

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: April 7, 2016

Auditor Information			
Auditor name: Bryan Henry			
Address: 498 Coyner Springs Rd.			
Email: bhenry@rvjdc.org			
Telephone number: 540-561-3840			
Date of facility visit: 3/16/16, 3/17/16			
Facility Information			
Facility name: Fairfax County Juvenile Detention Center			
Facility physical address: 10650 Page Ave., Fairfax, VA 22030			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 703-246-2844			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Robert Bermingham			
Number of staff assigned to the facility in the last 12 months: 93			
Designed facility capacity: 121			
Current population of facility: 40			
Facility security levels/inmate custody levels: Secure Detention			
Age range of the population: 7-18			
Name of PREA Compliance Manager: Jamaine Arvin		Title: Youth Services Coordinator	
Email address: Jamain.Arvin@fairfaxcounty.gov		Telephone number: 703-246-3148	
Agency Information			
Name of agency: Fairfax County Juvenile and Domestic Relations District Court			
Governing authority or parent agency: <i>(if applicable)</i> Fairfax County Juvenile and Domestic Relations District Court			
Physical address: 4110 Chain Bridge Road, Fairfax, VA 22030			
Mailing address: <i>(if different from above)</i> 10650 Page Avenue, Fairfax, VA 22030			
Telephone number: 703-246-2844			
Agency Chief Executive Officer			
Name: Robert Berminham		Title: Director of Court Services Unit	
Email address: Robert.Bermingham@fairfaxcounty.gov		Telephone number: 703-246-3416	
Agency-Wide PREA Coordinator			
Name: Karla Hardy		Title: New Initiatives and Special Projects Manager	
Email address: Karla.Hardy@fairfaxcounty.gov		Telephone number: 703-246-3436	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Fairfax County Juvenile Detention Center (FCJDC) was conducted on March 16-17, 2016. This audit was conducted by certified PREA Auditor, Bryan Henry. Prior to the on-site portion of the audit, the Pre-Audit Questionnaire, FCJDC PREA policies, memorandums of understanding, training procedures and other PREA related documentation were sent via priority mail. A thorough review of all documentation provided occurred prior to the on-site portion of the audit.

This Auditor wishes to extend his deepest appreciation to all of the staff at FCJDC for their professionalism, hospitality and kindness during the onsite audit process.

On March 16, 2016, an entrance meeting was held with Mr. Jamaine Arvin, PREA compliance manager, Mr. Jason Houtz, Superintendent and myself to discuss what I would need to complete during my visit. During this meeting the Auditor was given a most recent population report, and list of staff who would be working for the next two days. The Auditor's schedule was discussed in regard to a necessary facility tour followed by staff, and resident interviews. Based on the current population of the facility on March 16, 2016 (33), it was determined by the Auditor that a random sample of 10 residents would be interviewed. One of the randomly selected residents was Limited English Proficient and an interpreter was utilized to complete this interview. No residents currently at FCJDC openly identified themselves as lesbian, gay, bi-sexual, transgender or intersex.

A tour of the facility was conducted by Mr. Arvin and Mr. Houtz for the Auditor. During the audit, the Auditor noticed numerous signage posted throughout the facility announcing that a PREA audit would be conducted in the facility on March 16-17, 2016. This tour included all areas the residents could occupy including housing units, administrative areas, educational areas, recreation areas, admissions area, medical area and community dining area. Throughout the facility were signage and posters stating the Zero Tolerance policy regarding sexual abuse and sexual harassment. All signage was posted in both English and Spanish. The camera surveillance room was also observed during the tour. FCJDC does not have any video surveillance in resident cells or any shower areas. Review of the surveillance system to identify potential blind spots was conducted, however the Auditor was unable to determine any blindspots or camera deficiencies. Throughout the tour the Auditor asked staff questions to ensure compliance.

As previously mentioned, 10 random sample resident interviews were conducted. Five direct care staff interviews were conducted, three supervisory staff interviews were conducted and, three contractor interviews were conducted. In addition to these interviews, also selected for interviews were the Agency Head, the Superintendent, the PREA Coordinator, facility PREA Compliance Manager, Assistant Superintendent responsible for monitoring retaliation, Nurse, and a human resources staff.

