

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 13, 2017

Auditor Information			
Auditor name: Susan Heck (lead auditor and author) and Vernon Harry			
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Telephone number: 540-455-1095, 757-784-1675			
Date of facility visit: 6/30/17-7/2/17			
Facility Information			
Facility name: Fairfax County Shelter Care II			
Facility physical address: 10670 Page Avenue, Fairfax, VA 22030			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 703-830-2930			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other group home
Name of facility's Chief Executive Officer: Marlon Murphy			
Number of staff assigned to the facility in the last 12 months: 26			
Designed facility capacity: 12			
Current population of facility: 5			
Facility security levels/inmate custody levels: Non-secure facility; group home			
Age range of the population: 12-17			
Name of PREA Compliance Manager: Marlon Murphy		Title: Program Director	
Email address: marlon.murphy@fairfaxcounty.gov		Telephone number: 703-246-2900	
Agency Information			
Name of agency: Fairfax County Juvenile and Domestic Relations District Court			
Governing authority or parent agency: <i>(if applicable)</i> Fairfax County Juvenile and Domestic Relations District Court			
Physical address: 4110 Chainbridge Road Fairfax VA 22030			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 703-830-2930			
Agency Chief Executive Officer			
Name: Robert Bermingham		Title: Director, Court Services Unit	
Email address: Robert.Bermingham@fairfaxcounty.gov		Telephone number: 703-246-3416	
Agency-Wide PREA Coordinator			
Name: Karla Hardy		Title: Initiatives and Special Projects Manager	
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AUDIT FINDINGS

NARRATIVE

The Shelter Care II Program is located at 10670 Page Avenue, Fairfax, VA 22030 in a governmental complex area in Fairfax, Virginia. Shelter Care II is one of five programs administered by the Fairfax County Juvenile and Domestic Relations District Court (JDRDC). In total, the agency oversees four group homes and one juvenile detention home; it has a PREA Coordinator and a compliance manager for each of the four group homes and the detention center.

Shelter Care II is a non-secure group home with a maximum designed facility capacity of twelve. The facility houses both males and females from 12-17. The facility reports the average length of stay for residents is 6.43 days and its average daily population for the past year has been 6.26 residents. The population on the day of the audit was five.

The facility opened on January 28, 1980 and was originally intended as the facility to comply with new Virginia law requiring children in need of services (CHINS) offenders to be housed in non-secure facilities. Although the makeup of the population served has changed, the facility remains a non-secure facility.

The audit of the Shelter Care II Program began on June 30, 2017 with a meeting with the facility's assistant director. He provided up to date staff rosters and a current population report, then conducted a facility tour for this auditor. All areas of the facility were open and accessible during the tour. Staff and resident interviews took place over the next two days, concluding on July 1, 2017.

All residents in the facility's population on the first day of the audit were interviewed. No residents who identified as lesbian, gay, transsexual, bisexual or intersex were in the current population; no residents had screened as vulnerable using the facility's objective screening instrument. Residents entered into the interviews willingly and seemed comfortable with the reason for the interview and the process. The facility made its new trauma-informed interview room available to this auditor for resident interviews.

All residents reported receiving PREA education at intake; four of the residents reported they also had risk assessments on the day of intake (the other resident's file indicated with his signature that he did have a risk assessment, but he didn't remember). A review of resident files confirmed that residents are given vulnerability assessments on the day of intake and receive their PREA education on the same day. Residents knew how to report any victimization and articulated multiple ways to make a report.

Staff interviews were also conducted over the course of the audit. This facility has a small number of staff, and staff usually serve several different roles in the facility. Most of the direct care staff ("counselors" in this facility) conduct intakes which include providing PREA education to residents and also conducting vulnerability screening before residents are placed in population. For this reason, staff members often took part in more than one interview, depending on their job responsibilities. Staff interviews included staff from all shifts and also included interviews based on roles over all shifts (staff who conduct intakes and vulnerability assessments across all shifts were interviewed). Eleven specialty interviews were conducted (including agency head, PREA coordinator, program director, PREA compliance manager and facility investigators). Nine direct care staff interviews were conducted (representing all available over the two-day audit). Three of the direct care staff members who perform intakes and PREA education duties for residents were interviewed, and four direct care staff members who conduct vulnerability assessments were interviewed. In total, 27 separate and distinct staff interviews were conducted during this audit.

All staff had received information about the facility's zero tolerance policy along with additional required PREA education. The facility has its own training manual which is very thorough and includes the elements required by the standard. In addition, staff view two online trainings; "Your Role Responding to Sexual Abuse" and a training on conducting cross gender searches. All specialized training for medical/mental health providers has been done and certificates of completion were reviewed. Facility investigators have taken "PREA: Investigating Sexual Abuse in a Confinement Setting" and "PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations" and certificates of completion were reviewed. Staff received annual refresher training. Staff members were able to describe the steps to take should they receive a report of sexual abuse or sexual harassment. Staff sign that they have received and understand the training they receive.

