. All residents' views are considered.

Interview with staff that performs screening for risk of victimization and abusiveness: All residents' views and perceptions are considered during the assessment process.

Reasoning and analysis by provision: 115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: All showering accommodations shall always provide separate and private showering for all residents in all JRDC facilities.

Shelter Care PREA Policy Manual: All showering accommodations shall always provide separate and private showering for all residents in all JRDC facilities.

Interview with PREA compliance manager: All residents shower separately one at a time.

Interview with staff that performs screening for risk of victimization and abusiveness: All residents have to shower separately.

There were no residents who identified as transgender, intersex, gay, lesbian, or bisexual to be interview at the facility.

Reasoning and analysis by provision: 115.342 (h)

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:(1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged, was 0.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: If a resident is isolated pursuant to paragraph (2) of this section, the facilities shall clearly document: the basis for the facility's concern for the resident's safety; and the reason why no alternative means of separation can be arranged.

Shelter Care PREA Policy Manual: . If a resident is isolated as a last resort, the

	facility shall clearly document in the resident's individual case record: the basis for the facility's concern for the resident's safety; and the reason why no alternative means of separation can be arranged. There were no files to review. No residents have been placed in isolation during the audit period. Reasoning and analysis by provision: 115.342 (i) PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Every 30 days, the facility shall afford each resident a review to determine whether there is a continuing need for separation from the general population. Shelter Care PREA Policy Manual: At a minimum, every 30 days, the facility shall afford each resident who has been isolated a review to determine whether there is a continuing need for separation from the general population. The facility does not use isolation for sexual victimization. There were no residents placed in isolation to interview during the on-site visit. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/2021) • Shelter Care Pamphlet • Victim Services 24 Hr. Hotline • National Sexual Assault Hotline • PREA Reporting Hotline • Interview with PREA Compliance Manager • Interviews with Random Staff • Interviews with Random Residents

- Observations during on-site visit

Reasoning and analysis by provision:115.351 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and • staff neglect or violation of responsibilities that may have contributed to such incidents.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Residents in all JDRDC facilities shall be provided multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents, to include: filing a grievance, calling the PREA and Fairfax DSVS 24 Hour Crisis Helpline, contacting JDRDC.s administrative offices, reporting to staff, and a written complaint.

Shelter Care PREA Policy Manual: Residents in Shelter Care shall be provided multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents, to include: filing a grievance; calling the PREA and Fairfax Office for Women & Domestic and Sexual Violence Services 24 Hour Crisis Helpline; contacting JDRDC's administrative offices; reporting to staff; and a written complaint;

Shelter Care Pamphlet: PREA contact information: If you should have concerns regarding sexual assault or sexual harassment contact: Reporting Hotline: 1-855-602-7001 preagrievance@vadoc.virginia.gov Fairfax County Victim Assist: 703-246-2141 Fairfax County Sexual Violence: 703-360- 7273 If you should have concerns you can file a grievance with Shelter Care Administration who will determine appropriate steps to take to address the issue.

Interviews with random staff: All random staff stated that the residents could privately report sexual abuse or sexual harassment by calling the hotline, reporting to a staff member, writing a grievance, telling a family member, attorney, case worker, or any trusted adult.

Interviews with random residents: All random residents stated that they could privately report sexual abuse or sexual harassment by calling the hotline or by telling a staff member, writing a grievance, or telling someone who does not work at the facility, such as a family member.

Observations during the site review: The auditor observed all areas where PREA signage was posted throughout the facility and stated the facility's zero tolerance policy, as well as multiple ways to report. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, school, recreation room, living units, and in all common areas. The auditor

tested the ways to report by calling the various hotlines.

Reasoning and analysis by provision: 115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

- The agency does not detain residents solely for civil immigration purposes.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Residents shall also be provided at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. This method will be to call the PREA hotline or email them directly. Contact information shall be posted throughout all JDRDC facilities.

Shelter Care PREA Policy Manual: Shelter Care residents shall also be provided at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. This method will be to call the PREA hotline or email them directly. Contact information shall be posted throughout Shelter Care.

Interview with PREA compliance manager: Residents can use the phone to call the hotline. The numbers are posted by every phone. If the hotline is called, there is a call to notify the facility that an investigation is underway. The facility has never been notified because there has not been in calls to the hotline.

Interviews with random residents: All random residents interviewed stated that they could privately report sexual abuse or sexual harassment by calling the hotline numbers, by telling a staff member, by writing a grievance, or telling someone who does not work at the facility. They stated that they could make an anonymous report, as well.

Observations during the site review: The auditor observed PREA signage was posted throughout the facility that provided the information to make a report of sexual abuse or sexual harassment. The auditor tested the hotline, and it was answered by a live person and was not automated. The hotline representative explained the call process to the auditor. All calls are taken seriously. Calls can be anonymous if requested.

Reasoning and analysis by provision:115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports.

- Report should be documented prior to the end of the staff member's shift.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC residential staff shall accept reports made verbally, in writing, anonymously, and from third parties. Verbal reports shall promptly be documented.

Shelter Care PREA Policy Manual: Staff shall accept reports made verbally, in writing, anonymously, and from third parties. Verbal reports shall promptly be documented.

Interviews with random staff: All random staff stated that a resident can make a verbal report of sexual abuse to any staff member, write it in a grievance, or tell someone outside of the facility. The staff stated that once they have been made aware of such a report, they are required to immediately report it.

Reasoning and analysis by provision: 115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Residents shall be provided the tools necessary to make a written report at their request.

Shelter Care PREA Policy Manual: All residents shall be provided a pencil and paper upon request to make a written report at their request.

Interview with PREA compliance manager: The facility provides paper and pencils, and the residents can utilize the grievance forms which are located on the unit. Staff can provide assistance if needed.

There were no residents who reported a sexual abuse at this facility to interview.

Reasoning and analysis by provision: 115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: JDRDC provides the following methods for staff to privately report sexual abuse and sexual harassment of others: contact the Facility Program Director, contact the agency PREA Coordinator, contact the Deputy Director for Residential Services, contact Fairfax DSVS, and contact the PREA reporting hotline.

Shelter Care PREA Policy Manual: JDRDC provides the following methods for staff to privately report sexual abuse and sexual harassment of others: contact the Facility Program Director, contact the agency PREA Coordinator, contact the Deputy Director for Residential Services, contact Fairfax Office for Women & Domestic and Sexual Violence, and contact the PREA reporting hotline.

