

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: June 30, 2016

Auditor Information			
Auditor name: Vernon Harry; Susan Heck			
Address: PO Box 6032 Williamsburg, VA 23188			
Email: vernonharryandassociates@comcast.net ; susanheckva@gmail.com			
Telephone number: 540-455-1095; 757-784-1675			
Date of facility visit: 6/2-3,7,8,9/2016			
Facility Information			
Facility name: Foundations Program			
Facility physical address: 12720 Lee Highway Fairfax VA 22030			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 703-830-2930			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other group home
Name of facility's Chief Executive Officer: Ailsa Burnett			
Number of staff assigned to the facility in the last 12 months: 24			
Designed facility capacity: 12			
Current population of facility: 3			
Facility security levels/inmate custody levels: Non-secure facility; group home			
Age range of the population: 13-17			
Name of PREA Compliance Manager: Alisa Burnett		Title: Program Director	
Email address: ailsa.burnett@fairfaxcounty.gov		Telephone number: 703-830-2930	
Agency Information			
Name of agency: Fairfax County Juvenile and Domestic Relations District Court			
Governing authority or parent agency: <i>(if applicable)</i> Fairfax County Juvenile and Domestic Relations District Court			
Physical address: 4110 Chainbridge Road, Fairfax VA 22030			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 703-830-2930			
Agency Chief Executive Officer			
Name: Robert Bermingham		Title: Director, Court Services Unit	
Email address: Robert.Bermingham@fairfaxcounty.gov		Telephone number: 703-246-3416	
Agency-Wide PREA Coordinator			
Name: Karla Hardy		Title: Initiatives and Special Projects Manager	
Email address: Karla.Hardy@fairfaxcounty.gov		Telephone number: 703-246-3436	

AUDIT FINDINGS

NARRATIVE

This auditor was contracted to provide audits for four group homes operated by the Fairfax County Juvenile and Domestic Relations District Court (JDRDC). The audits began at Shelter Care II (one of the four facilities being audited) on June 2, 2016 with a meeting attended by Dennis Fee, Director of Residential Services for Fairfax Court Services, PREA auditors Vernon Harry and Susan Heck, and PREA Coordinator Karla Hardy.

The audit of the Foundations Program (one of the facilities to be audited for FCJDRDC), located at 12720 Lee Highway Fairfax, VA, began June 3, 2016. A meeting was held on June 3 with the facility Program Director, Ailsa Burnett. A facility tour and staff interviews began on the same day.

This facility is a non-secure group home with a maximum capacity of 12 (female only) residents; only three residents were in facility at the time of the audit. The interviews were completed on June 10, 2016 but additional documentation was still being provided until June 29, 2016. Employee background records and training files for the employees and the volunteers are maintained at the Foundations Program. These files were reviewed and no issues were noted. The facility's Program Director performs HR functions (hiring manager) at Foundations Program and also serves as PREA compliance manager. The PREA Coordinator Karla Hardy was also interviewed at the Foundations Program.

Program Director of the Foundations Program will conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This documented rounds began in May 2016. There have been no substantiated or unsubstantiated incidents of sexual abuse or harassment in the program.

The telephones for the residents are located in the recreation room and at the staff desk in the back by resident living quarters. The phone numbers for making reports were posted in the vicinity of the phone. It was recommended that additional PREA posters and the pamphlet that is given to the resident be put on the board by the phone. There was PREA information posted in multiple places throughout the home. The notice of audit was also posted in various locations.

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

The agency has an excellent relationship with the Fairfax Police Department and they respond to the facility if they need assistance. The agency also has a strong ongoing relationship with the Community Services Board (CSB) for mental health services.

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

DESCRIPTION OF FACILITY CHARACTERISTICS

The Foundations Program is located at 12720 Lee Highway Fairfax, VA which is located on a main highway but is surrounded by a residential area of the city. The facility is a non-secure group home administered by the FJDRDC that houses females from 13-17; the population on the day of the audit was 3. The facility reports the average length of stay for residents is 10-12 months. The Foundations Program works with females ages 13-17 who have been involved with the Juvenile Justice System and are returning back into the local community. The program opened in October, 1975 and houses twelve individual bedrooms. There are six bathrooms and 3 “quad” or group living spaces. There is also a school wing that has two classrooms and a resource room. The other living areas are a day room, recreation room, dining room, multipurpose room and kitchen. The new facility was completed in January of 2009.