Employee background records and training files for the employees and the volunteers are maintained at the Shelter Care II Program. The files of all staff who participated in an interview were reviewed and no issues were noted. The program's director and assistant director perform various HR functions at Shelter Care II such as interviewing of potential staff, checking references of candidates and yearly evaluations. The program director serves as the facility's PREA compliance manager. The facility has done a good job of using their compliance efforts to strengthen their interviewing and HR functions and incorporate PREA related questions into their initial application process as well as into their annual evaluation process.

Both the program director and assistant director conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Documented rounds began in May 2016; new forms and practice clearly distinguish in person rounds from video reviews and were put into place in June after the 2016 audit.

The files of prior residents are divided by year and alphabetically at this facility. A total of 42 files (there were 180 intakes during this time period) were reviewed and all files reviewed documented PREA education and administering of risk assessments in timeframes that exceeded what is required by the standards. In addition, in files where a referral for follow-up meetings for residents who reported prior sexual abuse or prior sexual victimization of others were required, all had referral forms that met the standard and were seen within the required 14 days. The facility has a very good system in place to ensure referrals are made appropriately.

This facility makes assessing the vulnerability of its residents an ongoing and very dynamic process. During each weekly staff meeting, each resident's progress is discussed and updates to his/her current vulnerabilities are noted under its own "Vulnerability" heading. Staff members who are not present (if they are not on the schedule or work evening/overnight shifts) are required to read and sign the logbook where staff meeting notes are documented.

There have been two unsubstantiated allegations of sexual harassment in the program in the past year. These allegations were investigated by one of the facility's specially trained investigators. Both reports were reviewed by this auditor. Neither allegation was criminal in nature and were appropriate for a facility-based administrative investigation. The reports were thorough, documented evidence used to reach finding and used preponderance of evidence as the standard of evidence for the finding reached.

The phone numbers for making reports were posted in the vicinity of the phone. During the audit conducted at this facility in June of 2016 it was recommended that additional PREA posters and the pamphlet given to residents be posted on the board by the phone; five new posters have been added to this area (dayroom and rec room), two of which are in Spanish. PREA information was posted in multiple places throughout the facility including a poster in the dining room. The notice of audit was posted in the lobby of the facility and in several other locations. The facility has excellent video coverage (total of 32 cameras); no cameras are located in areas where residents bathe, use the toilet or undress.

The facility has recently revamped its programming and has converted some of its inside space and its outdoor courtyard space into areas that are more conducive to trauma-informed care. The courtyard area has comfortable furniture and a water fountain and the indoor room has large comfortable chairs and is painted a soothing blue.

The agency has an excellent relationship with the Fairfax County Police Department and they respond to the facility if they need assistance. The agency also has an excellent relationship with the local Community Services Board (CSB) to provide mental health services. The CSB has an office in the facility and provides staff for mental health services dedicated to this facility. Resident victims of sexual abuse would be provided a victim advocate through Fairfax County's Office for Women and Domestic and Sexual Violence Services (OFW).

DESCRIPTION OF FACILITY CHARACTERISTICS

Shelter Care II is a multi-level brick building in an area of the City of Fairfax with many governmental offices; it is attached to the juvenile detention facility through a locked hallway. On front entrance is on the ground floor and has a reception area for clients, professionals, and the desk for the administrative assistant. The entrance is locked and visitors must ring for admittance.

There is a bulletin board directly across from the front entrance, and the Notice of Intent to Audit (in both Spanish and English) and additional information was posted in clear view of anyone who entered the building. Adjacent to the reception area is a large conference room, with another bulletin board just before its entrance with a "Public Complaint Form" in English/Spanish. The grievance form is also located on this bulletin board.

Beyond the conference room is a clerical/copy room with a file room located off the clerical/copy room. Beyond the clerical/copy room is the administrative area, which houses the director and assistant director offices, as well as the Community Services Board's psychologist's office. Also on the first floor are two bathrooms.

The second level (only five steps up and to the left of the program's administrative staff offices) houses a staff workstation overlooking two classrooms, two small conference/interview rooms with windowed doors, a resident bathroom, a medical room with windows that have blinds, a school storage closet (locked) and a dining room with adjacent kitchen and a janitorial storage closet. Beyond the kitchen is a locked corridor that leads to a secure bridge entryway to the Fairfax Juvenile Detention Center. Just off the dining room is a patio area for residents and staff which has recently been furnished with comfortable outdoor lounges. The outside wall of the dining room is all windows, making this area very inviting.

