

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report 02-12-2020

Auditor Information

Name: Susan Heck	Email: susanheckva@gmail.com
Company Name: Susan Heck Consulting, LLC	
Mailing Address: PO Box 6032	City, State, Zip: Williamsburg, VA 23188
Telephone: 757-784-175	Date of Facility Visit: 9/5/19-9/7/19

Agency Information

Name of Agency	Governing Authority or Parent Agency (If Applicable)		
Fairfax County Juvenile and Domestic Relations District Court	Fairfax County Juvenile and Domestic Relations District Court		
Physical Address: 4110 Chain Bridge Road	City, State, Zip: Fairfax, VA 22030		
Mailing Address: 10650 Page Avenue	City, State, Zip: Fairfax, VA 22030		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Robert Bermingham	
Email: Robert.Bermingham@fairfaxcounty.gov	Telephone: 703-246-3416

Agency-Wide PREA Coordinator

Name: Karla Hardy	
Email: karla.hardy@fairfaxcounty.gov	Telephone: 703-246-3436
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator:

Ivy Tillman, Director of Residential Services	4
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Facility Information

Name of Facility: Fairfax County Juvenile Detention Center

Physical Address: 10650 Page Avenue

City, State, Zip: Fairfax, VA 22030

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Facility is certified by the Commonwealth of Virginia, Department of Juvenile Justice for adherence to Department regulations.

Facility Administrator/Superintendent/Director

Name: Jason Houtz

Email: Jason.Houtz@fairfaxcounty.gov

Telephone: 703-246-2909

Facility PREA Compliance Manager

Name: Jamaine Arvin

Email: Jamaine.Arvin@fairfaxcounty.gov

Telephone: 703-246-3148

Facility Health Service Administrator N/A

Name: Daniel Reilly, Jr.

Email: Daniel.ReillyJr@fairfaxcounty.gov Telephone: 703-246-2907

Facility Characteristics

Designated Facility Capacity: 121

Current Population of Facility: 34, on first day of audit 9-5-2019

Average daily population for the past 12 months: 29

Has the facility been over capacity at any point in the past 12 months? Yes No

Which population(s) does the facility hold? Females Males Both Females and Males

Age range of population: Licensed for ages 7-18

Average length of stay or time under supervision: 23 days

Facility security levels/resident custody levels: Secure detention

Number of residents admitted to facility during the past 12 months: 491

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 267

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more: 208

Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)? Yes No

Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):

- Federal Bureau of Prisons
- U.S. Marshals Service
- U.S. Immigration and Customs Enforcement
- Bureau of Indian Affairs
- U.S. Military branch
- State or Territorial correctional agency
- County correctional or detention agency
- Judicial district correctional or detention facility
- City or municipal correctional or detention facility (e.g. police lockup or city jail)
- Private corrections or detention provider
- Other - please name or describe: [Click or tap here to enter text.](#)
- N/A

Number of staff currently employed by the facility who may have contact with residents:	92
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	15
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	11
Number of single resident cells, rooms, or other enclosures:	121
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	3
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police
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|---|
| <input type="checkbox"/> A U.S. Department of Justice component
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
<input checked="" type="checkbox"/> N/A |
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Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The pre-onsite PREA audit of the Fairfax County Juvenile Detention Home began July 1, 2019 with the finalization of the contract for Susan Heck Consulting, LLC to conduct a PREA audit of the facility. Instructional information was sent to the facility July 15, 2019 and included the Process Map, the Pre-audit Questionnaire, the Notice of Audit to post at the facility and a detailed letter explaining how the process would unfold from the pre-audit phase through to the issuance of the final report (following any corrective action period that might be required). The facility was given instructions as to when to post the audit Notices and this auditor suggested taking photos of the Notices to help document that they were posted in the timeframe required. The Notice was provided to the facility in English and Spanish.

The facility sent the Pre-Audit Questionnaire to this auditor in July, 2019 along with a package sent by mail with its supporting policies and procedures and other relevant information related to training of staff and residents, facility layout, pamphlets, etc (received on July 24, 2019) in hard copy. The Pre-Audit Questionnaire was sent as a scanned document which did not allow this auditor to see the information that is included in the scrolled section of the tool, so the facility re-sent the Pre-Audit Questionnaire as an emailed attachment (allowing for download and access to all portions) on August 14, 2019. The facility also sent pictures of the Notices of Audit which had been posted throughout the facility within the required timeframe.

The information was reviewed thoroughly, and a pre-audit policy/procedure review memorandum was prepared and sent to the facility. This is not a required PREA document and augments the Auditor Compliance Tool. It is this auditor's practice to prepare a memorandum that details the preview of the facility's policies and how they cross-walk with the standards. This has proven helpful in focusing discussions with the facility and helping to ensure nothing is missed during the on-site audit. The required Auditor Compliance Tool was also completed including information from the pre-audit phase and the post-audit phase.

The onsite audit began on September 5, 2019 and ended on September 7, 2019 at the facility located at 10650 Page Avenue, Fairfax, Virginia. Upon arriving September 5, we met with Jason Houtz, Superintendent, and Jamaine Arvin, PREA Compliance Manager. After talking through some of the logistics and plans for how we would schedule the work of the audit, we met with the facility's entire management team for introductions and a brief overview of the work of the facility.

Mr. Houtz provided a working space that served very well for file review and interviews with facility staff. Mr. Houtz and Mr. Arvin also provided access to interview rooms in the intake area of the facility often used by probation officers and attorneys, etc., for interviewing both residents and staff. Mr. Houtz assured full access to all areas of the building and grounds and whatever files were requested. In addition to Mr. Houtz, Mr. Arvin and other members of the staff provided much help in transporting residents to interviews and bringing requested files.

A resident population report for September 5, 2019 showed 34 residents in population in five housing units (the facility has eleven housing units; only five are operational and occupied) and included both male and female residents. In addition to choosing at least two residents from each housing unit, Mr. Houtz and Mr. Arvin were asked to help identify any residents who fit into any PREA identified special populations. One resident who disclosed prior sexual abuse at intake and one resident who was Spanish-speaking were included in the list of residents to be interviewed. Other residents to be interviewed were chosen randomly from the population report, including residents from each of the housing units. In total, 16 residents were interviewed representing 47% of the total resident population. The files of these residents were reviewed for documentation of required PREA education and evidence that residents were given risk assessments and any follow-up meetings with medical or mental health professionals which may have been indicated after the risk assessments.

A population report for all residents admitted to the facility for the past twelve months was also requested and provided. Resident names were randomly selected for the file review; files were reviewed to check for PREA education provided in the required timeframe, risk assessments provided within required timeframes, and follow-up meetings offered for residents who indicated prior sexual abuse victimization or having perpetrated sexual abuse at the time of intake. The facility reported that 267 residents were admitted to the facility for 72 hours or more during the past 12 months and 208 residents were admitted for 10 days or more. Note that a number of residents were admitted several times to this facility depending on other placements or additional charges. Of the residents admitted for 72 hours or more 41 names were chosen for a file review representing 15% of the prior year's admissions. The file review conducted during the on-site review found that 100% had received risk assessments and offered follow-up appointments with mental health or medical staff if they indicated they had experienced sexual abuse or indicated that they had perpetrated sexual abuse. The facility's practice is to provide both the vulnerability assessment and the PREA education during the residents' intake and the file review also showed that 100% had been notified of the facility's Zero-Tolerance policy against sexual abuse and sexual harassment and 100% had received the more extensive PREA education required within the ten days required by the standard.

Shift rosters for the two-three days of the onsite audit were also provided and staff members were randomly chosen from this list to take part in Random Staff interviews (those staff with supervision of residents as their primary responsibility). Staff members from all shifts (including staff who work overnight) and at least two staff from each housing unit were chosen for interviews. In total, 16 staff members took part in Random Staff interviews; the files of each of these staff members were reviewed during the course of the onsite audit to document background check information, hiring information, annual evaluation questions and training.

The following documents were requested for onsite review: files for all current residents chosen for interviews and all residents randomly chosen from the list of residents who had been admitted over the past twelve months (including files which have residents' risk assessments); employee records for all staff members chosen for interviews including training files and files containing background checks and hiring documentation; and unannounced rounds logs. The files of staff members who received specialized training were also reviewed for training certifications/documentation.

All policies and procedures along with the facility's website were reviewed in the pre-audit phase of this audit. The facility's website is part of the agency's website (Fairfax County Juvenile and Domestic Relations District Court). The website includes: annual reports since 2014; a document describing Third-Party

Reporting; the facility's last PREA audit; a description of how sexual abuse and sexual harassment allegations are investigated and who has responsibility for criminal and administrative investigations; and the agency's Zero-Tolerance policy. All were reviewed during the pre-audit phase of the audit.

Following the choosing of interviewees and request for the documents, Mr. Houtz conducted a tour of the facility. The tour included all areas of the facility, including the outside recreation areas, with no areas off limits to this auditor. The detailed description of the physical plant is included under "Facility Characteristics" below.

