

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: June 30, 2016

Auditor Information			
Auditor name: Susan Heck/Vernon Harry			
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Telephone number: 757-784-1675; 540-455-1095			
Date of facility visit: June 3, 2016			
Facility Information			
Facility name: Boys Probation House			
Facility physical address: 4410 Shirley Gate Road, Fairfax, VA 22030			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 703-591-0171			
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 type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Ivy Tillman, Program Director			
Number of staff assigned to the facility in the last 12 months: 22			
Designed facility capacity: 16			
Current population of facility: 8			
Facility security levels/inmate custody levels: Non-secured facility			
Age range of the population: 14-17 years			
Name of PREA Compliance Manager: Ivy Tillman		Title: Program Director	
Email address: Ivy.Tillman@fairfaxcounty.gov		Telephone number: 703-591-0171	
Agency Information			
Name of agency: Fairfax County Juvenile and Domestic Relations District Court			
Governing authority or parent agency: <i>(if applicable)</i> Fairfax County, VA			
Physical address: 4410 Chain Bridge Road, Fairfax, VA 22030			
Mailing address: <i>(if different from above)</i> 10650 Page Avenue, Fairfax, VA 22030			
Telephone number: 703-246-2924			
Agency Chief Executive Officer			
Name: Robert Bermingham		Title: Director of Court Services, 19 th Judicial District	
Email address: Robert.Bermingham@fairfaxcounty.gov		Telephone number: 703-246-3416	
Agency-Wide PREA Coordinator			
Name: Karla Hardy		Title: Initiatives and Special Projects Coordinator	
Email address: Karla.Hardy@fairfaxcounty.gov		Telephone number: 703-246-3436	

AUDIT FINDINGS

NARRATIVE

The Boys Probation House (BPH) received an onsite PREA audit on June 3, 2016. A meeting was held on June 2, 2016 with the PREA Coordinator for the agency, Karla Hardy, on the first day of the overall agency audit (which included separate audits for four facilities (group homes); Boys Probation House, Foundations, Shelter Care II and Transitional Living Program. This auditor met with BPH Program Director, Ivy Tillman, during the morning of June 3, 2016.

The Boys Probation House is a non-secure program for youth aged 14-17 years of age who are court involved and struggling to maintain their behavior in their homes, schools and the community. The highly structured program takes from nine to twelve months to complete. Residents reside at the program but may earn home passes. All residents attend school at the facility while in the program. Treatment focuses on making residents more responsible for their behavior, their lives, and promotes an understanding and acceptance of the role of authority and its value in their lives. Direct care counseling services are delivered by program staff. Any additional services are provided by local service providers in the community. Residents are carefully screened before acceptance into the program. A maximum of 16 residents are at BPH at one time.

The facility, built in 1996, is a one story, 9,480 wood framed structure surrounding an outdoor courthouse. It is faced with brick, has aluminum window frames and a sloped pre-finished aluminum roof. Upon entry (locked to prevent intruders), the administrative area is to the right. It includes a reception area with offices and a conference room beyond. Also housed in this area is a copier station, resident files, open area for three counselor workstations, and the offices of the program director and assistant director.

There are two housing units, A & B, each consisting of four, double occupancy rooms, two bathrooms (one is ADA compliant), and a living room area. At the back of the units is the laundry room which houses two washers, two dryers, and two supply cabinets. Residents are supervised while in these areas. Staff desk is positioned well and has full view of residents' activities. All changing, bathing, and toileting happens in the bathrooms. There is a third living unit that is currently used as a recreation area, counselors' offices, storage area, and medication room.

The facility is well covered with its camera system. No blind spots were noted and no cameras were positioned in ways that interfered with residents' privacy during changing, bathing, toileting activities. Most doors have clear glass and most offices have glass so that there is clear line of sight throughout most of the building. The classrooms are adjacent to the housing areas and may be accessed either through the courtyard or through the hall. Storage areas were locked as appropriate. Resident phones are in the long hallway with appropriate camera coverage; additional information providing telephone numbers for outside resources will be added to this area.

To the left of the front entrance is a community living area with a television, an office with doors with windows, a small conference room, also with a door with windows and windows along the side, the dining room with windows along one wall and the kitchen. The kitchen is very open and well covered with cameras. Residents take part in cooking, meal delivery, and clean up.