Interviews with random staff: All random staff interviewed stated that they could privately report any allegation or suspicion of sexual abuse or sexual harassment of

	a resident by telling a supervisor or calling the hotline. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Shelter Care Residents Manual • Grievance Procedures for Residents • Observations during site review Reasoning and analysis by provision: 115.352 (a) PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Shelter Care Residents Manual: Grievance Procedures- A resident may file a grievance and may request assistance from a counselor concerning the grievance form and its process. The Assistant Director will investigate and respond in writing to the grievances within two (2) business days. A copy of the response will be given to the resident. The original will be placed in the resident's file for three (3) years from the date of the filing of the grievance. If the resident feels that the decision is unsatisfactory, (s)he has the right to appeal the decision to the Director. The Director will review the grievance within two (2) working days and provide the resident with a written response. A copy of the response will be placed in the resident's folder. Conditions of the grievance process shall be such that protection from reprisal shall be evident in the program, by the Assistant Director and Director monitoring the situation. The Assistant Director and the Director will maintain a file of all grievances. Each grievance will be kept for three (3) years from the date of the filing of the grievance. Observation during site review: The auditor observed and tested the locked grievance box and the form that can be used to make a grievance. Reasoning and analysis by provision: 115.352 (b) PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy requires a resident to use an informal grievance

process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC facilities shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The facilities may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. The JDRDC facilities shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse

Shelter Care PREA Policy Manual: Shelter Care shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Reasoning and analysis by provision:115.352 (c)

PAQ: The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC facilities shall ensure that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is never referred to a staff member who is the subject of the complaint.

Shelter Care PREA Policy Manual: Shelter Care shall ensure that a resident who alleges sexual abuse may submit a complaint/grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is never referred to a staff member who is the subject of the complaint.

Reasoning and analysis by provision: 115.352 (d)

PAQ: The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made

- In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0
- In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: The JDRDC issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. This 90 day period shall not include time consumed by residents in preparing any administrative appeal.

There were no residents who reported a sexual assault at this facility to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.352 (e)

PAQ: Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

- The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the JDRDC facilities may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, JDRDC facilities shall document the resident's decision. A parent or legal guardian of a resident shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such resident. Such a grievance shall not be conditioned upon the resident agreeing to have the request filed on his or her behalf.

Reasoning and analysis by provision: 115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48

hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0
- The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours: 0
- The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, JDRDC facilities shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Deputy Director for Residential Services, who shall authorize immediate corrective action, shall provide an initial response within 48 hours, and shall - in conjunction with the agency PREA Coordinator - issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Shelter Care PREA Policy Manual: In case of an emergency grievance, the Senior Counselor on Duty will investigate the grievance within eight (8) hours, as program limits permit, and will forward the information to the Assistant Director on his/her next working day. An emergency constitutes, but is not limited to, physical and/or sexual abuse and neglect, or the alleged use of any prohibited acts as outlined in 6VAC35-41-560. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, JDRDC facilities shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Deputy Director for Residential Services, who shall authorize immediate corrective action, shall provide an initial response within 48 hours, and shall - in conjunction with the agency PREA Coordinator - issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Reasoning and analysis by provision:115.352 (g)

PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident

	for having filed the grievance in bad faith: 0 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC may authorize a disciplinary response to a resident for filing a grievance related to alleged sexual abuse only where the agency, in conjunction with the facility, demonstrates that the resident filed the grievance in bad faith. Shelter Care/Fairfax County Juvenile Court PREA Manual: JDRDC may authorize Shelter Care to administer a disciplinary response to a resident for filing a grievance related to alleged sexual abuse only where the agency, in conjunction with the facility, demonstrates that the resident filed the grievance in bad faith. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07.21) • Memorandum of Understanding between Fairfax County Domestic and Sexual Violence Services (DSVS) and Fairfax County Juvenile and Domestic Relations District Court, Court Services Unit • Interview with the Program Director • Interview with PREA Compliance Manager • Interviews with Random Residents • Observations from site review Reasoning and analysis by provision: 115.353 (a) PAQ: The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Shelter Care PREA Policy Manual: Shelter Care shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse.

The Fairfax Office for Woman & Domestic and Sexual Violence Services (OFW) is available for this type of service. The phone number to access the OFW, along with the PREA hotline and associated addresses shall always be visibly posted in the facility. This information shall also be available on the JDRDC public website. Shelter Care shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Interviews with random residents: All of the random residents interviewed stated they were not aware of the outside emotional support services. None of the random residents could provide the name of an outside support service or identify a type of service that would be available.

There were no residents who reported sexual abuse while at this facility.

Observations from site review. There was signage posted throughout the facility that provided information on outside support services.

Corrective Action - 115.353 (a) - The facility will reeducate the youth on the availability of outside emotional support services and receive signed documentation from each resident present at the facility at the time of the session. The program director provided this information to the auditor on 10/01/2025. The information was added to the resident orientation process.

Reasoning and analysis by provision: 115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Shelter Care PREA Policy Manual: Shelter Care shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Shelter Care shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Interviews with random residents: All of the random residents interviewed stated they thought their conversations would be private and confidential. They did not feel a report would have to be made to anyone unless they stated they were being harmed or planning to harm someone else.

There were no residents who reported sexual abuse while at this facility.

Reasoning and analysis by provision: 115.353 (c)

	PAQ: The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. Memorandum of Understanding between Fairfax County Domestic and Sexual Violence Services (DSVS) and Fairfax County Juvenile and Domestic Relations District Court, Court Services Unit: DSVS agrees to respond to requests from FCJRDC to provide victim advocacy, counseling services, and crisis intervention, as appropriate, to victims of sexual violence referred by FCJRDC. Assess and accommodate special needs of identified victims of sexual violence. Reasoning and analysis by provision: 115.353 (d) PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians. Shelter Care PREA Policy Manual: Residents shall have access, by phone or in writing, to their lawyer, court worker, D.F.S. worker, parent(s) or guardian(s). Residents are offered opportunities to make daily phone calls in confidential settings, if requested. Additionally, the program provides 2 stamps per week for residents to mail letters out of the program. Private meeting rooms are available for in person communication between residents and professionals and/or parent(s) or guardians(s). Visitation is offered three times a week for families to visit. There is no limit on professional visits with residents. Interview with the program director: Attorneys are allowed to visit at will and the residents can call them anytime. The residents get daily phone calls with their parents or guardians and the facility offers visitation three times per week. Interview with the PREA compliance manager: Attorneys are allowed to visit at will and the residents can call them anytime. The residents get daily phone calls with their parents or guardians and the facility offers visitation three times per week Interview with the random residents: All random residents interviewed stated that they have calls and visits with their attorneys as needed. They all stated that they have calls with their parents or guardians and that visits are available three times per week. Finding: Corrective action was completed and based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • PREA Pamphlet • Observations from site review Reasoning and analysis by provision: 115.354 (a) PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC shall accept third-party reports of sexual abuse and sexual harassment on behalf of its residents through the Fairfax DSVS and PREA Reporting Hotline as well as the PREA Reporting email address and shall publicly post the information on how to make such reports on its website. Shelter Care PREA Policy Manual: The JDRDC accepts third-party reports of sexual abuse and sexual harassment on behalf of its residents through both the Domestic and Sexual Violence Services and PREA Reporting Hotline as well as the PREA Reporting email address and shall publicly post the information on how to make such reports on its website. PREA pamphlet: Residents, parents, staff and 3rd parties can report at any time, no matter when the incident happened. Reports can be made verbally, in writing or anonymously by contacting one of the resources below: Shelter Care: 703-591-0171 PRISON RAPE ELIMINATION ACT (PREA) REPORTING HOTLINE # 1-855-602-7001; preagrievance@vadoc.virginia.gov National Sexual Assault Hotline 800-656-4673 The Office for Women & Domestic and Sexual 24hr hotline 703-360-7273 Observations during on site visit: The auditor reviewed the signage posted throughout the facility and confirmed that it contained information and phone numbers on third party reporting. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual
- Shelter Care PREA Policy Manual (effective 07/21)
- Interview with the Program Director
- Interview with PREA Compliance Manager
- Interviews with Random Staff
- Interviews with Medical and Mental Health Staff