Interviews began after the tour and continued for the next two days. At the end of the onsite audit phase of the audit the following interviews had been conducted, covering all shifts during the time of the audit:

- Resident interviews: 16 of the 34 residents in population on the first day of the audit were interviewed. This represented 47% of the residents in population on the first day of the audit and included residents from each housing unit (at least two from each unit), a resident who had disclosed prior sexual abuse at intake and a resident with limited English proficiency.
- Staff interviews: 16 Random Staff interviews were conducted with staff members whose primary responsibility is resident supervision. five of these staff members had other PREA related duties and took part in more than one interview.
- Specialized staff interviews: 13 Specialized staff interviews were conducted over the three days of the audit and included interviews with: Agency Head, PREA Coordinator, Superintendent, PREA Compliance Manager, medical personnel, mental health staff, staff who conduct vulnerability assessments (4), staff who monitor retaliation against staff, staff who monitor retaliation against residents, investigators (2), staff who conduct PREA education/intake (4), staff who conduct PREA rounds, human resources staff, a member of the facility's incident review team, and 2 contractors (teachers).
- In total, 41 staff interviews were conducted over the course of this audit. Some staff took part in more than one interview based on their roles at the facility.
- Interview with Division Director of community victim advocacy group serving the residents of FCJDC.

The facility has a medical clinic for routine medical care of its residents; its staff do not perform forensic exams. Any resident requiring this care would be transported to Inova Fairfax Hospital, Fairfax, VA which has SAFE/SANE staff available at all times.

The facility has a Memorandum of Agreement with the Fairfax County Community Services Board (CSB) to provide a licensed or licensed-eligible therapist to provide a mental health professional to the residents of FCJDC. Staff from CSB provide case planning services, connecting residents with care plans upon release in addition to providing services while the resident is with FCJDC. These services are consistent with the community's level of care since the agency provides services to the entire community.

Victim Advocacy services are provided by the Fairfax County Domestic and Sexual Violence Services (DSVS). This agency is part of the county government and all its citizens are allowed to use its services, including residents of FCJDC. An interview with DSVS' Division Director indicated that the agency has an MOU with this advocacy organization which was renewed in March, 2019. The DSVS will provide victim advocacy services for residents of FCJDC, by phone or at the facility in person, for as long as needed. The advocacy will be offered at the hospital and will continue throughout the investigative process including court appearances.

This facility has had no deviations from its staffing plan. The facility maintains the required staffing ratio of 1:8 during resident waking hours and 1:16 during the hours when residents are sleeping. The facility bases its staffing ratio on 55 residents; the average daily population over the past 12 months is 29, so that allows the facility much flexibility to meet the required staffing ratio. The superintendent noted that managerial staff fill in if any situation arises that requires it.

Residents may make reports outside of the facility by calling the DSVS or by calling the PREA Reporting Hotline. This information is given to the residents in a FCJDC brochure entitled, "What You Should Know About Sexual Assault and Abuse" which was updated during the post-audit corrective action period of the audit.

The agency/facility has an MOU with the Fairfax County Police Department to investigate all allegations of sexual assault that may be reported by residents at the facility. The MOU provides clear information on the duties of the police and the facility. Appendix A of the facility attaches all standards that relate to investigations to the MOU. The facility conducts administrative investigations only, and three of its staff members have taken the required specialized training (in addition to the training required of all staff) to enable them to fill this role. The facility had one allegation of sexual harassment in the past year which was investigated administratively. The investigative report was provided to the auditors for review (along with four investigations from 2017). These reports were reviewed using the "PREA Audit-Juvenile Facilities Documentation Review-Investigations" tool. The facility uses a form to complete its investigations which is very thorough and facilitates a well-documented review of the allegation. The form also includes a section for the Sexual Abuse Incident Review, ensuring that one happens for each allegation.

The facility's nurse and mental health provider have received the training required under §115.335 Specialized training: Medical and mental health care. Certificates of completion were in the files of these staff members and were reviewed. Both the nurse and the mental health representative demonstrated extensive knowledge of PREA during their interviews and clearly possesses the skills the PREA standard requires.

Revisions were made to several of the facility's policies during the pre-audit phase and as part of the corrective action period of the audit after the issuance of the Interim Report. Some of the revisions were necessary to more fully address specific PREA standards and were discussed with the Superintendent and PREA Compliance Manager. The facility made revisions in a very thorough way and provided this auditor all revised policies. The most significant change to the facility's PREA-related policies was to eliminate its separate PREA Policy and Procedure Manual and to incorporate the policies that were unique to the PREA standards into a dedicated PREA chapter in the facility's overall Policy and Procedure Manual. PREA standards that continue to be addressed in the overall Policy and Procedure Manual are standards that are part of the facility's already established practices, such as incorporating educating residents on PREA policies during the overall intake procedure where they are educated on other facility rules and regulations. Chapter Six helps ensure staff can access the facility's guidance on uniquely PREA issues and concerns in one place. This facility's onsite audit demonstrated that the facility's adherence to the PREA standards was excellent. None of the changes required additional training due to the facility's excellent practices in following the PREA standards. The revisions to policy are discussed under the specific standards in the body of this report.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

This facility is a secure detention center which is licensed to house residents from 7-17 years of age. The facility currently houses residents from 13-17 years of age. Its designed capacity is 121; the population on the day of the onsite audit was 34. The average length of stay for residents in this facility is 23.69 days. Over the past year, 491 residents have been admitted to this facility; 208 residents were admitted for 10 days or more; 267 residents were admitted for 72 hours or more. Residents are often admitted multiple times over the course of the year. There were 266 admissions during the past year. The staffing plan is predicated on 55 residents.

There are 92 full time staff at this facility and 23 part time staff (which includes 20 direct care relief staff, one part-time nurse and two part-time cooks). Eight full time staff were hired in the past year. There are 15 contractors (13 teachers and two administrators with Fairfax County Public Schools and mental health staff from Community Services Board) at this facility; the facility's teachers are considered contractors.

This detention center is located in a very urban area outside Washington, DC, almost in the heart of the City of Fairfax, Virginia. It is centrally located close to the Juvenile and Domestic Relations District Court and Sheltercare, one of the group homes under the Juvenile and Domestic Relations District Court umbrella. Housed in the same building is another of the agency's residential programs, Stepping Stones. The food for these programs is prepared at the FCJDC, but that is the only shared resource.

The facility has one building with 11 housing units (only five of which are currently operational and occupied). Half of the housing units are on each end of the building, and each surrounds an outside courtyard used for outside recreation and activities. The building's entrance/lobby and its administrative space (offices and a conference room) are roughly in the middle of the building, opening into a long, wide hallway that separates the two sides of the building.

The main hallway that connects the two sides of the building is decorated with murals, each with a positive, affirmative message. The windows along the hall are opaque, ensuring privacy from the public street on the other side.

On the east side of the hallway (to the right when exiting the administrative area) there is a large multi-purpose room just before entering the part of the building with the housing units. It has good camera coverage and is used for a variety of reasons.

Just past this multi-purpose room the hallway bends and leads into Units 6-11, which surround the large outside courtyard on three sides (the fourth side is the school hallway). All of the housing units have the same basic layout; not all are currently housing residents.

Each of the housing units is accessed through a main door that opens into a large living area with televisions and furniture. Individual rooms are along the outside of this area on three sides with a staff office and a small conference/meeting room making up the fourth side. The shower area is close to the staff office; each shower has two stalls with shower curtains and a stool for residents to stack their clean clothes. Residents described how shower-time works; a resident goes into the shower and pulls the curtain before disrobing. After the shower, the resident dries off and dresses before opening the curtain. Two residents may shower at a time, but each uses the shower curtain for privacy. Staff members stand at the opening to the entire shower area and residents are able to do their showers without being viewed by staff. Each housing unit is covered with cameras; the monitors of the camera system were viewed and none provided a view where residents would be able to be seen using the toilet, showering or changing clothes.

The housing units had notices outside the units reminding staff to announce if they were entering an opposite gender area. Each of the housing units had a Notice of Intent to Audit posted. There were no PREA posters in the units, but they did have the Third-Party reporting flyers. Most of the housing units also had the pamphlets, "What You Should Know about Sexual Assault and Abuse", but the numbers to call the DSVS

were incorrect. These pamphlets have been updated and distributed to the housing units (this happened by the end of the on-site audit). The residents have a phone in the unit they are allowed to use which is outside the staff office. In addition, new PREA posters were put in housing units during the Correction Action period.

The fourth side boundary of the large outside courtyard on the east side of the building is the school hallway with classrooms and good lines of sight. Residents change classrooms under supervision of teachers and staff.

On the west side of the long hallway that connects the two sides of the building is the intake and medical area, the kitchen and dining areas, a school hallway, and the BETA housing units which house the Post-Dispositional Program.

The Intake section has several resident rooms for use when residents first come into the facility and before housing unit assignments are made. Residents are brought into the facility in this area using a secure sally port.

In addition, the intake area has several small rooms with half-glass walls which are used by attorneys meeting with residents and to process residents when they arrive. There are also two staff areas; one (the Control Room) has the monitors for the camera system (analog system) throughout the building which is staffed all the time. There are 120 cameras throughout the building. The monitors were viewed as part of the facility tour and none provided a view where residents would be able to be seen using the toilet, showering or changing clothes. The other office housed here is the shift commanders' station.

This area also houses the facility's medical unit which includes exam rooms and the nurses' office. There were no cameras in the exam rooms.

Across from the intake area is the facility's dining room; it did not have any PREA posters. The area had four cameras which provide cross coverage of the area. The kitchen is behind the dining room and no residents are allowed in this area at any time. There was a PREA poster in the hallway outside the dining/kitchen area but it had the wrong number on it. The Notice of Audit was posted in this area.

A short hallway leads away from the kitchen and dining areas to access a hallway to the other programs which have their food provided by this facility. A large convex mirror was mounted in this area to help staff know the hallway is secure before unlocking the door.

The school hallway for this side of the building is to the left of the dining room. Classrooms for art, math, and exercise room and a staff breakroom are down the hallway across from the dining room. These classrooms have windows for half the walls and they are uncovered for the most part (some have some artwork, but nothing that inhibits from seeing inside the room).