No staff is ever alone in the building to supervise residents. There have been no previous judicial findings of inadequate staffing and no findings of inadequacy from Federal Investigative agencies or by the licensing authority (Department of Juvenile Justice). Staffing ratios include a minimum of one staff person for every 8 residents. The program is well staffed with a minimum of two counseling staff on duty at any one given time. During the overnight hours, there are two awake overnight counselors on duty. The program will comply with the aforementioned staffing plan except during limited and discrete exigent circumstances, and shall document any deviations from the plan during such circumstances. The program does not currently have video monitoring; however, the need will be evaluated in the near future.

The third quad area is not fully visible to staff stationed at the back work station posing a blind spot. That issue has been remedied with the installation of a convex safety mirror near the back work station.

The Foundations Program offers individual, family, and group counseling services. Residents and staff follow a daily schedule. Residents attend school daily, participate in the therapeutic routine, and are responsible for participation toward a positive peer culture.

Foundations is a highly structured program designed to meet specific needs relating to each girl’s presenting problem. It is intended to serve adolescent girls involved in chronic status offenses and/or delinquent behavior such as running away, truancy, burglary, shoplifting, auto theft, property crimes, assault, etc. Additionally, the program has services and resources to respond to girls who have experienced significant levels of trauma and victimization.

SUMMARY OF AUDIT FINDINGS

Click here to enter text.

Number of standards exceeded: Click here to enter text.

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

Evidence

Foundation PREA Policy Manual, p2, JDRDC policy manual 1.4.1 page 6
Job Descriptions
Organizational Chart

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

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

This agency does not contract with any other agency or entity for the confinement of its residents.

Standard 115.313 Supervision and monitoring

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

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

Evidence

Foundation and JDRDC Prison Rape Elimination Act Policy Manual
Staff Rosters/Personnel Records
Staffing Plan Review Form
Staff interviews
Unannounced Rounds Log

This non secure agency has chosen to move to the 1:8 staffing ratio ahead of the 2017 deadline for secure facilities and often exceeds the 1:8 staffing standards. This agency has an excellent retention rate and has dedicated staff who often cover for each other. The facility is properly performing and documenting its unannounced rounds which began in May 2016.

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

Standard 115.315 Limits to cross-gender viewing and searches

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

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

In consultation with PRC's Auditor Helpline, this standard does not apply to this facility. This agency/facility does not do pat down searches at all, not of any type. If there is a concern about a resident having contraband or something that they shouldn't have, the police are called and do a pat down search. All resident and staff interviews were consistent about this---they do NOT do pat down searches, cross-gender or otherwise.

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

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

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

Evidence

Foundation PREA Policy Manual p18 115.316; JDRDC policy manual p 9-10 1.4.6

Staff interviews

Resident interviews

PREA Training in English and written on appropriate grade level. Residents and staff interviews confirm that residents are not used to translate for other residents. They have access to volunteers and the county has translation service if needed. Spanish speaking staff also available to ensure intake clarification for residents. Facility/agency has excellent resources for non-English speaking residents that utilize multiple sources for translation services and help. Information on Communications Accessibility, including a TTY Instruction Sheet as well as a list of Sign Language Interpreters who have contracts with Fairfax County Government, Captioning and County Facilities with Assistive Listening Systems, are available on FairfaxNET or by contacting the Equity Programs Division. Contracts are through Fairfax County. Translation services are available 24/7.

Standard 115.317 Hiring and promotion decisions

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

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

Evidence

PREA Policy Manual p18 and 1.4.7 JDRDC MANUAL

Review of personnel records/files

Interviews with Program Director

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

Standard 115.318 Upgrades to facilities and technologies

PREA Audit Report

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

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

Evidence

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

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Evidence

Foundations PREA Policy p19 and 1.4.9 p11 of JDRDC manual
 MOU between JDRDC and Fairfax Police Department

Policies and procedures clearly identify the protocols to be followed when an incident of abuse takes place. Resident victims are seen at the Fairfax Hospital which has specialized unit for youth victims. This hospital provides pediatric forensic nurse examiners 24/7 for the community.

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

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Evidence

Foundation PREA Policy PAGE 20; JDRDC 1.4.10 PAGE 12
 Staff interviews
 Agency Head interview

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

Standard 115.331 Employee training

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

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

Evidence

Foundation PREA page 20 115.331 PAGE 13; JDRDC115.331
 Review of training curriculum
 Staff training files
 Staff interviews

PREA Training certificates for Staff (personnel records) were reviewed. Curriculum and training records of all staff were reviewed. No compliance issues were noted.