Reasoning and analysis by provision: 115.361 (a)

PAQ: The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Staff shall immediately report any knowledge, suspicion or information of any type regarding any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the Administrator on Call or Supervisor on Duty. If the Supervisor on Duty is the subject of the complaint, the staff shall notify the Administrator on Call for the facility. The Administrator on Call for the facility will then contact the Deputy Director for Residential Services. If the Administrator on Call is the subject of the complaint, the staff will contact the Deputy Director for Residential Services. Within a reasonable timeframe, the agency PREA Coordinator will be contacted. Staff may use the state Child Abuse Hotline as well as the PREA Reporting Hotline to privately report sexual abuse and sexual harassment of residents.

Shelter Care PREA Policy Manual: Staff shall immediately report any knowledge, suspicion or information of any type regarding any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of JDRDC; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the Administrator on Call. If the Administrator on Call is the subject of the complaint, the staff shall notify the Deputy Director for Residential Services. Within a reasonable timeframe, the agency PREA coordinator will be contacted by the Deputy Director for Residential Services.

Interviews with random staff: All random staff interviewed stated that the agency requires all staff to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment. They stated all incidents are reported by informing their supervisor or calling the PREA hotline.

Reasoning and analysis by provision: 115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Staff shall comply with mandatory child abuse reporting laws in accordance with facility policy and in compliance with the Virginia Department of Juvenile Justice Regulatory Authority. (Child Abuse Reporting). Staff may use the state Child Abuse Hotline as well as the PREA Reporting Hotline to privately report sexual abuse and sexual harassment of residents.

Shelter Care PREA Policy Manual: Staff shall comply with mandatory Virginia child abuse reporting laws in compliance with the Virginia Department of Juvenile Justice Regulatory Authority. Staff is trained at the start of their employment and annually on mandated child abuse reporting. This policy is outlined in the Shelter Care Staff Policy and Procedure Manual.

Interview with random staff: All random staff interviewed stated that they had received training on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Reasoning and analysis by provision: 115.361 (c)

PAQ: Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Staff is prohibited from revealing any information related to a sexual abuse or a sexual harassment report to anyone outside the reporting chain of command.

Shelter Care PREA Policy Manual: Staff is prohibited from revealing any information related to a sexual abuse or a sexual harassment report to anyone outside the reporting chain of command.

Interviews with random staff: All random staff interviewed stated that the agency requires them to report and that is done by reporting to their supervisor, or by calling the hotline.

Reasoning and analysis by provision: 115.361 (d)

PAQ: Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Medical

and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (2) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Shelter Care PREA Policy Manual: Medical and mental health practitioners shall be required to report sexual abuse to supervisors and officials pursuant to paragraph (2) of this section, as well as to the CPS hotline where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Interviews with medical and mental health staff: Medical and mental health staff that were interviewed stated that they are required to disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. They stated they are required to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment to the on-call administrator, the on-call supervisor, or by calling the hotline. They stated they had not had to make any reports in the past 12 months.

Reasoning and analysis by provision: 115.361 (e)

PAQ: Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the Deputy Director for Residential Services and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If the juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall promptly report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Shelter Care PREA Policy Manual: Upon receiving any allegation of sexual abuse, the Program Director or his or her designee shall promptly report the allegation to the Deputy Director for Residential Services and to the alleged victim's parents or legal guardians, unless there is official documentation showing the parents or legal

	guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If the juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall promptly report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. Interview with the program director: Notifications are made to the parents and/or guardians, case workers and attorneys by the facility. These notifications are always made right away within 24 hours. All court appointed workers are kept informed of any allegation immediately. Interview with PREA compliance manager: Notifications are made to the parents and/or guardians, case workers and attorneys by the facility. These notifications are always made right away within 24 hours. All court appointed workers are kept informed of any allegation immediately. Reasoning and analysis by provision: 115.361 (f) PAQ: The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Each JDRDC facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Shelter Care PREA Policy Manual: The facility staff shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the Program Director and/or Program Assistant Director. Interview with the program director: All allegations of sexual abuse and sexual harassment are reported the designated facility investigators. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual

	• Shelter Care PREA Policy Manual (effective 07/21) • Interview with Agency Head • Interviews with Random Staff • Interview with the Program Director Reasoning and analysis (by provision): 115.362 (a) PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). • In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: When the JDRDC learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall immediately oversee, coordinate with, and follow up on action with the facility to protect the resident. Shelter Care PREA Policy Manual: Substantial risk of imminent sexual abuse of a resident will typically be determined at the facility level first. However, the facility and agency shall work together to take immediate action to protect the resident once that risk has been identified. Interview with agency head designee: Staff would immediately oversee, coordinate with, and follow up the actions taken with the facility to protect the resident. Interview with the program director: The staff would make sure the resident is safe and separate from the other person or situation and inform the authorities. The expectation is that this occurs immediately. Interviews with random staff: All random staff stated they would immediately separate the resident from the potential threat, notify supervisor, and gather as much information as possible to keep the resident safe. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual
- Shelter Care PREA Policy Manual (effective 07/21)
- Interview with Agency Head Designee
- Interview with the Program Director

Reasoning and analysis by provision: 115.363 (a)

PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

- In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigating authority, based on the locality in which the alleged abuse occurred.

Shelter Care PREA Policy Manual: Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigating authority, based on the locality in which the alleged abuse occurred.

Reasoning and analysis by provision: 115.363 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification and forward this documentation to the agency's PREA Coordinator.

Shelter Care PREA Policy Manual: Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification in the resident's case record as well as in an incident report and forward this documentation to the agency's PREA Coordinator.

Reasoning and analysis by provision: 115.363 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

	Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification and forward this documentation to the agency's PREA Coordinator. Shelter Care PREA Policy Manual: Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification in the resident's case record as well as in an incident report and forward this documentation to the agency's PREA Coordinator. Reasoning and analysis by provision: 115.363 (d) PAQ: The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. • In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The facility head or agency office that receives such notification shall ensure that the allegation has been reported to the appropriate authorities and is investigated, that all required services are provided, and that all protocols related to sexual victimization are followed. Shelter Care PREA Policy Manual: The facility head or agency office that receives such notification shall ensure that the allegation has been reported to the appropriate authorities and is investigated, that all required services are provided, and that all protocols related to sexual victimization are followed. Interview with agency head designee: When an allegation that a resident was sexual abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigating authority, based on the location in which the alleged abuse occurred. Interview with the program director: If the facility received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, the process would be the same. It would be referred to the investigators, and the process would be the same. There are no examples of this occurring. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.364	Staff first responder duties
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual
- Shelter Care PREA Policy Manual (effective 07/21)
- Interview with Security and Non-Security First Responders
- Interviews with Random Staff

Reasoning and analysis by provision: 115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

- In the past 12 months, the number of allegations that a resident was sexually abused: 0
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy

physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: The first staff member (regardless of that staff member's position within the facility) to receive an allegation of sexual abuse shall: immediately contact the shift supervisor or supervisor on call; call local law enforcement and rescue if needed; take immediate steps to protect the alleged victim by separating the alleged victim and abuser; maintain constant one to one supervision of the alleged resident victim and alleged abuser; prevent the alleged victim from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and prevent the alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence. The PREA Response Protocol shall be posted in each housing unit at each facility and covered in training provided to all staff.