The hallway in front of the dining room is the border of the large courtyard on the west side of the building, the West Courtyard. The gym is located down the corridor from the dining room and shares a hall with a housing unit. There are four cameras in the gym, providing excellent coverage. One of the rooms off the gym goes into the cycling room.

There are housing units on three sides of the courtyard (one of those sides also includes the gym). This part of the building is used by the Post Dispositional Program; the common areas in these units reflect a longer stay with resident influence in the ways the units are decorated and arranged. The basic floorplan is the same and showers are accomplished one resident at a time. Not all of the housing units in this part of the building are in use for residents (one is used for storage, one as a training room, for example). There were posters in this area (again with the wrong number) and a Zero Tolerance Poster in Spanish. The Notice of Intent to Audit was in all the units.

This facility does occasionally house residents at other facilities. Its policy requires any facility which houses its residents to be compliant with all PREA standards. The agency policy reflects the same language. The facility houses residents for the Department of Juvenile Justice (DJJ).

All areas of the facility were open to the auditors and all areas were toured.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded:

311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Standards Met

Number of Standards Met: 43

List of Standards Met:

312 Contracting with other entities for the confinement of residents
313 Supervision and monitoring
315 Limits to cross-gender viewing and searches
316 Residents with disabilities and residents who are limited English proficient
317 Hiring and promotion decisions
318 Upgrades to facilities and technology
321 Evidence protocol and forensic medical examinations
322 Policies to ensure referrals of allegations for investigations
331 Employee training
332 Volunteer and contractor training
333 Resident training
334 Specialized training: Investigations
335 Specialized training: Medical and mental health
341 Obtaining information from residents
342 Placement of residents in housing, bed, program, education, and work assignment
351 Resident reporting
352 Exhaustion of administrative remedies
353 Resident access to outside support services and legal representation
354 Third-party reporting
361 Staff and agency reporting duties
362 Agency protection duties

- 363 Reporting to other confinement facilities
- 364 Staff First Responder Duties (PREA Response Protocol)
- 365 Coordinated response
- 366 Preservation of ability to protect residents from contact with abusers
- 367 Agency protection against retaliation
- 368 Post-allegation protective custody
- 371 Criminal and administrative investigations
- 372 Evidentiary standard for administrative investigations
- 373 Reporting to residents
- 376 Disciplinary sanctions for staff
- 377 Corrective action for contractors and volunteers
- 378 Interventions and disciplinary sanctions for residents
- 381 Medical and mental health screenings; history of sexual abuse
- 382 Access to emergency medical and mental health service
- 383 Ongoing medical and mental health care for sexual abuse victims and abusers
- 386 Sexual abuse incident reviews
- 387 Data collection
- 388 Data review for corrective action
- 393 Audits of standards
- 401 Frequency and scope of audits
- 402 Auditor qualifications
- 403 Audit contents and findings

Click or tap here to enter text.

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.311 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Fairfax County JDRDC PREA Policy Manual; 1.4.1 Zero Tolerance Policy
Fairfax County Juvenile Detention Center (FCJDC) Policy and Procedure Manual, Chapter 6 PREA, Prevention Planning-Juvenile Facilities
Agency Organizational Chart-PREA Coordinator
Facility Organization Chart-PREA Compliance Manager
Interviews with: PREA Coordinator, PREA Compliance Manager
Fairfax County Juvenile Detention Center's Guide to Prevention, Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment

The Juvenile and Domestic Relations District Court PREA Manual (Agency Manual hereafter referred to as "Agency PREA Policy Manual") contains all elements of the standard.

The Fairfax County Juvenile Detention Center revised its separate PREA Manual during the corrective action portion of this audit. PREA policies were modified as needed and consolidated in a separate chapter (Chapter 6) within the facility's FCJDC Policy and Procedure Manual. This modification places the policies required to meet the PREA standards in one central location for staff, facilitating its ready availability. This chapter will be referenced as "FCJDC P/P Manual, Chapter 6 PREA" throughout this document with additional reference as required.

FCJDC developed a document entitled, "Fairfax County Juvenile Detention Center's Guide to Prevention, Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment" to address this standard. It includes all prevention efforts, including its Zero Tolerance policy, the education of its staff and residents, information on the dynamics of sexual abuse and sexual harassment in juvenile facilities, and a clear statement of the residents' rights to be free from sexual abuse and sexual harassment. It includes information on how to detect and what to do if abuse is detected, and statements that address residents' rights to be free from retaliation. The document is very thorough and does an excellent job describing the measures the facility will take to prevent, detect and respond to incidences of sexual abuse and sexual harassment.

The position of PREA Coordinator is on the agency's organizational chart; she reports to the Director of Residential Services. She stated that she has had other projects in the past year that have taken some of the time she usually spends on her PREA Coordinator duties and she has leaned on her Compliance Managers more. The PREA Compliance Manager for FCJDC is on the organizational chart and reports to facility superintendent and PREA Coordinator for agency. He states that he has enough time for his PREA duties.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- 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.) Yes No NA

115.312 (b)

- 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Fairfax County JDRDC PREA Policy Manual; 1.4.3 Contracting with other entities for the confinement of residents (updated February, 2020)
Fairfax County Juvenile Detention Center (FCJDC) Policy and Procedure Manual, Chapter 6 PREA, Prevention Planning-Juvenile Facilities

This facility occasionally contracts with other agencies or facilities for housing its residents. The agency and facility policies indicate that any facility housing its residents will be compliant with all PREA standards.

The facility has not contracted with any other facility to house its residents since the time of its last PREA audits. There were no contracts to review.

This agency policy was updated as part of the corrective action plan after the issuance of the Interim Report. The agency policy is now consistent with facility practice and is compliant with the standard.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 - Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- 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 No

- 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 No
- 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 No
- 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 No

115.313 (e)

- 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 No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- 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 functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Minutes of Staffing Plan review
 Agency PREA Policy Manual, 1.4.4 Supervision and Monitoring of Residents
 Facility Operations Manual, Chapter 3: Program Operations, Staffing Pattern/Ratios

Facility Operations Manual, Chapter 3: Program Operations, Staff Supervision of Residents
Interview with PREA Coordinator
Interview with Superintendent
Interview with staff conducting unannounced rounds

The Agency PREA Policy Manual includes all elements of the standard. The Facility PREA Manual includes all elements of the standard.

Prior to the on-site audit, the facility had been conducting PREA rounds on every shift. This auditor discussed this with the facility and the decision was made to do rounds two times per week, per shift. Documentation of unannounced rounds are kept in a log and they were reviewed. Unannounced rounds had occurred on all shifts and were documented. An interview with a supervisor who conducts unannounced affirmed that the facility conducts the rounds and documents in the Unannounced Rounds Log and in the unit log. He also noted that these rounds are not announced by other staff and that they cover all the shifts, day and night.

The minutes of the annual staffing plan meeting were reviewed. The superintendent and PREA Coordinator both noted that the annual meetings were conducted and that all elements in the standard are considered during this formal review. The facility's current staffing plan is predicated on a population of 55; the facility's average daily population is 29.

The facility reports no incidents of not being able to meet its staffing plan with administrators and supervisors stepping in if necessary. The superintendent noted that they review staffing plans constantly to ensure the right staffing level for the facility based on resident composition and activities that may be occurring. The PREA Coordinator stated that she is consulted when necessary.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies 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 No
- Does the facility have 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- 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 No NA

115.315 (e)

- 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 No
- If a resident's genital status is unknown, does the facility 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? Yes No

115.315 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.4.5 Limits to Cross-Gender Viewing and Searches
Facility Operations Manual, Chapter 3, Program Operations: Searches of Residents
Facility Operations Manual, Chapter 3, Program Operations: Classification Plan, Vulnerable Populations and Protective Measures (includes a section on instruction for searches)
Facility Operations Manual, Chapter 3, Showers & Residents Privacy
Review of training in conducting Cross-Gender Pat-Down Searches
Facility Log of Unannounced Rounds
Resident Interviews
Staff interviews

The Agency PREA Policy Manual contains all elements of the standard. This agency includes non-secure group homes and secure facilities. Its non-secure facilities do not do any sort of pat-downs and its PREA Manual provides a break-down and instructions for each type of facility under its umbrella.

The FCJDC does conduct pat-down searches of its residents. The facility's Operations Manual, Chapter 3, Program Operations addresses how pat-down searches are to be conducted in the section describing its classification plan and treatment protocols related to vulnerable populations. Sections address the searching of LGBTIQ youth including safeguards around housing and searches of this population. Exigent circumstances (including requirement to document) are addressed. This section of the facility's manual includes all elements required in the standard and does a thorough job of providing guidance for staff.

The training provided to facility staff includes verbal instruction augmented by one slide in a presentation during the training on Handle With Care required of each facility direct care worker. In the past, the facility used the video provided by the PREA Resource Center, but when the Handle With Care training was updated, the video couldn't be uploaded into the presentation. The facility was able to re-insert the video into its training during the time after the on-site audit and provided documentation of the change to this auditor. With the addition of the video portion, the training provides adequate training on conducting cross-gender pat-down searches.

The facility has had no instances of cross-gender pat-down searches, cross-gender strip searches or any cross-gender search of any type in the past twelve months. No searches of this type have been done by medical or non-medical staff.