Standard 115.332 Volunteer and contractor training

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

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

Evidence

Foundation PREA page 20 115.331 PAGE 13; JDRDC115.331 115.332
Review of training curriculum

Curriculum and training records of volunteers were reviewed.

Standard 115.333 Resident education

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

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

Evidence

Foundation PREA p20-21; JDRDC PAGE 14 SECTION 1.5.2 115.333 They use pamphlets and video
Review of Foundation Sexual Abuse, Assault, and Harassment Training for Residents
Review of Resident handbook with PREA info and brochure
Staff interviews
Resident interviews

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

Standard 115.334 Specialized training: Investigations

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

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

Evidence

Foundation PREA manual page 21; JDRDC page 15 1.5.3

Staff interviews

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

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

Standard 115.335 Specialized training: Medical and mental health care

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

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

Evidence

Foundation PREA Policy PAGE 22; JDRDC policy 15-16

The agency/facility refers residents to community providers for all ongoing treatment services. Agency does not have QMHP on staff for this purpose at the facility. Facility practice is to transport to Fairfax hospital which has a child advocacy center with all necessary resources.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Evidence

Foundation PREA Policy p22; JDRDC 1.6.1 page 16 115.341
Foundation Screening and Vulnerable Population Assessment form
Resident interviews
Staff interviews

Foundation PREA Screening and Vulnerable Population Assessment; Foundation PREA Policy p22; JDRDC 1.6.1 page 16 115.341 reviewed. Program Director and Assistant Program Director who perform intakes were very familiar with the screening tool and stated that they used it at intake. Resident interviews confirmed this. All resident files checked showed that the screening was done the day of intake. Staff interviewed indicated that information came from multiple sources including parents, community providers, court documents, school, etc. Foundation recently started using new PREA Screening and Vulnerable Population Assessment form which contains all necessary information.

Standard 115.342 Use of screening information

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

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

Foundation PREA policy manual page 23 PREA; JDRDC 1.6.2 115.342 p17 -18
Staff interviews
Resident interviews

This facility is a non-secure group home and has clear policies. Auditor reviewed Foundation Program Policy on Management of Resident Behavior provides guidance on management of resident behavior and states “residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them safe and other residents safe and then only until an alternative means of keeping all residents safe can be arranged” No residents were put in isolation.

All residents are required to shower separately.

This agency does extensive review and assessment of all residents prior to acceptance. If a resident’s needs cannot be met, another placement is found.

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

Standard 115.351 Resident reporting

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

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

Evidence

Foundation PREA manual P 24-25; JDRDC P 18 115.351
Resident Training Handout
Facility tour/bulletin board information
Resident Training outline
Posters
Reporting Sexual Abuse brochure
Resident interviews
Staff interviews

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

Standard 115.352 Exhaustion of administrative remedies

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

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

Evidence

Foundation PREA policy P 25-26; JDRDC P 18-19 115.352

Agency allows residents to report through grievance process but such a grievance immediately moves outside the grievance procedure and is referred to the agency director for referral for investigation. Residents are instructed what to do with an emergency "grievance".

Standard 115.353 Resident access to outside confidential support services

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

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

Evidence

Foundation PREA policy P 26; JDRDC P 20 115.353

Staff interviews

Resident interviews

Agency head interview

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

Standard 115.354 Third-party reporting

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

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

Evidence

Foundation PREA policy P 26; JDRDC P 20 115.354; MOU with FCPD

Posters are in all areas of the facility which might be viewed by parents/guardians, etc. Information on how to report is on the bulletin boards at the facility and on pamphlet given to residents. Reporters are directed to CPS.

Standard 115.361 Staff and agency reporting duties

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

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

Evidence

Foundation PREA Policy P 27; JDRDC P 20-21 115.361

Staff interviews

Interview with Compliance Managers/Program Director

Sexual abuse response protocol

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

Standard 115.362 Agency protection duties

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

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

Evidence

Foundation PREA policy P 27; JDRDC P 20-21 115.362
Staff interviews

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

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

Standard 115.363 Reporting to other confinement facilities

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

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

Evidence

Foundation PREA policy P 28; JDRDC P 21 115.363
Staff interviews

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

Standard 115.364 Staff first responder duties

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

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

Evidence

Foundation PREA policy P 28; JDRDC P 22 115.364 1.8.4
 Sexual Abuse Immediate Response Protocol
 Posted protocols
 Staff interviews

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

Standard 115.365 Coordinated response

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

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

Evidence

Foundation PREA policy P 28 -29; JDRDC P 22-23 115.365 1.8.5
 Staff interviews
 PREA protocols posted in staff offices

Staff were asked first responder questions in addition to random staff questions and were aware of their responsibilities and where the protocol was posted. Protocol is specific to the facility.