Interview with Security First Responder: The victim and alleged perpetrator are separated, and the scene is preserved. This is done by making sure nothing is touched and no evidence is destroyed by showering, using the bathroom, changing clothes, etc.

Reasoning and analysis by provision: 115.364 (b)

PAQ: Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The first

	staff member (regardless of that staff member's position within the facility) to receive an allegation of sexual abuse shall: immediately contact the shift supervisor or supervisor on call. Shelter Care PREA Policy Manual: The first staff member (regardless of that staff member's position within the facility) to receive an allegation of sexual abuse shall: immediately contact the shift supervisor or supervisor on call. Prevent the alleged victim from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and; prevent the alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Interview with Non-Security First Responder: Separate the victim and alleged perpetrator. Don't let anyone touch anything or destroy any evidence. Call for assistance and follow the response protocol. Interviews with random staff: The random staff interviewed all stated that their job was to preserve the scene and evidence, separate the parties involved. They stated they are to not allow the alleged victim and alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, or changing clothes. All staff stated they would notify their supervisor. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Interview with the Program Director Reasoning and analysis by provision: 115.365 (a) PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and

Shelter Care/Fairfax County Juvenile Court PREA Manual: The facilities shall coordinate actions in response to an incident of sexual abuse among staff first responders. First responders could include but not be limited to: Administrators, direct care staff, mental health professionals, food service specialists, educators, volunteers, medical staff, facility maintenance staff, administrative assistants. All sexual activity between persons in this facility will be subject to PREA guidelines and protocols, specifically outlined in this policy. Upon witnessing and/or gaining knowledge of an incident of sexual abuse, the first responder is obligated and trained to follow the defined procedure. First responders will first determine if immediate care is required. Based on an immediate assessment, evaluation, and observation, next steps will be determined with regard to medical and mental health needs. If immediate medical concerns exist, the victim will receive treatment either by calling 911 or transporting the victim to Fairfax Hospital. If immediate mental health concerns exist during business hours, a licensed clinician - either on staff in the facility or a CSB psychologist - will be contacted for an immediate assessment. If deemed necessary, the licensed clinician or CSB psychologist will contact Merrifield Emergency Services for further direction. This could include transporting the victim to the Merrifield Center for evaluation, accessing Mobile Crisis for onsite evaluation, stabilization, or recommendation for treatment which could include hospitalization. In addition, first responders will follow the duties outlined in 115.364 a. (1-4) and b. This information will be provided and readily available for all staff to ensure compliance with 115.364. The facility administrator on call will be contacted at the earliest opportunity upon ensuring the victim's immediate medical and mental health needs have been addressed. All reported incidents of sexual harassment will begin with an administrative investigation. If at any point it is deemed to potentially become a criminal investigation, the FCPD will be contacted and all investigative efforts will be turned over to the FCPD. All reported incidents of sexual abuse will be handled as a criminal investigation and in compliance with PREA regulations. The FCPD will be notified immediately once it is determined to be a criminal investigation. All investigative efforts by the facility will cease at this point. The incident will only be documented in the facility log to the extent that the victim is accounted for within the facility's population count. Further documentation of the incident will be written in a Serious Incident Report (SIR) as per Virginia Department of Juvenile Justice Regulations. The facility designee will write the (SIR) and the facility administrator will house the original copy in a secure location that is not accessible by anyone other than the facility administrator. A copy of this report will be provided to the agency PREA coordinator. Notifications of the incident and the whereabouts of the victim will be made by the administrator on call or his/her designee. These notifications will be made to parents/legal guardians as long as the parents/legal guardians are not the alleged perpetrator of the alleged incident. If the alleged victim is under the guardianship of the child welfare system, the notification shall be made to the alleged victim's caseworker instead of the parents or legal guardians. The victim's attorney or other legal representative of record will be notified of the alleged incident within 14 days of the facility receiving the allegation. Notification will be made to the Deputy Director for Residential Services and PREA Coordinator within 5 days.

	The auditor reviewed the Coordinated Response Plan for Shelter Care and confirmed that it met the requirements of the standard. Interview with the program director: The facility has a first responder that includes making sure the alleged victim is safe. The process and plan are followed which includes separation of the parties, preserving the evidence, contacting authorities, providing medical and mental health services as needed and notifications to all parties. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Interview with Agency Head Designee Reasoning and analysis by provision: 115.366 (a) PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC believes protection of the alleged victim from an alleged abuser(s) is paramount which may include several options while undergoing an administrative and/or criminal investigation. If a staff member is the alleged abuser, these options may include removing a staff member from having direct contact with residents to carry out administrative duties and/or placing the staff member on administrative leave pending the outcome of the investigation. Staff members who are alleged abusers will not be permitted contact with the alleged victim as soon as any investigative efforts ensue. If a resident is the alleged abuser, these options may include keeping the alleged abuser and victim separated at all times. If that cannot be accomplished within the facility, the agency will assist the facility to find another placement for the alleged abuser pending the outcome of the investigation. The alleged abuser may be returned to the facility if the alleged victim is released from the facility.

	Interview with agency head designee: The agency has not entered into any collective bargaining agreements or other agreements that prohibits the agency from removing alleged staff abusers from contact with any resident pending an investigation or determination of whether and to what extent discipline is warranted. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Interview with Agency Head Designee • Interview with Program Director Reasoning and analysis by provision: 115.367 (a) PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: All residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff. A menu of options for protection against retaliation includes housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Facility Directors or his/her designee shall monitor retaliation against residents who report abuse: monitoring of disciplinary reports, housing, or program changes; monitoring of residents shall include periodic status checks; monitoring for retaliation shall continue for 90 days or beyond if the initial monitoring indicates a continuing need. The obligation to monitor retaliation terminates if the allegation is determined to be unfounded. The Facility Directors shall have the primary responsibility for

monitoring staff who reported sexual abuse for at least 90 days following a report to see if there are changes that may suggest possible retaliation. Monitoring shall include negative performance reviews or reassignments. Staff who feel retaliated against may also call the PREA Coordinator, the Deputy Director for Residential Services, or the Agency Director. Should the agency determine that a neutral party be better suited to monitor retaliation, assistance may be sought through Human Resources. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Any identified instances of retaliation shall be acted on promptly under the Standards of Conduct or Resident Discipline Procedure, as appropriate. JDRDC's obligation to monitor shall terminate if the allegation is determined to be unfounded.

Shelter Care PREA Policy Manual: All residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff.