Both resident and staff interviews affirmed that the facility's practice mirrors its policy in providing privacy for residents during showers, toileting, and changing. Staff and resident interviews corroborated that the facility does not do cross-gender searches of its residents. All staff knew of the agency/facility's policy not to physically examine a resident to determine the resident's genital status. Residents and staff talked about the facility's requirement for staff of the opposite gender of the residents assigned to a housing unit to announce their presence when entering and there were signs on the doors of all housing units to remind staff to announce.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 speech disabilities? Yes No

- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- 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 No
- 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 No
- 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: Are blind or have low vision? Yes No

115.316 (b)

- 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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.4.6 Residents with Disabilities and Who are Limited English Proficient
Facility Operations Manual, Chapter 3, Program Operations: Classification Plan, Vulnerable Populations and Protective Measures

Interviews with staff

Reviewed availability of contracts through FairfaxNET system and the Equity Programs Division of Fairfax County to provide assistance with language translations, provide volunteer interpreters and provide Sign Language Interpreters

The Agency PREA Policy Manual includes all elements to be in compliance with the standard and does an excellent job of detailing the resources available to residents with disabilities or who may be limited English proficient.

The facility provides PREA information in Spanish and has resources available to them for other languages, including Sign Language Interpretation.

Interviews with staff noted that the facility does not use resident interpreters. Most of the staff interviewed knew of the county's rich resources available to residents in their care. Residents also stated that one resident was not used to interpret for another resident. The facility updated the manual to require documentation should a resident be used to interpret for another resident.

The facility does have some staff members who are Spanish-speaking (the most common non-English language represented in the facility's population), and they help provide the PREA education to residents who are Spanish-speaking. This auditor did attempt to interview one resident who did not speak much language because staff felt he would understand. This attempt did not go well, causing the resident much anxiety; interview was stopped to keep from causing any additional discomfort for the resident especially considering the current stance on undocumented immigrants. A review of this resident's file indicated that he had received the required PREA education.

The Facility Operations Manual provides a list of the types of disabilities which may be present in the resident population and how they may need to be accommodated in an emergency. This section of the

Operations Manual was updated just after the on-site audit to include residents with limited English proficiency and to provide more information on how residents would be provided necessary information regardless of the resident's disability.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- 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 No
- 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 No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- 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 No

115.317 (f)

- 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 No
- 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 employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.4.7 Hiring and promotion decisions
Facility Operations Manual, Chapter 2: Personnel
Reviewed JDC Annual Acknowledgement Form
Reviewed Fairfax JDRDC – Residential Division Reference Check form
Interview with human resources staff

The Agency PREA Policy Manual contains all elements required in the standard. The interview with the human resources staff revealed that background checks are conducted on all new hires and on staff being promoted and for all contractors (in this facility, teachers are contractors). She also stated that the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to engage the services of a contractor. The facility conducted new background checks on all employees in 2015 which will be repeated in 2020 to maintain a five-year schedule.

All staff are asked to sign a form entitled "FJDC Annual Acknowledgement Form" as part of their annual evaluations. This form asks all questions required in the standard. The review of the personnel files of all staff who took part in interviews during the onsite portion of the audit documented that staff had the required background checks and their Annual Acknowledgment Forms were in place. This form also reminds staff of their continuing duty to report.

This facility has staff who provide services to residents who are actually staff members of other agencies (teachers and mental health staff). The Facility PREA Policy describes which agency is

responsible for maintaining which staff and states what is required from each agency for their staff to provide services in the JDC. Teachers and mental health staff are from other agencies, but background check acknowledgements from their home agencies are maintained at the facility.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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.)
 Yes No NA

115.318 (b)

- 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.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.4.8 Facility Upgrades and Technologies
FCJDC P/P Manual, Chapter 6 PREA
Interview with Agency Head
Interview with Superintendent

This facility has not acquired a new facility, made a substantial expansion or modification to its existing facility, upgraded its video monitoring system or any other monitoring technology since 8/20/12 or their last PREA audit.

This auditor reviewed the monitors for all the cameras to ensure no breach of privacy. No cameras showed any areas where the residents would be bathing or dressing. Reviewed the monitors for all the cameras to ensure no breach of privacy. No cameras showed any areas where the residents would be bathing or dressing.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- 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 No NA

115.321 (c)

- 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 evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.4.9 Evidence protocol and forensic medical examination
Facility PREA Manual, Chapter 6 PREA, Responsive Planning-Juvenile Facilities
Interview with PREA Compliance Manager
Interview with staff
Interview with Domestic and Sexual Violence Services administration

Agency PREA Policy Manual contains all elements of the standard. The Facility's updated FCJDC Policy & Procedure Manual, which includes a new chapter, Chapter 6, PREA, addresses all elements of the standard.

Fairfax County Police Department is aware of the PREA standards and the requirement to follow a uniform evidence protocol. The MOU between the agency and the Police Department incorporates the standards in the body of the document and stipulates that they will be followed.

Advocacy services/victim advocates would be provided to residents through Domestic and Sexual Violence Services (DSVS). This is a county funded service available to all county residents, including residents at FCJDC. Services include victim advocates and support throughout any investigative process. An interview with the Division Director at DSVS (which followed the Supplementary Questionnaire on Community Advocate Engagement) confirmed DSVS' commitment to the agency's residential programs. The agency has an MOU with DSVS which was renewed in March, 2019.

All staff interviewed knew the protocol for obtaining usable physical evidence. They were also aware that the police would be called to investigate any allegation of sexual assault and that the police would take the lead on collecting evidence, etc.

Forensic exams for residents would be provided through Fairfax Hospital with SAFE/SANE staff available 24/7. The agency policy ensures services to victim are provided free of charge. There have been no allegations of sexual assault requiring forensic exam; no bills to review.

The facility addressed the elements that were missing to adequately comply with this standard during the corrective action period, providing this auditor with its updated FCJDC P/P Manual, Chapter 6.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy 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 No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.4.10 Ensuring referrals of allegations for investigations
FCJDC P/P Manual, Chapter 6 PREA
Review of agency website with description of investigative responsibilities
Interview with Agency Head
Interview with facility investigator

The Agency PREA Policy Manual contains all required elements of the standard with a thorough description of the responsibilities of the investigative parties, including notification protocols. The agency's policy for investigating allegations is on the agency's website along with a description of the responsibilities of each investigating entity.

The Facility PREA Policy addresses this standard sufficiently for compliance; the facility worked to reorganize its policy to address this standard during the correction action period.

The Agency Head stated that all administrative and criminal investigations of sexual abuse or sexual harassment are completed, and described in detail how investigations are handled. The facility has had no founded allegations of sexual abuse or sexual harassment. All investigations have been handled by facility investigators administratively (no evidence of criminal offense). All allegations that are criminal in nature (or appear to be) are referred to the Fairfax County Police Department which is the legal authority to conduct such investigations.

The interview with one of the facility investigators indicated that an investigation is conducted for all allegations of sexual harassment or sexual abuse. The facility conducts an initial investigation using staff members who have been specially trained to conduct such investigations. If an allegation appears to be criminal in nature, it is referred to FCPD. All investigations result in a written report.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- 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 No
- 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 No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual 1.5.1 Employee, Volunteer, and Contractor Training
Facility Policy, Chapter 2: Personnel, Employee PREA Training (115.331)

Review of Employee training materials

Review of "Fairfax County Juvenile Detention Center's Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment"

Documentation of participation in NIC training entitled "PREA: Your Role Responding to Sexual Abuse" in training records of all interviewed staff

Interviews with staff

The Agency PREA Policy Manual contains all elements required in the standard.

The Facility Policy, Chapter 2: Personnel, Employee PREA Training states that "a comprehensive training program is provided for all staff to emphasize the importance of preventing sexual abuse and/or harassment towards residents and promotes awareness of the serious impact of sexual abuse and/or harassment within a residential setting". The Agency PREA Policy (which the FCJDC is required to follow) lists all required elements.

The training provided to FCJDC staff incorporates all elements required by the standard. It was suggested that the facility's policy be revised to make it easier for staff to access. The facility did create a new chapter in their overall Policy and Procedure manual to consolidate many of its critical PREA policies; training of staff was not included.

The information for training staff on how different genders may respond differently to sexual assault or sexual harassment was added to the curriculum after the on-site visit. This information was placed in the middle of a section of the Facility PREA Policy that addresses investigations of sexual assault.

The training records of all staff members interviewed as part of the on-site audit were reviewed and contained evidence of the PREA training they received. All staff sign an acknowledgement of the training they received which also indicates understanding of the training. Training includes viewing NIC training entitled "PREA: Your Role Responding to Sexual Abuse". Staff are given training in PREA every year.

The facility has a well-developed mentor/trainee process. Each new employee is paired with a more experienced staff member who helps provide training to the new employee and acts as a resource during the new employee's beginning employment. The mentor and trainee each initial each training segment indicating the material was reviewed and understood. PREA training is included in this process.

In addition, "The Fairfax County Juvenile Detention Center New Employee Checklist" is an extensive listing of all topics covered during the new employee's orientation period. Although several topics related to PREA requirements are mentioned (staffing ratios, monitoring conversations, supervision of showers and activities and "Knock and Announce"), there is no specific PREA training listed in this document. The facility added PREA to this outline shortly after the on-site portion of the audit to further distinguish its compliance efforts and bring more attention to the PREA standards.

Staff members are also required to review "Fairfax County Juvenile Detention Center's Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment" before beginning work with the facility population. This document is very thorough and addresses the

elements required in the standard. It does not provide information on the differences in the way female and male residents may respond to actual or threatened sexual abuse in terms of reporting these instances or acting out should an incident occur. Given that this guide is an integral part of staff training, the facility is urged to add the section recently added to its PREA Policy on this topic to this document. This guide is given to staff to review on their own time as part of the initial training process. Making it part of the class time would further underscore its importance.