The facility has outdoor seating just outside the kitchen for cook outs, etc. and an outdoor recreation area with basketball hoops. They are currently building a vegetable garden for residents to maintain. There are outdoor cameras that cover the recreation area. (A camera for the front door helps identify persons wanting to enter.)

The facility does not employ medical or mental health professionals; mental health needs are provided by the local Community Services Board who has a worker at the facility. In the event of an alleged sexual assault, victims are transported to INOVA Fairfax Hospital which provides 24/7 SAFE/SANE personnel. All allegations of sexual abuse are investigated; the facility has investigators to handle administrative and sexual harassment investigations, all of whom have taken the Investigator Training provided by the PRC through NIC. Criminal investigations are referred to the Fairfax County Police Department and there is a MOU in place. Victim advocates for emotional support services related to sexual abuse may be accessed 24/7 by calling the Victim Services Unit. Additional mental health services are provided through Merrifield Emergency Services.

Required PREA Auditor Notices were evident in the facility. One zero tolerance poster was also evident. There is a bulletin in the front reception area with resources for parents and another bulletin board in the reception area for residents. Additional PREA posters were recommended, and the PREA Coordinator will take on this task and increase the PREA information in the facility. All residents knew about the zero tolerance policy, knew how to report, how to access services, and that they were protected against retaliation.

This is a small facility (group home, non-secure) with a maximum of 16 residents and has 27 staff. Six residents are currently in the program and all six were interviewed; all current residents' files were reviewed. Of the 27 staff, 11 were interviewed over the course of the audit (represents almost half of staff and meets minimum of ten required). All staff files were reviewed for background checks, staff training records, and 5-yr backgrounds. Residents that were longer term residents were trained in April and May, 2016. The newest resident was trained at intake, which reflects the newly implemented agency policy of training residents on PREA and doing vulnerability assessments at intake (earlier than required by standards). A new form capturing all the elements required in the PREA standard in one place has been adopted by the facility (and by the agency as a whole) and will be used moving forward. Agency memorandum has been

sent out to all facilities to use the new form to ensure that the information is in one place and continues to guide decisions for each resident.

DESCRIPTION OF FACILITY CHARACTERISTICS

Boys Probation House is a highly structured, non-secure program for males from 14-17. Average length of stay is from 9-12 months. Residents are court-involved and placement is by court order. Residents go to school at the facility. Teachers provided through Fairfax County Public Schools; school is a Fairfax County Alternative school.

Staff are highly engaged with residents and counselling is ongoing. Staffing ratios meet and often exceed the standard (which has an implementation date of 2017). Staffing plans add additional staff at transition times during the day; extra staff come on for after school, activity periods and if transportation is needed. Residents take part in helping prepare, serve, and clean up after meals. Residents are allowed to earn home passes for weekends.

All residents shower separately. Residents are allowed to bathe, shower, toilet without viewing by the opposite gender.

SUMMARY OF AUDIT FINDINGS

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Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

Evidence

Boys Probation House (BPH) PREA Policy Manual (hereafter "BPH policy") 115.311 Zero Tolerance Policy, p. 7-8.
Fairfax JDRDC Agency Prison Rape Elimination Act Policy Manual (hereafter "Agency policy"), 1.4.1 Zero Tolerance Policy, p. 6
Interviews with 11 of 27 staff (counting six relief counselors), seven residents, one teacher and one volunteer reflect knowledge of Zero Tolerance Policy
Poster reflected Zero Tolerance Policy
Resident PREA brochure, "What You Should Know About Sexual Assault and Abuse"
Organizational chart reviewed

Facility zero tolerance policy very thorough and well done. Excellent description of prevention, detection, response strategies. Policy includes required definitions, descriptions of sanctions, responsibilities. Agency policy reflects same. Posters are evident in the facility. Resources for parents are evident. Resident PREA brochure, "What You Should Know About Sexual Assault and Abuse" describes Zero Tolerance policy.

The agency’s Initiatives and Special Projects Coordinator serves as the PREA Coordinator and is knowledgeable and competent. She reports to the agency’s Director of Residential Services. (The BPH program director has been promoted to this position and will transition there over the summer.) The facility’s Program Director serves as its PREA Compliance Manager.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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Evidence

BPH PREA Policy Manual 115.313, pg. 9

This standard does not apply to this facility. It does not contract with other agencies or entities for the confinement of its residents.