Reasoning and analysis by provision: 115.367 (b)

PAQ: The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: A menu of options for protection against retaliation includes housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Shelter Care PREA Policy Manual: A menu of options for protection against retaliation includes housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Interview with agency head designee: There are several options for protection against retaliation including housing changes or transfers for resident victims or abusers, and removal of alleged staff or resident abusers from contact with victims. Emotional support services are available for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation.

Interview with program director: The program director monitors for retaliation. The program director that the resident could be removed from the program or staff could be put on administrative leave. For this facility, transfers to another facility are not usually used. There could be more supervision and mental health services provided.

There were no residents who reported sexual abuse at this facility.

Reasoning and analysis by provision: 115.367 (c)

PAQ: The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

- The length of time that the agency/facility monitors the conduct or treatment: 90 days
The number of times an incident of retaliation occurred in the past 12 months: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The Facility Directors shall have the primary responsibility for monitoring staff who reported sexual abuse for at least 90 days following a report to see if there are changes that may suggest possible retaliation. Monitoring for retaliation shall continue for 90 days or beyond if the initial monitoring indicates a continuing need.

Shelter Care PREA Policy Manual: The Facility Directors shall have the primary responsibility for monitoring staff who reported sexual abuse for at least 90 days following a report to see if there are changes that may suggest possible retaliation. Monitoring for retaliation shall continue for 90 days or beyond if the initial monitoring indicates a continuing need.

Interview with program director: The program director monitors for retaliation. The program director that the resident could be removed from the program or staff could be put on administrative leave. For this facility, transfers to another facility are not usually used. There could be more supervision and mental health services provided.. Monitoring would be for 90 days and longer if needed. Monitoring would continue as long as needed.

Reasoning and analysis by provision: 115.367 (d)

PAQ: In the case of residents, such monitoring shall also include periodic status checks.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Monitoring of residents shall include periodic status checks.

Shelter Care PREA Policy Manual: Monitoring of residents shall include periodic status checks.

Interview with program director: The program director initiates contact and supervision with check-ins to make sure there are signs of retaliation. Monitoring would be for 90 days and longer if needed. Monitoring would continue as long as needed.

	Reasoning and analysis by provision: 115.367 (e) PAQ: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Interview with agency head designee: The agency will take appropriate measures to protect an individual who expresses a fear of retaliation. Interview with the program director: If there is retaliation, there would be immediate action. Due to the nature of the program, the resident could be removed from the program. The staff could be reassigned to another facility . Findings: Based on the analysis, the facility is substantially compliant with the provisions for this standard.
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Interview with Program Director • Interviews with Medical and Mental Health Staff Reasoning and analysis by provision: 115.368 (a) PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

	• The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0 • The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0 • The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Residents may be isolated 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. During any period of isolation, facilities shall not deny residents daily large muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents in JDRDC facilities shall also have access to other programs and work opportunities to the extent possible and as applicable. Interview with the program director: The facility does not use isolation for victims of sexual abuse. Interview with medical and mental health staff: The facility does not use isolation. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Investigators Training Certificates • Interview with Program Director • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager • Interview with Investigative Staff Reasoning and analysis by provision: 115.371 (a)

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: The JDRDC conducts its own investigations into allegations of sexual abuse only to the extent needed to determine whether or not it should be investigated as a criminal matter. Alleged sexual harassment incidents are investigated at an administrative level. Both criminal and administrative investigations shall be done so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports.

Interview with investigative staff: An investigation is initiated immediately when it is received by the investigator. Once the alleged victim is safe, the investigation is started immediately.

Reasoning and analysis by provision: 115.371 (b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Where sexual abuse is alleged, the JDRDC shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA regulation 115.334. At least two trained investigators are located within each facility.

Interview with investigative staff: All investigators receive training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. Investigators take the National Institute of Corrections (NIC) PREA Investigator Training. The training covered techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The investigators take the initial and the annual PREA training.

Investigators Training Certificates: The auditor reviewed the training certificates to confirm that the investigator has received the specialized training.

Reasoning and analysis by provision: 115.371 (c)

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected

perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigators will the facility heads, Director of Residential Services, and agency PREA Coordinator informed of the information learned through investigation.

Interview with investigative staff: When a report is made, the investigators gather all of the information for the case. This is done by talking to witnesses and conducting interviews, viewing video footage, securing the scene and securing any evidence. The history of prior complaints and history of behavior patterns are reviewed. If the case appears to be criminal, it is referred to law enforcement as soon as that is noted.

Reasoning and analysis by provision: 115.371 (d)

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: The JDRDC will not terminate an investigation solely because the source of the allegation recants the allegation.

Interview with investigative staff: An investigation will not terminate if the source of the allegation recants his/her allegation. The case would proceed as it should.

Reasoning and analysis by provision: 115.371 (e)

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual:

When the quality of evidence appears to support a criminal investigation, the FCPD is dispatched per the MOU between the JDRDC and the FCPD. The JDRDC does not conduct interviews involving criminal matters. The FCPD may have the option to pursue prosecution at any point during a criminal investigation.

Interview with investigative staff: Once it is determined that there is a criminal component, the facility investigators stops his investigation and contacts the police right away. The facility investigator would only conducts interviews after this point at the request or instructions of the police..

Reasoning and analysis by provision: 115.371 (f)

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and

Shelter Care PREA Policy Manual: The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. The JDRDC shall never require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.

Interview with investigative staff: The investigation proceeds on the basis that the credibility of an alleged victim, suspect, or witness is credible unless proved otherwise. During the investigation process, everyone involved is treated as if they are telling the truth. The investigation process will prove or disapprove their credibility. There are no circumstance which would require a resident who alleges sexual abuse to a polygraph test or truth telling devices as a condition for proceeding with an investigation.

There were no residents who reported sexual abuse at the facility.

Reasoning and analysis by provision: 115.371 (g)

Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Administrative investigations: shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Interview with investigative staff: The investigator makes every effort to determine whether staff actions or failures to act contributed to sexual abuse. This is achieved by the interview process, patterns, and viewing videos to see the staffing patterns and where the staff were located during the alleged event. Everything is documented in a serious incident report at the end of the investigation. The report includes notes and summaries, interviews, evidence list and any findings.

Reasoning and analysis by provision: 115.371 (h)

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Interview with investigative staff: Criminal investigations are documented by the state police or the law enforcement agency that completes the investigation. Those reports include any findings, interviews, and a summary of the investigation.

Reasoning and analysis by provision: 115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: When the quality of evidence appears to support a criminal investigation, the FCPD is dispatched per the MOU between the JDRDC and the FCPD. The JDRDC does not conduct interviews involving criminal matters. The FCPD may have the option to pursue prosecution at any point during a criminal investigation.

Interview with investigative staff: Law enforcement would be contacted when a case appears to be criminal. They make the determination if the case will be referred for prosecution.

Reasoning and analysis by provision: 115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or alleged sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: All written administrative and criminal investigative reports shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and VA law requires a shorter period of retention.

Reasoning and analysis by provision: 115.371 (k)

The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: The departure of an alleged abuser or victim shall not be the basis for terminating an investigation.