Interviews with staff members indicated that staff knew and understood the PREA training they had received. All staff interviewed indicated they had been trained on all the elements listed in the standard.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 No

115.332 (b)

- 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 No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Compliance Evidence:

Agency PREA Policy Manual 1.5.1 Employee, Volunteer, and Contractor Training
Facility Policy, Chapter 2: Personnel, Volunteer and Contractor Training
Interviews with facility volunteers/contractors
Review of Volunteer Handbook

The Agency PREA Policy Manual contains all elements of the standard and is in compliance.

The Facility Policy states that volunteers/contractors are provided comprehensive training on the importance of preventing, detecting and responding to sexual abuse and/or harassment. Volunteers and interns are provided with a Volunteer Handbook which includes information on the facility's Zero Tolerance Policy and information on preventing, detecting and responding to incidences of sexual abuse.

All volunteers and contractors are required to read "The Fairfax County JDRDC's Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment" within 30 days of the start of services.

Files of the interviewed volunteers/contractors showed orientation on the facility's Zero Tolerance policy was conducted. Volunteers/contractors sign their acknowledgement of the orientation and their understanding of the same.

The facility modified its Volunteer Handbook to include information on the facility's Zero Tolerance Policy and information on preventing, detecting and responding to incidences of sexual abuse during the corrective action period.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- 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 sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- 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 No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.5.2 Resident Education
Facility Operations Manual, Chapter 3, Program Operations, Admission and Orientation
Facility Operations Manual, Chapter 3 Program Operations, Resident PREA Orientation
Interviews with intake staff
Interviews with residents
Review of Resident Rule Manual
Review of pamphlet, "What You Should Know About Sexual Assault and Abuse"
Review of PREA Education DVD
Review of Language Access Program Interpreter Services, Fairfax County's Language service
Review of Resident Acknowledge Form
Review of resident files, including the files of all residents interviewed during the on-site portion of the audit and 41 files of residents from the past year
Posters throughout facility

Agency PREA Policy Manual contains all elements to comply with the standard.

The Facility Operations Manual, Chapter 3, Program Operations, PREA Orientation, includes all elements required in the standard. This section also includes a good description of accommodations which might be used to ensure all residents have access to the education, including residents who are blind, deaf, or are limited English speaking.

Facility Operations Manual lists PREA education in Chapter 3, Admissions and Orientation including instruction for staff to ensure PREA education is provided before resident is assigned to a housing unit or room. The "Acknowledgement Re: Completion of the Following Orientation During Intake Process"

form includes information about PREA and staff and resident both sign and date that resident received and understood the required orientations.

The Resident Rule Manual states that residents are to be free from “any action that is humiliating, degrading, or abusive, including but not limited to any form of physical abuse, sexual abuse, or sexual harassment”. It was amended to include information on the facility’s protection against retaliation should a resident disclose sexual abuse or sexual harassment during the corrective action period.

There were posters in evidence throughout the building, however, several of the posters listed the wrong number to make outside notifications of sexual abuse or sexual harassment. In addition, some of the housing units did not have posters with the numbers available to residents. This was corrected during the corrective action period.

All intake staff interviewed noted that residents receive PREA education on the day of intake. This education is provided with the pamphlet noted above and verbally by staff. Residents sign that they have received this information and that they understand.

All but one of the residents interviewed during the on-site portion of the audit indicated that they received the information at intake. (A review of the file of the resident who stated he had not gotten the information revealed that he had gotten it and on the day of intake.) A total of 12 resident interviews were conducted (35%); the population of the facility on the day of the audit was 34.

The Resident Rule Manual states that residents are to be free from “any action that is humiliating, degrading, or abusive, including but not limited to any form of physical abuse, sexual abuse, or sexual harassment” and was amended to include information on the facility’s protection against retaliation should a resident disclose sexual abuse or sexual harassment during the corrective action period. This same modification was made to the facility’s brochure, “What You Should Know about Sexual Assault and Abuse” and to the facility’s policy, Chapter 3 Program Operations, Resident PREA Orientation.

During the corrective action period, modifications were made to the following documents to include protections from retaliation for making reports of sexual abuse or sexual harassment: Program Brochure entitled, “What You Should Know about Sexual Assault and Abuse”; the facility’s policy, Chapter 3 Program Operations, Resident PREA Orientation; and the Resident Handbook.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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 No NA

115.334 (b)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.334 (c)

- 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 No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.5.3 Specialized Training: Investigations
FCJDC P/P Manual, Chapter 6 PREA, Responsive Planning-Juvenile Facilities
Interviews with facility investigators
Review of Certifications of Completion-PREA Investigator training

Agency PREA Policy Manual contains all elements for compliance with the standard.

FCJDC P/P Manual, Chapter 6 PREA contains all elements of the standard.

The facility provided training on conducting investigations to 21 members of its staff although only three staff members are designated as “investigators” for the facility. Given the sensitive nature of this type of investigation and the potential to compromise the overall investigation if things are not investigated properly, this auditor cautioned the facility’s administrative team about ensuring that only those staff who are designated should perform any type of investigative task.

This facility relies on the Fairfax County Police Department to conduct criminal investigations.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.335 (b)

- 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.)
 Yes No NA

115.335 (c)

- 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 No NA

115.335 (d)

- 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 No NA
- Do medical and mental health care practitioners contracted by or 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.5.4 Specialized Training: Medical and mental health care

FCJDC P/P Manual, Chapter 6 PREA, Medical and Mental Care-Juvenile Facilities, Specialized Training for Medical and Mental Health Care

Review of personnel files for PREA education

Review of Certificates of Completion for medical and mental health staff

Interviews with medical and mental health staff

The Agency PREA Policy Manual contains all required elements of the standard.

The FCJDC P/P Manual, Chapter 6 PREA contains all elements to be in compliance with the standard; this policy was reworked during the corrective action period.

The personnel files for medical and mental health staff interviewed as part of the on-site audit showed that staff members had received the PREA education mandated for all staff in addition to the specialized training required as medical or mental health providers. Certificates of Completion for NIC courses entitled: "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting" or "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" were on file for each staff member.

Forensic exams are not conducted on-site at this facility. Any resident requiring a forensic exam would be transported to Inova Fairfax Hospital, Rape Crisis Center.

Medical and mental health staff were interviewed and indicated that they had received both the general PREA training provided for all staff and also the specialized training required in terms of their roles in the facility as mental health or medical providers.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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 No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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 No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.6.1 Obtaining information from residents
Facility Operations Manual, Chapter 3, Program Operations, Classification Plan, Vulnerable Population and Protective Measures
Interview with staff responsible for Risk Screening
Interviews with residents
Interview with PREA Coordinator
Interview with PREA Compliance Manager
Review of Fairfax County Juvenile & Domestic Relations District Court Vulnerable Populations, Sexual Victimization or Abusiveness Risk Assessment

Agency Policy contains all elements required for standard compliance including a list of items required to be in compliance.

The Facility Operations Manual, Chapter 3, Program Operations, Classification Plan, Vulnerable Population and Protective Measures, Screening and Assessment policy was amended during the corrective action period to specify that the screening should happen within 72 hours. It was also amended to include a list of the items required to be included in the screening for youth. The Facility Operations Manual, Chapter 3, Program Operations, Classification Plan, Vulnerable Population and Protective Measures was also amended to specify that vulnerability assessments are to be done within 72 hours.

The facility's assessment tool, "Fairfax County Juvenile & Domestic Relations District Court Vulnerable Populations, Sexual Victimization or Abusiveness Risk Assessment" is thorough and includes all elements of the standard. It prompts the staff member doing the assessment to ask the resident directly whether the youth identifies as being gay, lesbian, bisexual or transgender.

Interviews conducted with staff who conduct assessments found that staff use a number of sources to ascertain vulnerability including asking the residents directly although the facility's policy did not stipulate asking the resident until the modifications were made to the policy during the corrective action period. The PREA Coordinator, PREA Compliance Manager and staff responsible for risk screening all noted that information obtained from residents during the vulnerable population assessment was treated confidentially and that controls were in place in terms of who has access to this information; the policy does not describe the controls in place.

The Facility Operations Manual, Chapter 3, Program Operations, Classification Plan, Vulnerable Population and Protective Measures, Screening and Assessment and Protective Measures requires reassessment every six months and tasks a specific staff member with ensuring that this is completed. It was amended during the corrective action period to specify that the initial assessment is to be conducted within 72 hours and to include a list of considerations under 115.341 (c).

The Facility Operations Manual, Chapter 3, Program Operations, Classification Plan, Vulnerable Population and Protective Measures, Screening and Assessment Policy was amended during the corrective action period to include a list of all information listed in the standard that should be gathered to determine a resident's vulnerability and also includes information as to how information related to

assessment of a resident's vulnerability is to be ascertained, including all elements listed in the standard as possible sources of information. It also specifies that the assessment is to be administered within 72 hours.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.342 (b)

- 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? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- 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 No
- 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 No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

- 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 No
- 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 No

115.342 (e)

- 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 No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- 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? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.6.2 Placement of residents in housing, bed, program, education, and work assignments
Facility Operations Manual, Chapter 3, Program Operations, Classification Plan, Vulnerable Population and Protective Measures, Screening and Assessment
Interview with PREA Compliance Manager

Interview with staff who conducts Risk Screening

The Agency PREA Policy Manual is in compliance with the standard and exceeds the standard on how often the placement and programming decisions for transgender and intersex residents shall be reassessed (every 90 days, not twice a year as required by the standard).