Standard 115.313 Supervision and monitoring

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

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Evidence

BPH PREA Policy Manual 115.313, pg. 9-11;

Fairfax County JDRDC PREA Policy Manual 1.4.4, Supervision and Monitoring of Residents, pg. 7-8.

Staffing Plan Review documentation

Unannounced round documentation reviewed

BPH policy provides an excellent description of facility process for supervision and monitoring of residents. The BPH is a single story 9,480 sq. ft. facility which surrounds an outdoor courtyard. There are three housing unit areas, but only two are being used as housing units. Each of these houses eight residents. (The third area is being used as a rec room and counselors' offices.) Development of staffing plan uses all required elements in standard. There was no incidence of failing to meeting the staffing plan noted during interviews with Program Director. None noted in pre-audit questionnaire. The staffing plan does a nice job of providing extra staff during the times residents are out of school.

This facility exceeds the staffing ratio required by the standard.

Upper level staff are doing PREA rounds, but had not documented sufficiently at the time of the audit. This facility is a therapeutic program and its upper level supervisors, in addition to all its staff, are extremely engaged in their program including frequently providing short term coverage. They engage often with residents and staff on multiple levels and at all times of the day/night. They have been documenting their monthly review of video footage; new policy clarification is now in place to require quarterly PREA focused unannounced rounds with requirement to document this activity on a specific form. Documentation of the first quarterly in person unannounced round in June, 2016 was forwarded to this auditor.

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.

Evidence

BPH PREA Policy 115.313 Limits to cross-gender viewing and searches, pg. 11-12

Fairfax JDRDC PREA Policy 1.4.5 Limits to Cross-Gender Viewing and Searches, pg. 8-9

Interviews with staff members

Interviews with residents

This facility's policy states that it does not do pat down searches. If there is a concern about a resident having contraband or carrying a weapon, Fairfax Policy are called and conduct a pat down search. The facility uses a wand to "search" residents when returning from an outing not involving staff supervision (home passes, etc.) in addition to asking residents to remove their shoes and empty their pockets. Staff do not touch residents during this process. Resident interviews and staff interviews supported this practice.

Cross-gender strip searches and cross-gender visual body cavity searches are prohibited by policy. Policy permits strip searches by same gender staff after authorization by program director. Any exigent circumstance documented and justified. Staff trained with PRC Cross Gender Search training. Agency policy prohibits the searching of transgender or intersex residents to determine genital status.

Residents use the bathroom to change their clothes in addition to toileting and bathing. All resident and staff interviews were consistent in describing this as the facility's practice.

Agency/facility policy require female staff members to announce their presence when entering the housing units where residents sleep and where the bathrooms are located; practice of this requirement was confirmed by resident and staff interviews.

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

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

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

Evidence

BPH PREA Policy 115.316 Residents with disabilities and who are limited English proficient, p. 12-13

Fairfax County JDRDC PREA policy 1.4.6, #1, p. 9-10

Interviews with staff and residents

Facility/agency has excellent resources for non-English speaking residents that utilize multiple sources for translation services and help. Information on Communications Accessibility, including a TTY Instruction Sheet as well as a list of Sign Language Interpreters who have contracts with Fairfax County Government, Captioning and County Facilities with Assistive Listening Systems, are available on FairfaxNET or by contacting the Equity Programs Division. Contracts are through Fairfax County. Translation services are available 24/7.

Residents are not allowed to translate for other residents and this was confirmed through all resident and staff interviews.

PREA brochure available in Spanish. PREA Coordinator having additional materials translated (posters, etc.). There have been no instances of residents translating for other residents in the past twelve months.

Standard 115.317 Hiring and promotion decisions

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

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

Evidence

BPH PREA Policy Manual, 115.317 Hiring and Promotion, pg. 13
Fairfax County JDRDC PREA Manual, 1.4.7 Hiring and promotion decisions, pg 10
Agency employment application
Supplemental questions to agency employment application
Background checks of all current staff
Five year backgrounds complete on all current staff

Program director serves as hiring manager. Agency policy is clear about required background and CPS checks and all employee records were reviewed and in compliance with the background check requirements of this standard. In addition, the facility has secured repeat backgrounds for all staff who have been with the agency/facility for longer than four years. Questions posed in 115.317 Hiring and promotion decisions (a), 1-3 are included in employee self-evaluation documents and discussed during evaluation meetings with supervisors. Facility director is authorized to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

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.