At the conclusion of the Auditor's on site visit an exit meeting was held with the Superintendent to discuss the findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Fairfax County Juvenile Detention Center (FCJDC) is a 121 bed secure juvenile detention center housing 33 residents on March 16, 2016. The building is comprised of a lobby, administrative offices, conference room, admissions area, camera monitoring area, resident's property storage, dining area, gymnasium, classrooms, two outside courtyards, and housing units.

FCJDC has a total of eleven housing units to which female and male residents are separated; only five of the housing units are currently occupied. Each housing unit is comprised of eleven individual cells, a common area, a bathing area, and a private meeting area. Each resident is provided their own individual cell. The bathing area has two shower stalls where each is blocked by a curtain which provides the residents with the opportunity to bath without being viewed. Meals are provided for all residents in the community dining area. Opportunity for large muscle exercise is afforded to each resident through the gymnasium or one of the two outside courtyard areas, weather permitting.

FCJDC conducts all administrative investigations by facility staff, which includes supervisory staff, PREA compliance manager, Assistant Superintendent and Superintendent. All criminal investigations are referred to Fairfax County Police Department for investigation. At the time of the visit a memorandum of agreement (MOU), between Fairfax County Juvenile and Domestic Relations District, Court Services Unit and the Fairfax County Police Department was in the process of final approval but had not yet been finalized.

SUMMARY OF AUDIT FINDINGS

The Pre-Audit Questionnaire was received by the Auditor on March 8, 2016. The supporting policies and other necessary documentation was received by the Auditor on March 11, 2016. All documentation was reviewed prior the on-site portion of the audit. Review of the Pre-Audit Questionnaire revealed that all policies and procedures were in order. Review of the policies, procedures and related documentation required some revision but otherwise was complete and in order. Upon arrival, notification signs of an audit being conducted were posted in the lobby and all housing areas.

The on-site audit was conducted on March 16-17, 2016, with a resident population of 33 on the day of arrival. Following a meeting with the Superintendent and PREA Compliance Manager, a facility tour was conducted. Throughout the tour, residents in the program were observed to be under constant supervision of direct care staff. All resident housing areas had PREA related information posted in multiple languages. While the third party reporting was not as clearly posted, this information was given to residents through resident orientation manuals. While on-site it was recommended by the Auditor to clearly post this information on the housing units in a more observable manner. This suggestion was taken and rectified by day two of the on-site audit. Review of the living units showed that the residents have reasonable privacy during shower times and are out of view of other residents. Review of the security room showed cameras being monitored. FCJDC does not have any cameras in resident cells therefore staff can't observe residents using the facilities. The camera system did not show any blatant blind spots or deficiencies.

During the two day on-site audit, 10 residents were randomly selected to be interviewed. Of these ten, one was limited English proficient and required a translator which was provided by FCJDC. A total of 18 staff members were selected for interviews. The majority of the resident interviews revealed that residents were knowledgeable of PREA, the facilities zero tolerance policy regarding sexual abuse and sexual harassment, and methods of reporting allegations of sexual abuse and sexual harassment. In regard to the staff interviews, they were knowledgeable of PREA, the facilities policies and procedures regarding sexual abuse and sexual harassment. The staff was able to verbalize their responsibilities regarding reporting PREA related incidents. Training records of direct care staff, supervisory staff and contractors, showed an indication of that staff receiving PREA training and ongoing annual PREA training. Supervisory staff records indicated training regarding investigations of sexual abuse, sexual harassment and appropriate responses to these allegations.

FCJDC was found to be in full compliance with regard to all applicable PREA standards.

Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

The FCJDC has a Zero Tolerance policy notated within their policy and procedure manual; in addition their website states that they do have a Zero Tolerance policy regarding sexual abuse and sexual harassment. The policy manual identifies methods for preventing, detection and responding to sexual abuse and sexual harassment. The policy manual also has a clear set of PREA related definitions.

FCJDC utilizes an agency wide PREA Coordinator and an onsite PREA Compliance Manager. During interviews of both the PREA Coordinator and PREA Compliance Manager they both stated that they have sufficient time and authority to develop, implement, and oversee the facilities efforts to comply with the PREA standards.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

FCJDC does not contract with other entities for the confinement of residents therefore this standard is not applicable.