Interview with investigative staff: An investigation is not terminated when an employee terminates their employment. The investigation continues and the investigator will make efforts to interview them.

Reasoning and analysis by provision: 115.371 (m)

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: JDRDC shall cooperate with any outside agencies investigating sexual abuse and shall remain informed about the progress of the investigation.

	Interview with investigative staff: The facility investigators would provide whatever information is needed to include interviews and video footage. Interview with the program director: The investigators keep the director or assistant director updated on the progress of the case. Interview with agency PREA coordinator: The police would keep the facility and agency up to date on the status of the investigation. The agency or facility would reach out if additional information was needed. There are good lines of communication between the police, agency and facility. Interview with PREA compliance manager: The investigators keep the director or assistant director updated on the progress of the case. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Interview with Investigative Staff Reasoning and analysis by provision: 115.372 (a) PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: JDRDC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interview with investigative staff: The facility conducts administrative investigations and determines evidentiary standards by using a preponderance of evidence. Findings: Based on this analysis, the facility is substantially compliant with the provision of this standard.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Interview with Program Director • Interview with Investigative Staff Reasoning and analysis by provision: 115.373 (a) PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. • The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0 • Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care/Fairfax County Juvenile Court PREA Manual: Residents who make allegations of sexual abuse suffered in a JDRDC facility shall be informed whether those allegations have been determined to be substantiated, unsubstantiated or unfounded. Interview with the program director: The facility would make the resident that made the allegation aware of the outcome of the investigation. Interview with investigative staff: The facility handles the notifications Reasoning and analysis by provision: 115.373 (b) PAQ: The agency requests the relevant information from the outside investigative entity in order to inform the resident of the outcome of the investigation. • The number if investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0 • Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of

the investigation: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: For those investigations that are conducted by outside entities, the agency shall request relevant information from the investigating agency and inform the resident.

Reasoning and analysis by provision: 115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

- There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency/ facility in the past 12 months.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Following a resident's allegation that a staff member has committed sexual abuse against a resident, JDRDC shall subsequently inform the resident (unless the allegation has been determined to be unfounded) whenever: The staff member is no longer posted within the resident's program; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There were no residents who reported sexual abuse at this facility.

Reasoning and analysis by provision: 115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Following a resident's allegation that he or she has been sexually abused by another resident, the alleged victim shall be informed whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

There were no residents who reported sexual abuse at this facility.

	Reasoning and analysis by provision: 115.373 (e) PAQ: The agency has a policy that all notifications to residents described under this standard are documented. • In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0 • Of those notifications made in the past 12 months, the number that were documented: 0 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: All such notifications or attempted notifications shall be documented. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual Reasoning and analysis by provision: 115.376 (a) PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment procedures. Reasoning and analysis by provision: 115.376 (b) PAQ: Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. • In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0 • In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Termination shall be the presumptive disciplinary sanction for staff who have

	engaged in sexual abuse. Reasoning and analysis by provision: 115.376 (c) PAQ: The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. • In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Disciplinary sanctions for violations of agency procedures relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Reasoning and analysis by provision: 115.376 (d) PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. • In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: All terminations for violations of agency sexual abuse or sexual harassment procedures, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Findings: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Interview with the Program Director Reasoning and analysis by provision: 115.377 (a) PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. • In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0 Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Any JDRDC contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Reasoning and analysis by provision: 115.377 (b) PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Every JDRDC facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment procedures by a contractor or volunteer. Interview with the program director: In the case of any violation of agency sexual abuse or sexual harassment by a contractor or volunteer, remedial measures would be taken. Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual
- Shelter Care PREA Policy Manual (effective 07/21)
- Shelter Care Resident's Manual
- Interview with Program Director
- Interviews with Medical and Mental Health Staff

Reasoning and analysis by provision: 115.378 (a)

PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: JDRDC residents may be subject to disciplinary sanctions following a criminal finding of guilt for resident-on-resident sexual abuse. JDRDC residents may also be subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual harassment. The residents' due process rights shall be followed as described in program/facility policy.

Shelter Care Resident's Manual: In dealing with violations of rules or failure to meet daily expectations, the Shelter Care staff have the following options available to discipline residents: a warning to a resident means that any repetition of the negative behavior will result in a consequence; a work contract is an assigned chore outside of regularly assigned chores. The purpose of this contract is to allow residents to perform work instead of losing a privilege; an essay is designed for residents to write instead of losing a privilege. It enables the resident to reflect on the reasons that he/she should not behave in a manner that violates house rules and daily expectations. Essays will be related to the offense; loss of privileges: As a result of rule violations or noncompliance with daily expectations, one or more privileges may be taken away for a specified period of time; an area restriction is used when a resident has violated one or more rules and the staff person feels he/she cannot be trusted. The purpose of the area restriction is so the counselor can monitor this resident closely and so that he/she understands that they have lost the trust with the staff; a drop in a level means that residents must comply with the restrictions or privileges as stated in their new level. A level drop is a serious disciplinary measure and is indicative of consistent misbehavior; a review of placement can be arranged by the Program Director of Shelter Care with the Judge from Juvenile court who placed the child in the program. The purpose of this review

is to decide whether a resident can continue in the program at Shelter Care and will only be considered if all other disciplinary procedures have been tried and failed.

Reasoning and analysis by provision: 115.378 (b)

PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: In the event a disciplinary sanction results in the isolation of a resident, the facilities shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Interview with the program director: When disciplinary sanctions are used following an administrative or criminal investigation finding the resident engaged in resident-on-resident sexual abuse they are proportionate to the nature and circumstances of the abuse and disciplinary history. If the finding is criminal, there could be charges. That would be up to the police. If the finding is administrative, there is a disciplinary process that includes writing assignments, a loss of level privileges and sanctions would be consistent to the ones used for similar offenses for other residents. The residents mental health is always considered. The facility does not use isolation.

Reasoning and analysis by provision: 115.378 (c)

PAQ: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior

when determining what type of sanction, if any, should be imposed.

Interview with the program director: The resident's mental health is considered when determining sanctions.

Reasoning and analysis by provision: 115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Residents may be offered participation in programs, services or interventions designed to address and correct underlying reasons or motivations for the abuse.

Interviews with medical and mental health staff: The facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse for offending residents. A resident's participation is not a condition of any rewards-based behavior management system. It is also not a condition for any programming or education.

Reasoning and analysis by provision: 115.378 (e)

PAQ: The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Residents may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Reasoning and analysis by provision: 115.378 (f)

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation..

Reasoning and analysis by provision: 115.378 (g)

	PAQ: The agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: JDRDC prohibits all sexual activity between residents. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Interviews with Medical and Mental Health Staff • Interview with Staff That Perform Risk Screening Reasoning and analysis by provision: 115.381 (a) PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. • In the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100% Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: For JDRDC facility residents who report prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall offer a follow-up meeting with a medical practitioner or mental health practitioner within 14 days of the intake screening. All offerings of follow-up meetings and outcomes of meetings shall be documented in the resident's individual case record, resident log, or permanent file as appropriate.