Evidence

Fairfax County JDRDC PREA Manual, 1.4.8 Facility Upgrades and Technologies, pg 11

Agency policy complies with standard. This standard does not apply to this facility; it has not upgraded its system since August 20, 2012.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Evidence

BPH PREA Policy Manual, 115.321 Evidence Protocol and forensic medical examinations, p 13-14.
Fairfax County JDRDC PREA Policy 1.4.9 Evidence protocol and forensic medical examinations, #s1-5, p. 11

MOU with Fairfax County Police Department
Staff interviews

The facility/agency has a MOU in place with the Fairfax County Police Department to conduct any criminal sexual abuse investigation and it indicates the intention to follow uniform evidence protocol. The MOU also states that investigative results will be forwarded to the agency. In addition, the MOU provides a victim advocate for any victim requesting this service from the FCPD Victim Services Unit. There have been no allegations of sexual abuse in the past twelve months; no instances where forensic medical examinations were required in the past twelve months.

Any forensic exam would be conducted at Inova Fairfax Hospital at no cost to the resident. Inova Fairfax has SAFE/SANE staff available 24/7. Staff interviews confirm this practice and all staff interviewed were aware of who would investigate.

No residents reported sexual abuse in the past twelve months so were not available to interview for compliance.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Evidence

BPH PREA Policy Manual, 115.322 Policies to ensure referrals of allegations for investigations, p. 14
Fairfax County JDRDC PREA Policy 1.4.10 Ensuring referrals of allegations for investigations, p. 12-13
MOU with Fairfax County Police Department
Staff interviews
Agency head interview
Program director interview

The facility/agency is committed to investigating all allegations of sexual abuse and sexual harassment. An MOU is in place with Fairfax County Police Department to handle all allegations that are criminal in nature. The program director, assistant program director, and counselor/team leader have taken the Special Training for Investigators provided through PRC and NIC. Sexual harassment investigations and administrative investigations will be handled by one of these three staff and their understanding of the training was confirmed through investigator questions and interviews. Staff interviews indicate that staff know who is supposed to be doing investigations. There have been no allegations of sexual abuse or sexual harassment in the past twelve months.

Standard 115.331 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence

BPH PREA Policy Manual 115.331 Employee Training, p. 14-15

Fairfax County JDRDC PREA Policy 1.5.1 Employee, Volunteer, and Contractor Training, p. 13-14

Review of "The Fairfax County Juvenile and Domestic Relations District Court Staff Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment"

Training records of al 27 staff were reviewed

Interviews with 11 of 27 staff

BPH policy has good description of ongoing training efforts and tools used to train staff. Agency policy has an overarching training curriculum for all its staff entitled, "The Fairfax County Juvenile and Domestic Relations District Court Staff Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment". This document is comprehensive and includes all required elements of standard. BPH and agency policies require training for all employees, contractors and volunteers. Policies require refresher training for employees. This facility is an all male facility.

There was initial confusion in terms of whether this group home facility fell under the PREA standards. All staff have now been trained and training occurred during the past six months. BPH and agency policies require annual refresher training. Training records of all 21 staff members were reviewed; training records were signed by employees and indicate understanding.

Standard 115.332 Volunteer and contractor training

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

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

Evidence

BPH PREA Policy Manual 115.331 Employee Training, p. 14-15;

BPH PREA Policy Manual 115.332 Volunteer and contractor training, p. 14-15;

Fairfax County JDRDC PREA Policy 1.5.1 Employee, Volunteer, and Contractor Training, p. 13-14

Review of "The Fairfax County Juvenile and Domestic Relations District Court Staff Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment"

Interviews with volunteer and teacher

BPH policy has good description of ongoing training efforts and tools used to train staff, contractors and volunteers. BPH and Agency policies require training for all employees, contractors and volunteers. Agency has an overarching training curriculum for all its staff, contractors and volunteers entitled, "The Fairfax County Juvenile and Domestic Relations District Court Staff Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment". This document is comprehensive and includes all required elements of standard. This facility is an all male facility.

Training records of all volunteers and contractors were reviewed; training records were signed and indicate understanding. Volunteer interview reflected understanding. Interview with teacher reflected understanding.

Standard 115.333 Resident education

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

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Evidence

BPH PREA Policy Manual 115.333 Resident Education, p. 15; all elements contained in standard covered
Fairfax County JDRDC PREA Manual, 1.5.2 Resident Education, p. 14-15; all elements contained in standard covered
Reviewed resident PREA brochure
DVD from PRC
Review of all resident training records which contained signed forms indicating that residents received and understood the training received
Resident interviews confirmed knowledge of all elements of the training.