The Facility Operations Manual, Chapter 3, Program Operations, Classification Plan, Vulnerable Population and Protective Measures, Screening and Assessment policy was amended during the corrective action period to reassesses programming decisions for transgender and intersex residents shall be reassessed every 90 days (consistent with Agency policy), which exceeds the standard.

Transgender and intersex residents are given the opportunity to shower separately from other residents which was reaffirmed with staff interviews. All residents are given the opportunity for privacy; the practice at the facility is for one resident to enter the shower and undress behind the shower curtain before another resident enters and follows the same process in the other shower stall.

Isolation is not used in this facility as a means of protection. Isolation is only used for behavioral infractions and only for periods of time from 2-4 hours. This type of isolation is labeled "Room Time" and is served on the unit in the resident's room. Staff stated that a resident would more likely be moved to another housing unit than to serve isolation. This has not been an issue in this facility.

During the corrective action period the Facility Operations Manual, Chapter 3, Program Operations, Classification Plan, Vulnerable Population and Protective Measures, Screening and Assessment policy was amended to indicate that living/housing unit assignments for transgender or intersex residents would be determined on a case-by-case basis, compliant with the PREA standard.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- 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 No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- 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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual 1.7.1 Resident Reporting of Sexual Abuse or Sexual Harassment
FCJDC P/P Manual, Chapter 6 PREA, Reporting-Juvenile Facilities
Interviews with staff
Interviews with residents
JDC Resident Rule Manual

Agency policy includes all elements of the standard.

The Facility PREA Policy (now entitled FCJDC P/P Manual, Chapter 6 PREA) was updated during the corrective action period to include all elements of the standard. Reorganizing the PREA specific information into one chapter makes the information easier to find.

Given the written policy, interviews with staff members and residents were reassuring in that all staff and residents knew how to make reports, that there were multiple ways to make a report; that reports could be made verbally; that they could make reports anonymously; etc.

Posters were in evidence during the tour of the facility and the brochure providing information for residents on how to report. Posters were updated to include correct numbers during the onsite audit.

After the on-site audit and before the Interim Report was issued, a new page was added to the JDC Resident Rule Manual which clearly details how residents may make reports of sexual abuse and sexual harassment. The page is entitled "PREA Reporting".

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- 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 No

115.352 (b)

- 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 No NA
- Does the agency always refrain from requiring a 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 No NA

115.352 (c)

- 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 No NA
- 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 No NA

115.352 (d)

- 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 No NA
- 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 No NA

- 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 No NA

115.352 (e)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.352 (f)

- 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 No NA
- 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 No NA
- 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 No NA

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.352 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual 1.7.2 Administrative Remedies
 Facility Operations Policy, Chapter 6, PREA, Reporting-Juvenile Facilities
 JDC Resident Rule Manual
 FCJDC Grievance, Request & Appeal Form

This facility is exempt from this standard. Although residents are allowed to use the form, ANY allegation of sexual abuse or sexual harassment received in this way is immediately forwarded to the administrative team and a sexual abuse or sexual harassment investigation is conducted by the

facility's specially trained investigators and/or forwarded to the FCPD for investigation if the allegation appears to be criminal in nature.

Residents coming into this system are well aware of the "grievance" process and with its related forms. The facility does allow residents to use the forms to report sexual abuse or sexual harassment since this is something residents know and understand and therefore easier for them to use than writing a report describing the sexual abuse or sexual harassment. The facility modified several of its forms during the corrective action period to remove any question as to what would happen to an allegation written on a "grievance" form and how it would be investigated. Modifications were made to the grievance form itself, in the description of grievances in the Resident Rule Manual and to the policy entitled, "Chapter 3: Program Operations/Behavior Management.

These modifications make clear that any allegation about sexual abuse and sexual harassment will immediately be forwarded to the facility's investigators or to the FCPD for investigation and not handled through the grievance process.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility 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? Yes No

115.353 (c)

- 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 No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.7.3 Resident access to outside support services and legal representation

Facility Operations Policy, Chapter 6, PREA, Reporting-Juvenile Facilities

Brochure, "What You Should Know About Sexual Abuse"

Interviews with residents

Facility tour-Posters and brochures on display

Interview with Domestic and Sexual Violence Services Division Director

Agency PREA Policy Manual contains all elements required in the standard.

The Facility Operations Manual, Chapter 3, Program Operations, Visitation & Contact was amended to include attorneys. The facility included all elements required in the standard into its Facility Operations Policy, Chapter 6, PREA, Reporting-Juvenile Facilities policy during the corrective action period.

The Fairfax County Department of Family Services Domestic and Sexual Violence Services provides victim advocacy services to the residents of FCJDC. This organization is part of Fairfax County government and is available to all of its citizens, including residents at the FCJDC. There is an MOU in

place which was signed in March, 2019. The Division Director of DSVS was interviewed and confirmed her agency’s commitment to provide victim advocacy services to any resident victim at FCJDC.

The facility’s website lists the Fairfax County Department of Family Services Domestic and Sexual Violence Services as providing victim advocacy services to residents of the FCJDC.

All elements of this standard were included in the revised Facility Operations Policy, Chapter 6, PREA, Reporting-Juvenile Facilities during the corrective action period.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.7.4 Third Party Reporting of Sexual Abuse or Sexual Harassment
FCJDC P/P Manual, Chapter 6 PREA, Reporting-Juvenile Facilities
FCJDC PREA Webpage

Review of updated Parent/Guardian Contact Collection Sheet (provides information on website which includes third-party reporting)

Reviewed poster, FCJDC PREA 3rd Party Reporting

Review of JDC Resident Rule Manual (includes PREA Reporting information)

Agency PREA Policy Manual contains all elements of the standard.

The Facility PREA Policy addresses third-party reporting how reports may be made and how the facility will respond. JDC Resident Rule Manual was updated and includes PREA Reporting information with accurate numbers and contact information.

The agency/facility website provides information on how to make a report; the facility has parents/guardians sign a Parent/Guardian Contact Collection Sheet which gives information on how to access the website which has the information.

The FCJDC PREA 3rd Party Reporting poster gives information on how to report by providing numbers and addresses. It was updated during the post-audit phase of the audit to give the correct name and number for the Victim Assistance organization.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- 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 No

115.361 (d)

- 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 No
- 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 No

115.361 (e)

- 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 No

- 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 No

- If an 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 the parents or legal guardians? Yes No

- 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 No

115.361 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.8.2 Staff Reporting of Sexual Abuse or Sexual Harassment
 Facility Operations Policy, Chapter 6, PREA, Official Response Following a Resident Report-Juvenile Facilities
 Facility Operations Manual, Chapter 2, Personnel, Child Abuse
 FCJDC Guide to Prevention, Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment
 Interviews with medical and mental health providers
 Interview with PREA Compliance Manager and Superintendent
 Interviews with staff

Agency's policy contains all elements of the standard.

Facility Operations Policy, Chapter 6, PREA, Official Response Following a Resident Report-Juvenile Facilities was amended during the corrective action period and contains all elements of the standard; it mirrors the agency's policy. The facility's Operations manual, Chapter 2 also provides guidance for reporting in its section, Child Abuse.

FCJDC Guide to Prevention, Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment includes a statement that staff are prohibited from retaliating against other staff or residents for reporting incidents of sexual abuse or sexual harassment. It also includes a section entitled "Protection from retaliation" which clearly articulates the facility's policy against any type of retaliation against residents or staff. It also includes a description of the facility's efforts to monitor retaliation for both staff and residents.

All staff interviewed stated that they knew of their duty to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment, and any retaliation or staff neglect or violation of responsibilities that may have contributed. They were all aware that they are mandatory reporters and what that entailed.

The superintendent and PREA compliance manager discussed how reporting would happen and that notifications would be made to parents/juvenile court/child protective services as appropriate. The superintendent stated that all allegations of sexual abuse and sexual harassment, including third-part and anonymous reports, go to the facility's designated investigators and/or the FCPD. Medical and mental health staff revealed that they knew of their duty to report and that they tell residents of their duty to report at the start of treatment/discussion.

The Facility Operations Policy, Chapter 6, PREA, Official Response Following a Resident Report-Juvenile Facilities was amended during the corrective action period to include and address all elements of this standard.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.8.2 Staff Reporting of Sexual Abuse or Sexual Harassment
FCJDC P/P Manual, Chapter 6 PREA
Interview with Agency Head
Interview with Superintendent
Interviews with staff

Agency PREA Policy Manual contains all elements of the standard. FCJDC P/P Manual, Chapter 6 PREA contains required compliance language.

Interviews with staff, the superintendent and the agency head reinforced that the agency and facility expect that residents at risk for imminent sexual abuse are to be protected and that the protection should happen immediately.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.8.3 Reporting to other facilities
Facility Operations Policy, Chapter 6, PREA, Official Response Following a Resident Report-Juvenile Facilities, Reporting to other confinement facilities
Interview with agency head
Interview with superintendent

Agency PREA Policy Manual mirrors standard.

During the corrective action period, the facility reorganized its PREA policy to be a chapter in its FCJDC Policy and Procedure Manual. This standard is now addressed in Facility Operations Policy, Chapter 6, PREA, Official Response Following a Resident Report-Juvenile Facilities, Reporting to other confinement facilities and also mirrors standard.

There have been no instances of reports being made about other facilities nor have other facilities had reports coming from this facility. Both Agency head and superintendent stated that investigations would be handled like any other allegation.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.364 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.8.4 Staff First Responder Duties
Interviews with staff

Facility Operations Policy, Chapter 6, PREA, Official Response Following a Resident Report-Juvenile Facilities, First Responder Duties
Fairfax JDC Guide to Prevention, Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment

The Agency PREA Policy Manual contains all elements of the standard.