Shelter Care PREA Policy Manual: For JDRDC facility residents who report prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall offer a follow-up meeting with a medical practitioner or mental health practitioner within 14 days of the intake screening. All offerings of follow-up meetings and outcomes of meetings shall be documented in the resident's individual case record or permanent file as appropriate.

Interview with staff that perform risk screening: A follow up meeting with medical would be offered. All residents are given a medical screening.

There was no resident that disclosed prior victimization to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.381 (b)

PAQ: All residents who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percentage of residents who previously perpetuated sexual abuse, as indicated during screening, were offered a follow up meeting with a mental health practitioner: 0%

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Residents who report having perpetrated sexual abuse shall be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. All offerings of follow-up meetings and outcomes of meetings shall be documented in the resident's individual case record, resident log, or permanent file as appropriate.

Shelter Care PREA Policy Manual: Residents who report having perpetrated sexual abuse shall be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. All offerings of follow-up meetings and outcomes of meetings shall be documented in the resident's individual case record or permanent file as appropriate.

Interview with staff that perform risk screening: If the screening indicates that a resident previously perpetrated sexual abuse, a follow up meeting with behavioral health is offered immediately.

Reasoning and analysis by provision: 115.381 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Information related to sexual victimization or sexual abusiveness that occurred within an institutional setting shall be limited to program administrators and staff, as necessary, to facilitate treatment planning, security, and other management decisions (including housing, bed, work, education,

	and program assignments). Reasoning and analysis by provision: 115.381 (d) PAQ: Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Any alleged sexual victimization reported by any JDRDC resident under the age of 18 that did not occur in an institution shall be reported in accordance with facility policy. Medical and mental health practitioners shall obtain informed consent from residents who are over the age of 18 before reporting information about prior sexual victimization that did not occur in an institutional setting. Interviews with medical and mental health staff: All residents are made aware that the staff, including mental health, have a duty to report. This is part of the confidentiality process. Informed consent is not required if the youth is under the age of 18. If over the age of 18, informed consent is received for incidents or allegations that occurred outside of the facility. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Shelter Care PREA Policy Manual (effective 07/21) • Interviews with Medical and Mental Health Staff • Interviews with Security and Non-Security First Responders Reasoning and analysis by provision: 115.382 (a) PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at

the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Facility heads and administrators will coordinate efforts to ensure access to such services, the nature and scope of which will be determined by the medical and mental health practitioners providing the services, according to their professional judgment. At the time of a report of recent abuse is made, all JDRDC facility staff first responders shall take preliminary steps to protect the victim pursuant to PREA regulation 115.362 and shall immediately notify the facility Administrator on Call or Shift Supervisor. For medical emergencies, the Administrator on Call or Shift Supervisor 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 or Shift Supervisor will direct staff on duty to have the resident transported to the Merrifield Mental Health Center or call the CSB Mobile Crisis Unit, whichever appropriate. Resident victims of sexual abuse while placed in any JDRDC facility shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Shelter Care PREA Policy Manual: Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The program administrators will coordinate efforts to ensure access to such services, the nature and scope of which will be determined by the medical and mental health practitioners providing the services, according to their professional judgment.

Interviews with medical and mental health staff: Resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention as soon as it is brought to the attention of the staff. The nature and scope of the services are determined according to the medical and mental health staff's professional judgment.

There were no residents who reported sexual abuse at this facility.

Reasoning and analysis by provision: 115.382 (b)

PAQ; If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

Shelter Care PREA Policy Manual: 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 appropriate. Interviews with security and non-security first responders. The victim and alleged perpetrator are separated. The scene is preserved; no evidence is destroyed or tampered with. Notifications are made to the on-call supervisors. The supervisors make the other notifications. Reasoning and analysis by provision: 115.382 (c) PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Resident victims of sexual abuse while placed in any JDRDC facility shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interviews with medical and mental health staff: Resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis There were no residents who reported sexual abuse at this facility. Reasoning and analysis by provision: 115.382 (d) PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion**Evidence relied upon in making determination of compliance:**

- Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual
- Shelter Care PREA Policy Manual (effective 07/21)
- Interviews with Medical and Mental Health Staff

Reasoning and analysis by provision: 115.383 (a)

PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: JDRDC facilities shall offer any resident who is the victim of sexual abuse a medical and mental health evaluation and, as appropriate, treatment services while in any JDRDC facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from the facility. The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Interview with medical and mental health staff: Evaluations are started and the residents have access to medical care, as well as mental health care. All resources that include treatment plans, follow-ups and referrals are utilized.

Reasoning and analysis by provision: 115.383 (b)

PAQ: The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: JDRDC facilities shall offer any resident who is the victim of sexual abuse a medical and mental health evaluation and, as appropriate, treatment services while in any JDRDC facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from the facility.

Interview with medical and mental health staff: Evaluations are started and the residents have access to medical care, as well as mental health care. All resources that include treatment plans, follow-ups and referrals are utilized.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.383 (c)

PAQ: The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Interview with medical and mental health staff: Level of care in the facility is consistent with the community level of care. It is more accessible.

Reasoning and analysis by provision: 115.383 (d)

PAQ: Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Resident victims of sexually abusive vaginal penetration while in any JDRDC facility shall be offered pregnancy tests.

There were no residents who reported sexual abuse at the facility.

Reasoning and analysis by provision: 115.383 (e)

PAQ: If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: If pregnancy results from conduct specified in paragraph (4) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Interviews with medical and mental health staff: Residents are offered timely and comprehensive information and access to all pregnancy related services

Reasoning and analysis by provision: 115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Resident victims of sexual abuse while in any JDRDC facility shall be offered tests for sexually transmitted infections as medically appropriate.

Reasoning and analysis by provision: 115.383 (g)

PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

	Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Reasoning and analysis by provision: 115.383 (h) PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual and Shelter Care PREA Policy Manual: JDRDC facilities shall attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Interview with mental health staff: Mental health staff conduct a mental health evaluation of all known residents-on-resident abusers and offers treatment if appropriate. Both the abuser and the victim would have mental health evaluation. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • Interview with the Program Director • Interview with PREA Compliance Manager • Interview with Sexual Abuse Incident Review Team Member Reasoning and analysis by provision:115.386 (a) PAQ: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. • In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Each facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse and sexual harassment investigation including where the allegation has been unsubstantiated, unless the allegation has been determined to be unfounded. Such review shall occur within 30 days of the conclusion of the investigation and shall be initiated by the Program Director.

Reasoning and analysis by provision: 115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Such review shall occur within 30 days of the conclusion of the investigation and shall be initiated by the Program Director.

Reasoning and analysis by provision: 115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The review team shall include the following staff: the Program Director, the Assistant Program Director and/or designated Facility Investigator, FCPD, if available and forensics mental health staff, if available.

Interview with the program director: The facility has a sexual abuse review team. It includes upper management for the facility and the agency.

Reasoning and analysis by provision: 115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Document its findings, including but not necessarily limited to determinations made, and any recommendations for improvement and submit to the Program Director and PREA compliance manager. The findings shall be maintained in accordance with the Library of Virginia retention schedule.