Although there was confusion as to whether group homes in VA were required to be PREA compliant, all residents at this facility were trained between April and May of 2016. Agency and facility policies require training at time of intake (before 10 days). Training includes all required components. Residents sign training forms indicating they received the training and understand. Resident interviews (total population of six residents; all interviewed) indicate knowledge of training. Confirm receiving brochure, staff led training. In addition, a PREA informational DVD is shown on Sundays to cover information again and in more depth. Materials are available to non-English speakers and other residents who may be disabled through an extensive array of services available to all Fairfax County agencies (including BPH). Facility had minimally required PREA information posted; PREA Coordinator will develop and distribute for posting more extensive PREA information (posters, community resources, etc.).

Standard 115.334 Specialized training: Investigations

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

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

Evidence

BPH PREA Policy Manual 115.334 Specialized Training, : Investigations p. 15-16;
FC JDRDC PREA Policy Manual, 1.5.3 Specialized Training: Investigations, p. 14-15
Training records of staff designated as facility investigators—NIC Training Certificates
Interviews with all designated staff
MOU with Fairfax County Police Department

The program director, assistant program director, and counselor/team leader have taken the Special Training for Investigators provided through PRC and NIC; these staff also received standard PREA training. Sexual harassment investigations and administrative investigations

will be handled by one of these three staff and their understanding of the training was confirmed through investigator questions and interviews. Staff interviews indicate that staff know who is supposed to be doing investigations. There have been no allegations of sexual abuse or sexual harassment in the past twelve months.

Standard 115.335 Specialized training: Medical and mental health care

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

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Evidence

BPH PREA Policy Manual 115.3345 Specialized Training, Medical and mental health care p. 16
FC JDRDC PREA Policy Manual, 1.5.4 Specialized Training: Medical and mental health care, p. 15

Facility policy recites agency policy; this facility does not employ medical or mental health staff. Residents are seen at Inova Fairfax Hospital for any emergency medical treatment; victim advocates provided through Special Victims unit of FC PD. No forensic exams done onsite.

This facility has an ongoing relationship with the Fairfax County Community Services Board (CSB) to provide mental health treatment to its residents.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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Evidence

BPH PREA Policy Manual 115.341: Obtaining information from residents, p. 16-17
FC JDRDC PREA Policy Manual, 1.6.1 Obtaining information from residents, p. 15-16
Review of Vulnerability Screening Instrument
Interviews with staff who screen for vulnerability
Agency memorandum re use of vulnerability instrument for agency reviewed

Information is gathered through referral submitted by probation officer, conversation with resident at time of intake interview, through any available medical and mental health screenings, during classification assessments, and by reviewing court records.

Interviews with staff responsible for conducting the screening indicated understanding of what the tool is meant to capture and why.

Appropriate controls are in place to keep the information confidential.

The agency recently adopted a standard screening instrument and issued a memorandum designating the appropriate screening instrument and how it is to be used. This instrument was reviewed by this auditor, and all elements are included. Vulnerability screening is done at intake.

Standard 115.342 Use of screening information

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

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Evidence

BPH PREA Policy Manual 115.342: Placement of residents in housing, bed, program, education, and work assignments, p.17-18
FC JDRDC PREA Policy Manual, 1.6.2, Placement of residents in housing, bed, program, education, and work assignments, p. 16-17
Interviews with six residents
Interviews with 11 of 27 staff

Residents are carefully screened before placement in this program. Information gathered is used to determine a resident's appropriateness for this program and used when housing unit/room assignments are made. Information is reassessed often through team meetings. All interviews with residents and staff confirm that isolation is not used; however, the facility's policy mirrors the standard's requirements should isolation be used; BPH PREA manual states "residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe and then only until an alternative means of keeping all residents safe can be arranged". No residents were put in isolation.

All residents shower separately. Policy states and staff interviews support that a resident's own perception of safety would be given consideration in programming and housing decisions. Acceptance of GBTI residents are made on case by case basis. There are no GBTI residents in the facility's current population.