The Facility Operations Policy, Chapter 6, PREA, Official Response Following a Resident Report-Juvenile Facilities was amended during the corrective action period to remove any suggestion that a resident victim of sexual abuse should be isolated as part of the facility's response to protect the victim. The facility's Fairfax JDC Guide to Prevention, Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment was also amended to remove suggestion of isolation as a way to protect a victim.

All staff who were interviewed during the on-site portion of the audit were able to detail the steps necessary should they be the first person to become aware of an allegation of sexual assault.

The facility's Fairfax JDC Guide to Prevention, Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment and Facility Operations Policy, Chapter 6, PREA, Official Response Following a Resident Report-Juvenile Facilities, First Responder Duties were both amended during the corrective action period to remove any suggestion of isolation as a way to protect a resident victim of sexual abuse.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.8.5 Coordinated Response
Facility Operations Policy, Chapter 6, PREA, Official Response Following a Resident Report-Juvenile Facilities, Coordinated Response
Interview with superintendent

The agency's policy provides general guidelines for responding to sexual assault and instructs each facility to have a coordinated response.

During the corrective action period, the FCJDC articulated its coordinated response to an allegation of sexual assault. This information was added to Facility Operations Policy, Chapter 6, PREA, Official Response Following a Resident Report-Juvenile Facilities, Coordinated Response. Although pieces of the facility's response were previously stated in different sections of the facility's prior PREA Policy, this change consolidated the information, providing clear instruction to staff in a place where it can be easily found. The policy now states what was verbalized about the facility's practice during staff interviews.

The superintendent clearly articulated what the facility's response should be when responding to an incident of sexual assault.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.8.6 Preservation of ability to protect residents from contact with Abusers
 FCJDC P/P Manual, Chapter 6 PREA, Official Response Following a Resident Report-Juvenile Facilities, Protecting Residents from Contact with Abusers

The Commonwealth of Virginia is a non-union state. This standard does not apply to this facility.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency 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,? Yes No

115.367 (c)

- 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 No

- 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 No
- 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: Act promptly to remedy any such retaliation? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.367 (e)

- 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 No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 1.8.7 Protection from Retaliation
 FCJDC P/P Manual, Chapter 6 PREA, Official Response Following a Resident Report-Juvenile Facilities, Protecting Residents from Contact with Abusers
 Review of FCJDC Guide to Prevention, Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment, IV. Protection from retaliation
 Interview with agency head
 Interview with superintendent
 Interview with staff who monitors retaliation

Agency policy mirrors standard. FCJDC P/P Manual, Chapter 6 PREA, Official Response Following a Resident Report-Juvenile Facilities, Protecting Residents from Contact with Abusers (as revised during corrective action period) contains all elements of the standard and designates staff to monitor retaliation.

The FCJDC Guide to Prevention, Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment, IV. Protection from retaliation does a thorough job of describing what would be monitored to determine if retaliation was taking place and what consequences would be for staff who retaliate against other staff or residents.

Interviews with agency head, superintendent and staff who monitors retaliation were all consistent in describing actions that would be taken to protect both staff and residents from instances of retaliation. These measures included monitoring staff assignments, leave schedules, and performance evaluations and monitoring institutional discipline reports, changes of housing units, etc., for residents. All staff interviewed noted that residents would receive status checks. All noted that monitoring for retaliation would continue for as long as it was determined to be necessary.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.8.8, Post allegation protective custody
FCJDC P/P Manual, Chapter 6 PREA, Official Response Following a Resident Report-Juvenile
Facilities, Post-Allegation Protective Custody
Interview with superintendent
Interview with medical and mental health staff
Facility tour

Both agency and facility policies (the facility policy as amended and consolidated during the corrective action period) mirror the standard and include all elements.

Interviews with the superintendent noted that residents would only be placed in isolation as a last resort until a different arrangement for the resident's safety could be put into place. Isolation is not used for protection at this facility, only for behavioral infractions, and then for 2-4 hours at the most. Mental health and medical personnel corroborated that isolation is rarely used in this facility and not for protection. Residents receive visits from them upon request.

This facility has had no allegations of sexual assault and have not used isolation for this purpose. There were no records to review. There were no residents who had reported sexual assault in population at the time of the audit. This facility does not have a separate isolation unit; this was confirmed during the tour of the facility conducted as part of the on-site portion of the audit.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- 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 No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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 No

115.371 (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 No
- 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 No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.371 (h)

- 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 No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- 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 No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.9.1 Criminal and administrative investigations
Facility Operations Policy, Chapter 6, PREA, Investigations-Juvenile Facilities
Interview with superintendent
Interview with PREA coordinator
Interview with PREA Compliance Manager
Interview with investigators
Review of facility's investigative reports

The Agency PREA Policy Manual contains all elements of the standard and is in compliance.

The original Facility PREA Policy contained most of the elements of the standard, but was very convoluted and difficult to follow. It has been redrafted and is included in the PREA chapter of the facility's policy and procedure manual and includes all required elements.

The facility states that it will only conduct administrative investigations; any allegation that appears to be criminal in nature will be referred to the Fairfax County Police Department which has the legal authority to conduct such an investigation. The agency has a MOU with the FCPD which does a good job of describing its responsibility. This information is also contained on the agency's website.

Facility investigators have been trained for their investigative roles. Certificates of completion for training through NIC were reviewed for each of the facility investigators. Some of the facility investigators also attended a training cohosted by Department of Juvenile Justice and Department of

Corrections and provided by the National PREA Resource Center through a Technical Assistance grant.

Interviews with the superintendent, PREA Coordinator, PREA Compliance Manager and facility investigators indicated that the facility is committed to conducting investigations into all allegations, that all allegations would result in a written report that included an assessment of whether staff's actions or failures to act contributed to the incident, were conducted promptly and thoroughly, did not assess an alleged victim, witness or suspect on the basis of their perceived status as a resident or staff. The interviews affirmed that investigations would continue if a staff that was the subject of an allegation left the employment of the facility and if the source of the allegation recanted.

Five sexual harassment investigative reports were reviewed by this auditor. Four of the investigations were from 2017 and one was from June, 2019. Four of the five were unsubstantiated and one was substantiated. The investigations followed a very thorough format which prompted the writer to consider pertinent elements addressed in the standard such as assessing whether staff actions or failures to act contributed, whether training should be readdressed, if the incident required follow-up for possible retaliation, etc. The reports continued a description of the persons interviewed and other documents and follow-up were considered in making determinations of substantiated, unsubstantiated or unfounded.

During the corrective action portion of this audit the facility modified its policy to come into full compliance with the standard. Facility Operations Policy, Chapter 6, PREA, Investigations-Juvenile Facilities now includes all elements of the standard and is contained in the PREA chapter of the facility's Policy and Procedure Manual. This section of the manual was redrafted and is much easier to follow.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.9.2 Evidentiary standard for administrative investigations
FCJDC P/P Manual, Chapter 6 PREA, Investigations
Interview with investigator
Review of sexual harassment investigations

Agency PREA Policy Manual meets all elements of the standard.

The original Facility PREA Policy met the elements of the standard. It has been reorganized and revised during the corrective action period and meets all required elements of the standard.

The interviews with the facility investigators confirmed that the facility uses preponderance as the standard of evidence for the facility's administrative investigations.

Five sexual harassment investigations were reviewed; all used preponderance as the standard of evidence.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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.) Yes No NA

115.373 (c)

- 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 No

- 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 employed at the facility? Yes No
- 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 No
- 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 No

115.373 (d)

- 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 No
- 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 No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Compliance Evidence:

Agency PREA Policy Manual, 1.9.3 Reporting Investigative Outcomes to Residents
FCJDC P/P Manual, Chapter 6 PREA, Investigations-Juvenile Facilities
Interview with superintendent
Interview with investigators

Agency PREA Policy Manual contains all elements of the standard.

The original Facility PREA Policy contained all elements of the standard. The interviews with the superintendent and the facility investigators support the facility's policy of telling residents the outcome of investigations into sexual assault.

This facility has not had any allegations of sexual assault in the past year. There were no investigations to review. There were no residents who reported sexual abuse in population at the time of the on-site audit.

The facility rewrote and reorganized its PREA policy into a chapter in its overall policy and procedure manual during the corrective action period. The standards are fully met with the new procedure.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- 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 No

115.376 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 2.1.1 Disciplinary Sanctions for Staff
FCJDC P/P Manual, Chapter 6 PREA, Discipline-Juvenile Facilities

Facility PREA Policy and Procedure Manual, Staff Sanctions and Corrective Action for Contractors and Volunteers

The Agency PREA Policy Manual and the Facility PREA Manual contain all elements of the standard and are in compliance.

There have been no incidences of violations of the agency/facility's sexual abuse or sexual harassment policies by staff, contractors, or volunteers in the past 12 months. There were no records of this type of incident to review.

The facility did a significant rework/reorganization of its PREA Policy during the corrective action period. The new FCJDC P/P Manual, Chapter 6 PREA, Discipline-Juvenile Facilities still contains all elements to be in compliance with the standard.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 2.1.2 Corrective Action for Contractors and Volunteers
FCJDC P/P Manual, Chapter 6 PREA, Discipline-Juvenile Facilities

Agency PREA Policy Manual mirrors the standard.
FCJDC P/P Manual, Chapter 6 PREA mirrors standard.