Interview with the program director: The facility would use information from the sexual abuse incident review team to review all areas of the physical plant, as well as video monitoring that may present limitations, staff issues or needing improvement. The information would also be used to make improvements to make

	sure such incidents do not occur again. There have been no sexual abuse incidents in the past 12 months. Interview with PREA compliance manager: The facility would provide facility based data/ Interview with Sexual Abuse Incident Review Team Member: The team would consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. Reasoning and analysis by provision:115.386 (e) PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual Reasoning and analysis by provision: 115.387 (a) PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The JDRDC PREA coordinator is responsible for collecting accurate, uniform data for every allegation of sexual abuse at facilities under its direct control and keep on record for ten years. JDRDC shall aggregate the incident-based sexual abuse data at

least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. JDRDC shall maintain, review, and collect data as needed from all available incident-based documents, including Serious Incident Reports, staff reports, and sexual abuse incident reviews. Upon request, JDRDC shall provide all such data from the previous calendar year to the Department of Justice no later than 60 days following the request or by June 30, whichever is the earliest timeframe.

Reasoning and analysis by provision: 115.387 (b) and (c)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency utilizes the DOJ Form SSV-5 and IJ, Survey of Sexual Victimization Report as their standardized instrument. The Agency PREA Coordinator requests incident based and aggregated data from every state and private facility with which it contracts for the confinement of its juveniles. All data from the previous calendar year to the Department of Justice as requested each year.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. JDRDC shall maintain, review, and collect data as needed from all available incident based documents, including Serious Incident Reports, staff reports, and sexual abuse incident reviews. Upon request, JDRDC shall provide all such data from the previous calendar year to the Department of Justice no later than 60 days following the request.

The agency does not contract for the confinement of its residents.

The facility nor agency have been requested to send anything to the Department of Justice. There have been no incidents of sexual abuse or sexual harassment in the past 12 months.

Reasoning and analysis by provision: 115.387 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC shall maintain, review, and collect data as needed from all available incident based documents, including Serious Incident Reports, staff reports, and sexual abuse incident reviews. Upon request, JDRDC shall provide all such data from the previous calendar year to the Department of Justice no later than 60 days following the request.

Reasoning and analysis by provision: 115.387 (e)

	PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content. The agency does not contract for the confinement of its residents. Reasoning and analysis by provision: 115.387 (f) PAQ: The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. The facility nor agency have been requested to send anything to the Department of Justice. There have been no incidents of sexual abuse or sexual harassment in the past 12 months. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • 2022, 2023 and 2024 Annual PREA Reports • https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea • Interview with Agency Head Designee • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager Reasoning and analysis by provision: 115.388 (a) PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Data collected shall be used to assess and improve the effectiveness of JDRDC's sexual abuse prevention, detection, and response procedures, practices and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each

facility, as well as JDRDC as a whole. Such annual reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of JDRDC's progress in addressing sexual abuse. The report shall be approved by the agency head and made available to the public through its website. Specific material from the report may be redacted when publications would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted must be indicated.

Interview with agency head designee: The collection of data would be used to assess and improve the effectiveness of JDRDC's sexual abuse prevention, detection, and response procedures, practices and training.

Interview with agency PREA coordinator: PREA reports are completed annually, and any corrective actions would be noted. The annual report documents any findings and corrective action for each facility and the agency as a whole.

Interview with PREA compliance manager: The facility collects and provides the requested data to the agency PREA coordinator.

Reasoning and analysis by provision: 115.388 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Such annual reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of JDRDC's progress in addressing sexual abuse. The report shall be approved by the agency head and made available to the public through its website.

Reasoning and analysis by provision: 115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through other means. The annual report is approved by the agency head.

Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: The report shall be approved by the agency head and made available to the public through its website.

<https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea>: The auditor reviewed the agency website and confirmed that PREA Annual Reports are posted. The site has PREA Annual Reports from 2016 to 2024.

2022, 2023, and 2024 Annual PREA Reports: The auditor reviewed the Annual PREA Reports and confirmed that they include data from all facilities and the agency. Any corrective actions are noted. There is a comparison of the previous year's data when available.

Interview with agency head designee: Annual reports are reviewed and approved by the Director of Residential Services.

	Reasoning and analysis by provision: 115.388 (d) PAQ: When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Specific material from the report may be redacted when publications would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted must be indicated. Interview with agency PREA coordinator: Personal identifying information would be redacted. The agency posts PREA Audit Reports on the agency's website. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual • https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea • Interview with Agency PREA Coordinator Reasoning and analysis by provision: 115.389 (a) PAQ: The agency ensures that incident-based and aggregate data are securely retained. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC shall ensure that data collected pursuant to 2.3.2 above are securely retained. Interview with agency PREA coordinator: PREA reports are completed annually. Any corrective action would be noted. Reasoning and analysis by provision: 115.389 (b) PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC

	shall make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website. https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea: The auditor reviewed the agency website and confirmed that PREA Annual Reports are posted. The site has PREA Annual Reports from 2016 to 2024. Reasoning and analysis by provision: 115.389 (c) PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: Before making aggregated sexual abuse data publicly available, JDRDC shall remove all personal identifiers. There was no personal identifying information on any of the reports posted online and reviewed by the auditor. Reasoning and analysis by provision: 115.389 (d) PAQ: The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Fairfax Juvenile and Domestic Relations District Court PREA Policy Manual: JDRDC shall maintain sexual abuse data collected pursuant to 2.3.2 above for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Research • Policy Review • Document Review • https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea • Observations during onsite review of facility

	Reasoning and analysis: The auditor reviewed the Fairfax Juvenile and Domestic Relations District Court website at https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea containing the nine (9) audit reports for audits completed between 2016 and 2023. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, has been audited at least once. One third of each facility type operated by this agency was completed during the first PREA review cycle, year two in accordance with the standard. The Shelter Care audits were conducted in 2016, 2017, and 2021. The current audit of Shelter Care was conducted in year one of Audit Cycle 5. The auditor was given access to, and the ability to observe, all areas of Shelter Care. The auditor was permitted to conduct private interviews with residents at the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by uploading pictures of the posted audit notices to the supplemental files. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received. The agency/facility provided the auditor with copies of any requested documents and information (including, among other things, electronically stored information). Throughout the evidence review phase up to the forty-fifth day, the agency provided the requested documentation to the auditor. Based on the above information, the agency and facility meet the standard and comply with the standard for the relevant review period. Finding: Based on this analysis, the facility is substantially compliant with this provision.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the determination compliance: • Shelter Care Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Policy Review https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea • Documentation Review

	Reasoning and analysis (by provision): 115.403 (f): The auditor observed the 2016, and 2017 Shelter Care PREA Audit Reports are published on the agency’s website at https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea. The PREA final reports were published within 90 days after the final report was issued by the auditor. The 2021 PREA Audit Report due to an issue with the server. A hard copy was provided to the auditor and the agency will attempt to post in on their website. Finding: Based on this analysis, the facility is substantially compliant with this standard.
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Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

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

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

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

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

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

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

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

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

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

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

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

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

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

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

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

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

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

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

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

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

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

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

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

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

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

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