Standard 115.313 Supervision and monitoring

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

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

FCJDC currently utilizes a staffing policy and procedure that adheres to all elements of this standard. FCJDC currently utilizes a 1:8 staffing ration during waking hours and a 1:16 ration during sleeping hours. Policy and procedure requires that any deviation to this policy require documentation and explanation. FCJDC had not deviated from this staffing plan at the time of the audit. These staffing ratios currently exceed the minimum requirements set forth in the standard based on the fact that it is not yet mandated to implement these ratios until October 1, 2017. Documentation of annual reviews regarding discussion of the staffing plan in coordination with the Superintendent and PREA Coordinator was reviewed. This annual review is done as part of the annual self-audit required of the Virginia Department of Juvenile Justice Regulatory Standards. In addition to these annual reviews, bi-monthly meetings are held with the PREA Compliance Manager and all Supervisors to discuss the staffing plan.

FCJDC also utilizes a video monitoring system in addition to direct staff supervision to deter sexual abuse and sexual harassment of residents. All cameras were in working order and provided adequate coverage within and outside of the facility on the date of the on-site visit.

Documentation and numerous interviews of direct care staff indicated that unannounced rounds are being conducted by intermediate and upper level staff at a minimum of once per shift.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

FCJDC policy and procedure prohibits cross gender searches and viewing except in exigent circumstances. This includes cross gender strip searches or pat down searches of residents. Policy and procedure further indicates searches of residents for the sole purpose of determining a resident's genital status is also prohibited. Staff and residents indicated during interviews that cross-gender searches, viewing and searches to determine genital status do not occur.

FCJDC employs a procedure for staff of opposite gender than is indicated for the housing unit to knock before entering that unit. Once on the unit, staff is to announce that a male/female is on the unit. Prior to entering any housing unit a sign is posted instructing staff to knock and announce the presence of staff of the opposite gender.

FCJDC conducts training in how to conduct cross gender pat down searches and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible during their annual Handle With Care training. This training certification was observed throughout staff training records.

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

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

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

FCJDC policy and procedures indicate that residents with disabilities and those with limited English proficiency are provided adequate accommodations. These accommodations include interpreters for those with disabilities and limited English proficiency is provided by either qualified staff or outside resources which also includes the Language Line. Numerous documents regarding facility policy and expectations are provided both in English and Spanish. These documents include resident handbooks and PREA posters among other materials. PREA orientation videos are also available to residents for review in English and Spanish. Through resident and staff interviews, resident interpreters are not utilized.

Standard 115.317 Hiring and promotion decisions

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

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

FCJDC policy and procedure require criminal background and child abuse registry checks to be conducted on staff, volunteers and contractors at the time of new hire, promotional opportunities and every five years thereafter. At the time of hire and promotion, staff members are required to complete a questionnaire indicating no involvement of sexual misconduct. This questionnaire is then completed annually thereafter. A sample review of staff member files indicated the FCJDC has been compliant with all necessary background and registry checks. FCJDC policy and procedures also state that they will provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom such employee has applied to work.

Standard 115.318 Upgrades to facilities and technologies

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

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

FCJDC policy and procedures specify any incident-based and aggregate data are securely retained by the Superintendent. Data is maintained for 10 years and within compliance of this standard. Aggregated sexual abuse and sexual harassment data from FCJDC is made available to the public via the facility website and with any personal identifiers removed.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

FCJDC policy and procedure clearly requires staff members to report allegations of sexual abuse or sexual harassment whether it is received verbally, in writing, anonymously or from a third party. Policy further identifies protocols and procedures for reporting these allegations to facility administration, Fairfax County Police Department, Virginia Department of Social Services, Department of Juvenile Justice, Virginia State Police, Federal Bureau of Investigation, or the Fairfax County Commonwealth Attorney. During random interviews, staff members were able to explain facility protocols and procedures regarding the report of alleged sexual abuse or sexual harassment.

Fairfax County Police Department will conduct all criminal investigations alleged to occur within the facility. FCJDC also has attempted to enter into an MOU with County Victim Services to provide resident access to outside support services and victim advocacy. These services include confidential, emotional support related to sexual abuse and/or harassment to victims as well as residents who fear retaliation for reporting. As previously stated the Fairfax County Police Department will conduct any facility criminal investigation along with the coordination of SAFE/SANE forensic examinations determined to be necessary offsite at an area hospital.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

FCJDC's policies and procedures require all criminal allegations of sexual abuse and sexual harassment to be reported to the Fairfax County Police Department. The Fairfax County Police Department will conduct all criminal sexual investigations within the facility. Within the previous 12 months, FCJDC received 1 sexual harassment allegation that was investigated administratively and found to be an unsubstantiated allegation and determined not to be criminal in nature.