There have been no incidents involving contractors or volunteers; there were no documents to review. Superintendent stated that the services of any contractor or volunteer found to have engaged in sexual abuse would be prohibited from having contact with the residents and be reported to law enforcement. The facility would also prohibit further contact with residents should a contractor or volunteer violate any of the agency's sexual abuse or sexual harassment policies.

The facility did a significant rework/reorganization of its PREA specific policy during the corrective action period. The FCJDC P/P Manual, Chapter 6 PREA, Discipline-Juvenile Facilities contains all elements to be in compliance with the standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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 No

115.378 (b)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- 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 No
- 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 No

115.378 (e)

- 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 No

115.378 (f)

- 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 No

115.378 (g)

- If the agency prohibits all sexual activity between 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 2.1.3 Disciplinary Sanctions for Residents
FCJDC P/P Manual, Chapter 6 PREA, Discipline-Juvenile Facilities
Interview with superintendent
Interview with mental health provider

Agency PREA Policy Manual is in compliance with all elements of the standard. The Facility PREA policy mirrors standard.

The superintendent stated that the facility would consider whether a resident's mental illness or disabilities were a factor when considering sanctions for resident-on-resident sexual abuse. The maximum programmatic sanction is 24 hours of room time, served on the unit in the resident's room.

The mental health provider stated that attempts would be made to provide services to offending residents.

This facility prohibits all sexual activity between residents.

There have been no allegations of resident-on-resident sexual abuse or allegations of resident-on-staff sexual abuse. There were no files to review.

The facility did a significant rework/reorganization of its PREA Policy during the corrective action period. The new FCJDC P/P Manual, Chapter 6 PREA, Discipline-Juvenile Facilities still contains all elements to be in compliance with the standard.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- 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 No

115.381 (b)

- 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 No

115.381 (c)

- 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 No

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 2.2.1 Medical and mental health screenings; history of sexual abuse
FCJDC P/P Manual, Chapter 6 PREA, Medical and Mental Care-Juvenile Facilities

Interview with mental health practitioner

Interview with staff responsible for risk screening

Interview with resident who reported prior sexual abuse

The Agency PREA Policy Manual mirrors the standard.

The FCJDC P/P Manual, Chapter 6 PREA, Medical and Mental Care-Juvenile Facilities also mirrors the standard.

The facility uses a form to conduct risk assessments entitled "Vulnerable Population, Sexual Victimization or Abusiveness Risk Assessment". This form prompts staff conducting the risk assessment to make a referral for residents who report being prior victims of sexual abuse and also a separate prompt for residents who report perpetrating sexual abuse. The back page of the assessment form has a place for "supportive counseling". The staff conducting the risk assessments fills out a "Referral for Mental Health Services" if residents answer yes to either of these questions.

FCJDC P/P Manual, Chapter 6 PREA, Medical and Mental Care-Juvenile Facilities policy states that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff to inform treatment plans and security and managements decisions (such as housing, bed, work, education and program assignments).

The mental health provider indicated that residents who report prior sexual abuse and residents who report perpetrating sexual abuse are offered follow-up services. Residents who are over 18 give informed consent before medical and mental health practitioners report information about prior sexual victimization that did not occur in an institutional setting.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 No

115.382 (b)

- 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 No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- 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 No

115.382 (d)

- Are treatment services 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 2.2.2 Access to Emergency Medical and Mental Health Services
FCJDC P/P Manual, Chapter 6 PREA, Medical and Mental Care-Juvenile Facilities
Interview with medical provider
Interviews with staff

The Agency PREA Policy Manual contains all elements of the standard.

The Facility PREA Policy contains all elements of the standard. Emergency services would be provided to residents by Inova Fairfax Hospital; the facility does not do forensic exams. Any documentation about services provided would be given to the facility by the hospital and maintained in the resident's medical file.

Medical staff indicated that services would be provided at Inova Fairfax which has Safe/Sane staff at all times. Services would be provided to the resident without financial obligation, whether the victim names the perpetrator or not.

There have been no instances of sexual assault at this facility; there were no records to review. No residents who reported sexual abuse were in population at the time of the audit.

All staff interviewed knew of their duty to provide protection to the resident victim and to report immediately to their supervisors and medical staff.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 No

115.383 (b)

- 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 No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to*

know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) Yes No NA

115.383 (e)

- 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services 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? Yes No

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 2.2.3 Ongoing Medical and Mental Health Care for Sexual Abuse Victims
FCJDC P/P Manual, Chapter 6 PREA, Medical and Mental Care-Juvenile Facilities
and Abusers

Interview with medical staff

Interview with mental health staff

Agency PREA Policy Manual is compliant with all elements of the standard.

FCJDC P/P Manual, Chapter 6 PREA, Medical and Mental Care-Juvenile Facilities is compliant with all elements of the standard.

Interview with medical personnel found that all residents who were victims of sexual assault while at the facility would be offered evaluation and treatment and that that care would be provided at Inova Fairfax Hospital, consistent with community standard of care. Female victims would be offered pregnancy tests and timely and comprehensive information about and timely access to all lawful pregnancy-related medical services and that this information would be provided right away.

No allegations of this type have happened at this facility; no records to review. No resident who experienced sexual assault was in population at the time of the on-site audit.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 2.3.1 Sexual Abuse Incident Review
FCJDC P/P Manual, Chapter 6 PREA, Data Collection and Review-Juvenile Facilities
Interview with superintendent
Interview with Incident Review Team member
Interview with PREA compliance manager
Review of investigative reports which contained Incident Review Team notes.

Agency PREA Policy Manual and FCJDC P/P Manual, Chapter 6 PREA, Data Collection and Review-Juvenile Facilities include all elements of the standard.

This facility includes its incident reviews at the end of its investigative reports and the review includes all elements in (d). The form ensures that all elements of the standard are considered during each Sexual Abuse Incident Review.

All staff interviewed stated that they use the reviews are used by the facility to consider whether changes need to be made and what type.

Five investigations and incident reviews were reviewed and each contained the elements that should be considered as detailed in the standard.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- 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 No

115.387 (d)

- 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 No

115.387 (e)

- 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 the confinement of its residents.) Yes No NA

115.387 (f)

- 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 2.3.2, Data Collection
FCJDC P/P Manual, Chapter 6 PREA, Data Collection and Review-Juvenile Facilities
Review of agency's annual report which includes an analysis of data collected

Agency PREA Policy Manual mirrors standard, FCJDC P/P Manual, Chapter 6 PREA, Data Collection and Review-Juvenile Facilities mirrors the standard, containing all elements for compliance.

There were no allegations of sexual assault or sexual harassment reported during calendar year 2018. The agency's annual report shows data on all its residential programs for the past five years to allow for review and comparison. The facility uses investigative files, sexual abuse/sexual harassment incident reviews and serious incident reports in its review of the facility.

This facility does not have any private contracts for housing of its residents. The facility has not been asked to provide information to the Department of Justice.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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 No
- 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 No
- 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 No

115.388 (b)

- 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 No

115.388 (c)

- 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 No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 2.3.3 Data Review for Corrective Action
FCJDC P/P Manual, Chapter 6 PREA, Data Collection and Review-Juvenile Facilities
Interview with Agency Head
Interview with PREA Coordinator
Interview with PREA Compliance Manager
Review of Agency Website, <https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea>
Review of Agency Annual Report

The Agency PREA Policy Manual and the FCJDC P/P Manual, Chapter 6 PREA, Data Collection and Review-Juvenile Facilities mirror the standard and contain all elements required for compliance.

The annual report for the agency is written in January each year and covers the prior year's data and activities for all its residential programs. The report is signed by the Director of the Court Services Unit. The report itself is very thorough and informative, and provides facility-specific information on each of

its residential programs as well as on the agency as a whole. The report includes a review of any changes that might have occurred based on those incidents. The report does not give any personally identifiable information.

Agency head, PREA coordinator, and facility's PREA compliance manager all stated that the information gathered is used to assess what changes might need to be made, including reviews of policies and procedures, changes to facilities, etc. The PREA compliance managers stated that he reviews the data for the facility specifically.

The annual report for the agency may be found:

<https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea>

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- 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 No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 2.3.4 Data Storage, Publication and Destruction
FCJDC P/P Manual, Chapter 6 PREA, Data Collection and Review-Juvenile Facilities
Interview with PREA Coordinator
Review of annual report
Review of website: <https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea>

Agency and FCJDC P/P Manual, Chapter 6 PREA, Data Collection and Review-Juvenile Facilities policies mirror standard, containing all elements required for compliance.

This auditor reviewed all annual reports and data collected. Personally identifying information was not included.

The PREA Coordinator was interviewed and stated that the data collected is securely retained on an internal network which requires specialized access.

The agency's annual report was reviewed as well as the agency's website located at <https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- 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.) Yes No 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.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

Agency PREA Policy Manual, 2.4.1 Frequency and Scope of Audits
FCJDC P/P Manual, Chapter 6 PREA, Audits-Juvenile Facilities

This auditor and her partner were given access to all areas of the audited facility. They were also allowed access to all files, documents, camera feeds, etc. requested including past files. The auditors were allowed to randomly choose which staff and residents to interview and those interviewees were available to interview in private spaces. The facility cooperated fully with all aspects of the audit, both on-site and information requested in preparation for the audit, during the report writing period after the on-site portion of the audit concluded and throughout the corrective action period.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Compliance Evidence:

The facility's prior final report is available on the agency's website.

AUDITOR CERTIFICATION

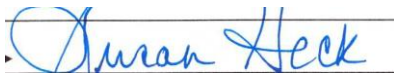
I certify that:

- 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Susan Heck



February 12, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.