Standard 115.351 Resident reporting

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

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

Evidence

BPH PREA Policy Manual 115.351, Resident Reporting, p.18-19
PREA Audit Report

FC JDRDC PREA Policy Manual, 1.7.1 Resident Reporting of sexual abuse or sexual harassment, p. 18
Interviews with six residents
Interviews with staff

Policies of agency and facility state that residents have multiple ways to report sexual abuse or sexual harassment including using Fairfax Victim Services 24 hour Crisis Helpline, filing a grievance, reporting to staff. Interviews with staff and residents confirm there are multiple ways for residents to report. Tools to report are provided to residents. Staff are allowed to report privately. Per agency policy, residents are not detained solely for civil immigration. Staff members accept reports made verbally, in writing, anonymously, and from third parties; verbal reports are promptly documented.

Standard 115.352 Exhaustion of administrative remedies

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

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

Evidence

BPH PREA Policy Manual 115.352 Exhaustion of Administrative Remedies, p.19-20
FC JDRDC PREA Policy Manual, 1.7.2 Administrative Remedies, p. 18
Interviews with residents
Interviews with staff

Agency and facility policy mirror PREA standard and include all components of the standard. No grievances of this nature have been filed at this facility. No residents have reported sexual abuse; all residents and staff interviewed were aware that a third party could file a grievance on a resident's behalf. All staff interviewed responded that a grievance alleging a resident was at substantial risk of imminent sexual abuse would be forwarded to proper person and responded to immediately.

Standard 115.353 Resident access to outside confidential support services

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

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

Evidence

BPH PREA Policy Manual 115.353 Resident access to outside support services and legal representation, p.20
FC JDRDC PREA Policy Manual, 1.7.3 Resident access to outside support services and legal representation, p. 19
MOU with Fairfax Police Victim Services

Interviews with six residents
Interviews with staff, program director, PREA compliance manager

Interviews with program director, PREA compliance manager and residents confirm that the residents have confidential access to their attorneys (no limit) and reasonable access to parents/guardians, both may take place in private meeting rooms. Residents may make confidential calls if requested; these calls are monitored if a potential threat is suspected. Per agency policy, no residents detained solely for civil immigration purposes. Residents provided with victim advocates through Fairfax County Police Department's Victim Services—MOU in place and reviewed. Residents indicated that they know the limits of confidentiality when talking with outside support services. Residents indicated understanding of mandatory reporting. Residents provided with postage for mailing letters.

Standard 115.354 Third-party reporting

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

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

Evidence

BPH PREA Policy Manual 115.354 Third Party Reporting, p. 20-21
FC JDRDC PREA Policy Manual, 1.7.4 Third Party Reporting of Sexual Abuse or Sexual Harassment, p. 19
Interviews with six residents
Interviews with staff

Agency provides information on how to make a third party report on its website. All residents interviewed were aware that someone could report on their behalf (and that they could report on someone else's behalf). Third party reports are investigated. Staff were all aware that third parties could report and how to handle such reports.

Standard 115.361 Staff and agency reporting duties

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

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

Evidence

BPH PREA Policy Manual 115.361 Staff and agency reporting duties, p.21
FC JDRDC PREA Policy Manual, 1.8.2 Staff Reporting of Sexual Abuse or sexual Harassment, #2, p. 20
Interviews with staff, program director, PREA coordinator
Sexual assault protocol

MOU with Fairfax Police Department

Agency/facility policy mirrors standard. Review of facility's sexual abuse response protocol. Interviews with staff indicate understanding of role as mandatory reporters. Program director, PREA Coordinator, and interviewed staff aware of the facility's responsibility to report any allegations of sexual abuse to appropriate authorities, parents/guardians, investigators and to comply with mandatory reporting laws. Reports are forwarded to Director of Residential Services.

Standard 115.362 Agency protection duties

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

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

Evidence

BPH PREA Policy Manual 115.361 Agency Protection duties, p. 21
FC JDRDC PREA Policy Manual, 1.8.2 Staff Reporting of Sexual Abuse or sexual Harassment, p. 20
Staff interviews including agency head designee, program director

There have been no reports of imminent sexual abuse in the past 12 months. All interviews confirmed agency/facility policy to protect and to act immediately.

Standard 115.363 Reporting to other confinement facilities

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

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

Evidence

BPH PREA Policy Manual 115.363 Reporting to other confinement facilities, p. 22
FC JDRDC PREA Policy Manual, 1.8.3 Reporting to other facilities, #1 p. 21
Interview with agency head
Interview with program director

There have been no allegations within the past 12 months; no documentation to review. Agency head and program director interviews indicate knowledge of duty to report; agency/facility policies articulate reporting responsibilities.