FCJDC website includes a PREA section indicating methods of reporting alleged sexual abuse, sexual misconduct or sexual harassment.

Standard 115.331 Employee training

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

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

FCJDC provides ongoing PREA training to all employees that have contact with residents according the PREA standard. A review of the training curriculum, staff training records and staff interviews provide confirmation that staff members receive PREA training at initial hire and annually thereafter regardless of previous experience.

Standard 115.332 Volunteer and contractor training

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

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

FCJDC provides ongoing PREA training to all volunteers and contractors who may have direct access to residents. Review of training records indicated volunteers and contractors initially received PREA training during their orientation process and were also issued a handbook outlining sexual abuse, harassment and misconduct for staff. Acknowledgement of receipt and understanding of the PREA handbook is signed by each volunteer and contractor on their respective orientation forms.

Interviews with three contractors indicated that they are knowledgeable of their responsibilities related to PREA and the agency's zero tolerance policy regarding sexual abuse and sexual harassment.

Standard 115.333 Resident education

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

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

Residents at the FCJDC receive comprehensive age appropriate orientation of the facilities zero tolerance policy and how to report sexual abuse and sexual harassment at the time of intake. Residents are given on going PREA education in the form of a video which is shown on the housing units weekly. Residents are provided a PREA brochure which also outlines to whom and how to report allegations of sexual abuse and sexual harassment. In addition, resident handbooks are available for review on all housing units. Following orientation residents sign acknowledgement of receipt of the outlined training which is then maintained in the resident's case file.

Review of resident's files and resident interviews verified residents are receiving adequate orientation of the facility PREA procedures and zero tolerance policy. Some resident interviews revealed some limited knowledge of outside victim's advocacy services. This limited knowledge prompted this Auditor to inform the PREA Compliance Manager of such limited knowledge. The PREA Compliance Manager created a poster to post in all housing units ensuring that all residents were aware of outside victim advocacy services available.

Standard 115.334 Specialized training: Investigations

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

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

FCJDC relies on the Fairfax County Police Department to conduct criminal investigations regarding any allegation of sexual abuse or sexual harassment within their facility. FCJDC also has 12 supervisory staff that are trained in "PREA: Investigation Protocols". Successful completion of this training was verified by certificates maintained in each employee's personnel file.

Standard 115.335 Specialized training: Medical and mental health care

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

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

FCJDC medical staff members do not conduct forensic medical exams. An interview with medical personnel and review of training certificates confirmed required training of this standard had been completed.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

FCJDC policies and procedures require admissions staff to conduct a “Vulnerable Population, Sexual Victimization or Abusiveness Risk Assessment” of all juveniles being initially admitted into the facility. Review of the facilities Risk Assessment indicates all questions outline by this standard are met.

Standard 115.342 Use of screening information

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

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

FCJDC utilizes all information obtained from standard §115.341 to determine housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse and sexual harassment. FCJDC policy and procedures also prohibit lesbian, gay, bi-sexual, transgender and intersex residents from being isolated and/or separated from other residents solely on the basis of their sexual orientation. FCJDC did not have any residents placed in isolation because of risk of sexual victimization within the past 12 months.

Standard 115.351 Resident reporting

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

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

FCJDC provides multiple methods for residents to privately report allegations of sexual abuse and sexual harassment. Numbers to the PREA reporting hotline along with various numbers to other advocacy agencies are posted by each phone that residents are able to utilize. Interviews with staff members indicated proper procedures of accepting and reporting allegations of sexual abuse and sexual harassment from residents. Random interviews of residents indicated that they also were aware of various methods for reporting allegations. Although some residents were not fully aware of the address to write to make a report, the address had been provided to them.

Standard 115.352 Exhaustion of administrative remedies

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

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

FCJDC has a policy and procedure in place providing residents, outside family members and/or other advocates with a grievance system accessible to them. This policy and procedure is fully compliant with all standard requirements including a final agency decision on the merits of a grievance alleging sexual abuse and sexual harassment being made within 90 days of the initial filing of a grievance. In the previous 12 months FCJDC had not received any grievances alleging sexual abuse or sexual harassment.