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

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

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

Evidence

JDRDC P 23-24 115.366 1.8.6
 Virginia is nonunion state. Agency policy mirrors standard.

Standard 115.367 Agency protection against retaliation

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

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

Evidence

Foundation PREA policy p 30; JDRDC 115.367 1.8.7 P 24-25
 Interview with Program Director

Facility Program Director will monitor for retaliation against residents and will monitor for retaliation against staff member. There were no allegations of sexual abuse over the past 12 months.

Standard 115.368 Post-allegation protective custody

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

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

Evidence

Foundation PREA manual p 31; JDRDC 115.368 1.8.8 P 25
 Staff interviews
 Resident interviews

This facility is a non-secure group home and has clear policies regarding segregated housing. Auditor reviewed Foundation Program Policy on Management of Resident Behavior provides guidance on management of resident behavior and states “residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them safe and other residents safe and then only until an alternative means of keeping all residents safe can be arranged”. No residents were put in isolation.

Standard 115.371 Criminal and administrative agency investigations

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

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

Evidence

Foundation PREA policy p 31; JDRDC 115.371 1.9.1 P 25-26 only administrative sexual harassment
 Staff interviews
 MOU with Fairfax County Police Department
 Interviews with investigative staff
 Review of training for investigators

This facility refers all criminal allegations to Fairfax Police. Policies and procedures clearly identify the protocols to be followed when an abuse takes place. Resident victims are seen at the Fairfax Hospital which has specialized unit for youth victims. This hospital provides pediatric forensic nurse examiners 24/7for the community. Investigations of sexual abuse referred to Fairfax. MOU Fairfax police dated 3/16/16 states that members of their Major Crimes Division have completed are in compliance with PREA Juvenile standards 115.321, 322, 353, 354, 371, and 373. This facility does not do criminal

investigations and relies on the judgement and expertise of the Fairfax Police to conduct appropriate interviews. Foundation does administrative investigations and Program Director and Assistant Program Director have completed PREA investigator training.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Evidence

Foundation PREA manual p 32; JDRDC 115.372 1.9.2 P 26 only administrative sexual harassment
Agency head interview
MOU between JDRDC and Fairfax Police Department

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

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

Standard 115.373 Reporting to residents

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

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

Evidence

JDRDC 115.373 1.9.3 P 26 Fairfax PD conducts investigation and resident is kept advised of status
Agency head interview
Interviews with program director, investigators
MOU with Fairfax Police Department

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

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

Standard 115.376 Disciplinary sanctions for staff

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

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

Evidence

JDRDC 115.376 2.1.1 P 27
Agency Head interview

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

Standard 115.377 Corrective action for contractors and volunteers

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

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

Evidence

JDRDC 115.377 2.1.2 P 27
Volunteer interview

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

Standard 115.378 Disciplinary sanctions for residents

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

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

Evidence

Foundation PREA p32 115.378 JDRDC 115.377 2.1.3 P 27 -28
Program Director interview
Resident manual

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

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

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

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

Evidence

Foundation PREA manual p33 115.381 JDRDC 115.381 2.2.1 P 28-29
Vulnerability assessment
Resident intake file review

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

Standard 115.382 Access to emergency medical and mental health services

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

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

Evidence

Foundation PREA manual p33-34 115.382 JDRDC 115.382 2.2.2 P 29
 PREA Response Protocol
 Resident interviews

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

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

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

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

Evidence

Foundation PREA manual p _____ JDRDC 115.383 2.2.3 P 29-30

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

Standard 115.386 Sexual abuse incident reviews

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

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

Evidence

JDRDC 115.386 2.3.1 P 30-31
 Agency head interview

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

Standard 115.387 Data collection

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

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

Evidence

JDRDC 115.387 2.3.2 P 31
 Agency head interview

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

Standard 115.388 Data review for corrective action

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

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

Evidence

JDRDC 115.388 2.3.3 P 31-32

Agency head interview

There have been no past or current incidents to report.

Standard 115.389 Data storage, publication, and destruction

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

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

Evidence

JDRDC 115.389 2.3.4 P 32

PREA Coordinator interview

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

AUDITOR CERTIFICATION

I certify that:

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



Auditor Signature

June 30,2016

Date