Standard 115.364 Staff first responder duties

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

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

Evidence

BPH PREA Policy Manual 115.364 Staff First Responder Duties, p. 22
FC JDRDC PREA Policy Manual, 1.8.4, Staff First Responder Duties (PREA Response Protocol), p. 21
All interviews with staff indicate their knowledge of their responsibilities
No incidents have been reported; no documentation to review
Protocols posted with facility name on protocol

All staff interviewed (regardless of position at facility) were aware of their responsibilities as first responders. Protocol is posted with “BPH” on the protocol. No allegations within past 12 months.

Standard 115.365 Coordinated response

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

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

Evidence

BPH PREA Policy Manual 115.365, Coordinated Response, p. 22-24
FC JDRDC PREA Policy Manual, 1.8.5 Coordinated Response, p. 22-23
Interview with program director
Interview with staff members

Staff were aware of the plan (detailed in 115.364) and that it is a coordinated response for all staff and responders. There is a response plan that is specific to the facility. Facility policy is detailed and covers all elements of the standard. Information on providing emergency mental health and medical care is clearly articulated.

There have been no allegations of sexual abuse at this facility within the past 12 months.

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.

This standard does not apply to this agency/facility. Agency policy mirrors standard. Not a collective bargaining state.

Standard 115.367 Agency protection against retaliation

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

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

Evidence

BPH PREA Policy Manual 115.36,7 Agency protection against retaliation, p. 24

FC JDRDC PREA Policy Manual, 1.8.7 Protection from Retaliation, p. 23-24

Interviews with program director, agency head.

Interviews with staff

Program director is tasked with this responsibility. Program director interview indicates understanding of retaliation protection responsibilities. Interviews with program director and agency head indicate understanding of need to monitor for retaliation after a staff or resident report. Program director indicated knowledge that monitoring would include periodic status checks for residents. Policy indicates that any other individual who cooperates with an investigation or reports would be afforded the same protection. Interviews indicate knowledge of responsibility. Policy states and interviews support that monitoring would continue past 90 days if anything indicated that a longer time was necessary for the protection of staff or residents. Interviews with key staff (above) supported the agency/facility policy of not tolerating any retaliation.

Standard 115.368 Post-allegation protective custody

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

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

Evidence

BPH PREA Policy Manual 115.368 Post allegation protective custody, p. 28
FC JDRDC PREA Policy Manual, 1.8.8 Post allegation protective custody, p. 24
Staff interviews
Resident interviews

Policies and procedures exist and are compliant with the standard, however, no residents are held in isolation at this facility for any reason. This is a non-secure group home facility. All resident interviews and all staff interviews are consistent with no isolation. This is a non-secure facility. Staff interviews describe providing one to one supervision for any resident deemed to be at risk for harm. Interviewed staff discussed multiple ways to ensure a resident’s safety.

Standard 115.371 Criminal and administrative agency investigations

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

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

Evidence

BPH PREA Policy Manual 115.371 Criminal and administrative agency investigations, p. 24-26
FC JDRDC PREA Policy Manual, 1.9.1 Criminal and administrative investigations, p. 24-25
MOU with Fairfax County Police Department
Interviews with investigative staff
Review of training for investigators

Four staff members have taken the training provided through NIC on the PRC website. Certificates were reviewed and three of the staff members were interviewed; all exhibited understanding of the training received. Facility only does administrative investigations. Policy complies with standard. No allegations have been made; none referred for investigation. Facility refers criminal cases to FCPD for investigation. MOU on file.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Evidence

BPH PREA Policy Manual 115.372 Evidentiary standard for administrative investigations, p.26

FC JDRDC PREA Policy Manual, 1.9.2 Evidentiary standard for administrative investigations, p. 25

Interview with investigative staff

Agency/facility policy complies with standard. Interviewed staff knew appropriate standard of evidence. No allegations have been made, no investigations have been conducted, no reports to review.

Standard 115.373 Reporting to residents

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

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

Evidence

FC JDRDC PREA Policy Manual, 1.9.3 Reporting investigative outcomes to residents, p. 25-26

Interviews with program director, investigators

MOU with Fairfax Police Department

Agency policy complies with standard; facility policy refers to agency policy. MOU with Fairfax Police Department. No allegations have been made at this facility. No documents/investigations to review. Program director and investigators knowledgeable of policy requirement.