Standard 115.353 Resident access to outside confidential support services

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

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

FCJDC has attempted to enter into a Memorandum of Understanding (MOU) with the Fairfax County Victim Services. The MOU verifies that Victim Services agrees to provide ongoing emotional support services for residents determined to be victims of sexual abuse or sexual harassment. During resident interviews they were able to verify reasonable and private access to their attorneys and other legal representatives while also being able to call and receive visits from their parents and/or legal guardians on a regular basis.

Standard 115.354 Third-party reporting

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

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

FCJDC has established numerous methods of third party reporting on behalf of residents. FCJDC provides information about PREA and clear instructions on how to anonymously report as a third party any allegation of sexual abuse or sexual harassment on their website. This website is fully accessible to the public. FCJDC further provides instructions regarding third party reporting by posting clear instructions in their lobby. This information is presented in both English and Spanish.

Standard 115.361 Staff and agency reporting duties

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

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

FCJDC implements a policy and procedure which is fully compliant with all the standard requirements outlined in §115.361. Random interviews with various staff members indicate their awareness and compliance of this standard. Employees interviewed understood that they were mandatory reporters and were able to describe the procedures of reporting alleged incidents of sexual abuse and sexual harassment. Staff interviews also indicated their knowledge of their requirement to immediately report of retaliation against residents or staff who report any incidents of sexual abuse or sexual harassment.

Standard 115.362 Agency protection duties

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

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

FCJDC policy and procedure specifies appropriate and immediate procedures staff members are to take to protect residents from sexual abuse and sexual harassment. Interviews with staff members including those to be considered specialized staff verified facility compliance with this standard. Additional interviews and review of documentation indicated FCJDC did not have any residents identified as being at risk for sexual abuse or sexual harassment within the last 12 months.

Standard 115.363 Reporting to other confinement facilities

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

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

FCJDC policy and procedure requires in the event of a resident making an allegation of being sexually abused or sexually harassed while confined in another facility, the Superintendent will notify the head of the facility or appropriate office of the agency where an alleged abuse or harassment occurred and to also notify appropriate investigative agencies. Notification to the other facility is to occur within 72 hours of receiving the allegation and documentation of said notification is to be maintained. In the past 12 months, FCJDC did not receive any allegations that a resident was abused while confined at another facility nor were there any allegations of sexual abuse or sexual harassment FCJDC received from other facilities.

Standard 115.364 Staff first responder duties

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

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

FCJDC has a policy and procedure in place specifying first responder duties and expectations. Interviews of staff members indicated their knowledge of the current policy and expectations of the first responder(s). Within the previous 12 months, FCJDC has received 0 allegations of sexual abuse or sexual harassment.

Standard 115.365 Coordinated response

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

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

FCJDC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse or sexual harassment among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This written plan was provided for review.

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

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

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

FCJDC has a policy and procedure in place prohibiting the agency or any other governmental entity responsible for collective bargaining on the agency's behalf to enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and what to extent discipline is warranted. Review of policy indicates FCJDC is also fully compliant with all other entities of this standard.

Standard 115.367 Agency protection against retaliation

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

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

FCJDC has a policy and procedure in place 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. Reviews of this policy and procedure and after interviewing the facility PREA Compliance Manager, indications were the facility is fully compliant with this standard. The Assistant Superintendent for Detention Services is responsible for monitoring retaliation and provided ample responses to questions during the interview to indicate full knowledge of said responsibilities. FCJDC has not had any incidents of retaliation during the previous 12 months.

Standard 115.368 Post-allegation protective custody

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

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

FCJDC policy and procedure stipulates that residents to have been alleged to have suffered from sexual abuse or sexual harassment will only be placed in isolation as a last resort when less restrictive actions are inadequate to keep the resident as well as other residents safe until an alternative means of keeping all residents safe can be arranged. Further review of the policy and procedure reveals if a resident is placed in isolation due to said circumstances, the resident will be afforded the opportunity to receive daily large muscle exercise and access to educational programming or special education services. Additionally, the resident shall receive daily visits from a medical or mental health clinician. FCJDC has not required isolation of any residents under these circumstances within the previous 12 months.