Standard 115.376 Disciplinary sanctions for staff

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.1.1 Disciplinary Sanctions for Staff, p. 26

Interviews with staff

Agency policy complies with standard; facility policy refers to agency policy. No records to review. No disciplinary actions against staff.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.1.2 Corrective action for contractors and volunteers, p. 26-27

Program director interview

Agency policy complies with standard; facility policy refers to agency policy. No records to review. No disciplinary actions against contractors or volunteers. Interview demonstrates understanding of policy.

Standard 115.378 Disciplinary sanctions for residents

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

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

Evidence

BPH PREA Policy Manual Interventions and disciplinary sanctions for residents, p. 26-27

FC JDRDC PREA Policy Manual, 2.1.3 Disciplinary sanctions for residents, p. 27

Interview with program director

Policy complies with standard. Residents receive information about the disciplinary process and behavior management program at intake. Agency/facility prohibits sexual activity between residents. No allegations have been made against staff or other residents. Residents may be offered interventions designed to address and correct underlying reasons or motivations for abuse; participation may be required as condition of access to rewards-based incentives, but not as condition to access to general programming or education.

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

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

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

Evidence

BPH PREA Policy Manual 115.381 Medical and mental health screenings; history of sexual abuse, p. 27

FC JDRDC PREA Policy Manual, 2.2.1 Medical and mental health screenings; history of sexual abuse, p. 28

Interviews with staff who conduct vulnerability screenings

Vulnerability screening instrument

Agency/facility policy complies with standard.

Facility does not employ medical or mental health staff. Mental health referrals are made to the Merrifield Mental Health Center or the Community Services Board (CSB) Mobile Crisis Unit, as appropriate, and medical needs are handled by Inova Fairfax Hospital.

Agency/facility policy complies with standard. No current residents (6 at time of audit) reported prior victimization or that they were prior perpetrators on the screening instrument.

Vulnerability screening instrument reviewed/modified within the last thirty days to include all required elements of the standard. An

agency memorandum designating tool to be used moving forward has been issued. Auditor reviewed newly revised form and all elements of the standard are included. New intakes using updated form.

Standard 115.382 Access to emergency medical and mental health services

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

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

Evidence

BPH PREA Policy Manual 115.382 Access to emergency medical and mental health services, p.27

FC JDRDC PREA Policy Manual, 2.2.2 Access to Emergency medical and mental health services, p. 28-29

Interviews with staff

No residents have reported sexual abuse while at the facility. Agency/facility policy complies with standard in all elements. Interviews with staff indicate knowledge of proper response.

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

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

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

Evidence

BPH PREA Policy Manual 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers p.27-28

FC JDRDC PREA Policy Manual, 2.2.3 Ongoing medical and mental health care for sexual abuse victims and abusers, p. 29

Interviews with staff

Agency uses Merrifield Mental Health Center and Inova Fairfax Hospital to provide mental health and medical treatment as appropriate. Agency/facility policies comply with standard. No current residents reported sexual abuse while incarcerated. Services offered at no cost to resident.

Standard 115.386 Sexual abuse incident reviews

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.3.1 Sexual abuse incident reviews, p. 29-30
Interviews with agency head and program director

The facility has had no incidents of sexual abuse; no investigations. The agency has a plan for conducting sexual abuse incident reviews which includes all appropriate parties. Interviews support agency policy. Agency policy complies with standard; facility policy refers to agency policy.

Standard 115.387 Data collection

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.3.2 Data Collection, p. 30-31

PREA Coordinator designated to collect data. Agency policy complies with standard; facility policy refers to agency policy. DOJ has not requested any data.

Standard 115.388 Data review for corrective action

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.3.4 Data storage, publication and destruction, p. 31

Agency policy complies with standard; facility policy refers to agency policy. There have been no incidents of sexual abuse at the facility. Interview with PREA Coordinator consistent with agency policy.

Standard 115.389 Data storage, publication, and destruction

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

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

Evidence

FC JDRDC PREA Policy Manual, 2.3.4 Data storage, publication and destruction, p. 31

Interview with PREA Coordinator

Agency policy complies with standard; facility policy refers to agency policy. There have been no incidents of sexual abuse at the facility. Interview with PREA Coordinator consistent with agency policy.

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.

 

June , 2016

Vernon Harry

Susan Heck

Auditors' Signatures

Date