Standard 115.371 Criminal and administrative agency investigations

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

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

Review of FCJDC policy and procedure and during an interview with the facility Superintendent, Assistant Superintendent for Detention Services, and PREA Compliance Manager indicate FCJDC is fully compliant with all portions of this standard. FCJDC will conduct all administrative investigations and the Fairfax County Police Department will conduct all criminal investigations and any additional protocols associated with their investigation. FCJDC has not had any sustained allegations of appeared criminal conduct that were referred for prosecution since August 20, 2012.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

FCJDC policy and procedure does not impose any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.373 Reporting to residents

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

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

FCJDC policy and procedure defines the notification expectations which adhere to all standard requirements. The interview with the PREA Compliance Manager also indicated full compliance of this standard. FCJDC has had 0 allegations of sexual abuse or sexual harassment.

Standard 115.376 Disciplinary sanctions for staff

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

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

FCJDC defines staff disciplinary sanctions up to and including termination for violation of the agency sexual abuse and sexual harassment policies in place. FCJDC has not had any staff members from the facility terminated or resign prior to termination within the previous 12 months. Nor has any staff members from the facility been disciplined short of termination for violation of the agency sexual abuse and sexual harassment policy.

Standard 115.377 Corrective action for contractors and volunteers

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

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

FCJDC policy and procedure indicates any contractor or volunteer who engages in sexual abuse or sexual harassment will be prohibited from contact with the residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Within the previous 12 months, FCJDC has had 0 cases of contractors or volunteers prohibited from contact with residents due to sexual abuse or sexual harassment allegations not has any contractor or volunteer been reported to law enforcement or relevant licensing bodies.

Standard 115.378 Disciplinary sanctions for residents

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

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

FCJDC policy and procedures stipulate a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or sexual harassment or following a criminal finding of guilt for resident-on-resident sexual abuse or sexual harassment. FCJDC has had 0 residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse or sexual harassment in the previous 12 months.

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

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

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

FCJDC policy and procedure indicates full compliance with this standard. Interviews with medical personnel and documentation verified immediate notification to the medical and mental health staff pursuant to the expectation of this standard.

Standard 115.382 Access to emergency medical and mental health services

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

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

FCJDC policy and procedure provides resident victims of sexual abuse and sexual harassment timely, unimpeded access to emergency medical treatment and crisis intervention services. Treatment services are also provided to the victim without any financial cost regardless to whether or not the victim identifies the abuser or cooperates with any investigation arising out of the incident. Interview with medical personnel further verified compliance of this standard.

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

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

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

FCJDC policy and procedure outlines the process to be completed to ensure residents have access to ongoing medical and mental health services pursuant to this standard. Interviews with medical personnel indicate their awareness and understanding of the facility policy expectations.

Standard 115.386 Sexual abuse incident reviews

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

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

FCJDC policy and procedure requires a review within 30 days of the conclusion of every sexual abuse and sexual harassment investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The facility review team consists of the Superintendent, Assistant Superintendent for Detention Services, PREA Compliance Manager, with input from shift administrators, investigators, and medical or mental health practitioners. Within the previous 12 months, FCJDC has had 0 sexual abuse or sexual harassment incidents to investigate.

Standard 115.387 Data collection

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

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

FCJDC collects accurate data pursuant to this standard on their Serious Incident Reports in conjunction to the Bureau of Justice Uniform Crime Reports. Review of the annual report on the facility website indicated completion according to this standard.

Standard 115.388 Data review for corrective action

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

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

FCJDC policy and procedure requires review of the data collected from all reports of sexual abuse and sexual harassment in order to assess and improve the effectiveness of its sexual abuse and sexual harassment prevention, detection, and response policies, practices, and training. The interview with the PREA Compliance Manager indicated on ongoing review of data pursuant to this standard. The facility annual report is made available to the public on the facility website.

Standard 115.389 Data storage, publication, and destruction

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

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

FCJDC policy and procedures specify any incident-based and aggregate data are securely retained by the Superintendent. Data is maintained for 10 years and within compliance of this standard. Aggregated sexual abuse and sexual harassment data from FCJDC is made available to the public via the facility website and with any personal identifiers removed.

AUDITOR CERTIFICATION

I certify that:

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

Bryan Henry

April 7, 2016

Auditor Signature

Date