Residents are well supervised in this area of the building. There are cameras covering the interview rooms, the classrooms, the dining room (and into the kitchen). There are writing materials available in the dining area, and a PREA poster has been added. Residents are only allowed in the kitchen with supervision; a pantry in the kitchen was locked.

There is an elevator in addition to the stairs for moving between the floors.

The third floor consists of two staff workstations, strategically positioned to maximize sight and sound supervision of the residents, and the living and sleeping rooms. On one side of the floor is the living area, which consists of a day room, a recreation room, a counseling room (recently updated with more a trauma-informed care focus), a counselor's office, two staff bathrooms and two storage closets. The recreation room, counselling room and counselors' office all have windows in one wall and windows in the doors for excellent line of sight supervision. On the other side of this floor is the sleeping, bath, and laundry accommodations. The facility offers 11 bedrooms; 10 are designated for single use and the 11th is a double occupancy bedroom reserved for privilege level same sex residents, if appropriate. The population is both male and female; girls have bedrooms on one side and boys have bedrooms on the other side.

These bedrooms are located on three hallways that make three sides of a square that surround an outdoor courtyard. On each hallway is a bathroom for residents. Residents are required to change their clothes in the bathroom; all residents shower separately. All residents are required to sleep in pajamas or suitable night clothing since the staff is also coed and conduct 15-minute checks.

The courtyard has four glass walls with two doors (one directly across from the other) for excellent line of sight visibility. The courtyard has recently been transformed with comfortable seating and a water feature to create a soothing environment for residents.

There are stairwells that lead from the hallways where the sleeping rooms are located to the outside of the building. The doors to the hallways are alarmed and have lights that come on if they are opened. The stairwells themselves have excellent camera coverage.

A laundry room and storage closet is situated at the end of one of the hallways, near a staff workstation. Residents are not allowed in the laundry room except to come in with staff to get clothing. There is no camera in this area. There are cameras at the end of the hall which views the door to this area. The door has a glass window and there is a window that looks at the staff desk. Emergency exits are situated throughout the building.

The living area includes an area with couches and chairs and a television and a separate activity room. This area has posters and a First Responder Notice (labeled "Shelter Care"). Both the living room and activity room have windows and the wall that separates these areas is half glass. The activity room has a supply cabinet that is locked. The back wall of the living area opens into two offices. One is a recently updated "trauma-informed" room used for quiet room and interviews and the other is used as a counselor's office. Both the interview room and counselor's office have half glass walls. The doorway for the counselor's office is accessed from the hallway running perpendicular to the staff work desk. Also on the hall are staff bathrooms and a locked supply room. There is a stairway which leads to the lobby and outside.

There are posters in evidence throughout the living and activity areas. The phone used to make calls is in this area and has information close by. The Notice of Audit is also in this area along with a bulletin board with additional information. There is also information at the staff work space.

Shelter Care deploys a video surveillance system that has the ability to record and store recordings for up to 90 days. There are 32 total cameras. Recordings are viewed by administration when deemed necessary and as a supervisory tool.

SUMMARY OF AUDIT FINDINGS

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Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 3

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

Shelter Care II PREA Policy Manual, 115.311, pp. 7-8; Fairfax JDRDC Agency PREA Policy Manual 1.4.1 pp. 6-7

Reviewed job descriptions

Reviewed organizational chart

Reviewed resident brochure

Reviewed training manuals for staff

Facility tour-observation of posters, placement of brochures

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

Both the Shelter Care II PREA Manual (hereafter SC/PREA) and the agency's overall Fairfax JDRDC Agency PREA Policy Manual (hereafter FC/PREA) articulate zero tolerance of any form of sexual abuse and /or sexual harassment. Both policy manuals do an excellent job describing the steps being taken to prevent, detect and respond to prison rape including efforts to educate staff and residents, use of video monitoring, screening residents for vulnerabilities at intake, requiring background checks of employees/volunteers/contractors, etc. Both agency and facility manuals include required definitions, descriptions of sanctions, responsibilities.

The facility's Program Manager/Director serves as the facility's PREA Compliance Manager and reports to the Court Services Unit Agency Director. The agency's PREA Coordinator reports to the Deputy Director of Operations and oversees the PREA compliance efforts for four group homes and one juvenile detention center.

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.

Evidence

Shelter Care II PREA Policy Manual 115.312, p. 8; Fairfax JDRDC Agency PREA Policy Manual, 1.4.1, p. 7

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

Standard 115.313 Supervision and monitoring

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

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

Evidence

Shelter Care II PREA Policy Manual, 115.313, pp. 8-10; JDRDC Prison Rape Elimination Act Policy Manual, 1.4.4, pp. 7-8

Staff Rosters/Personnel Records

Reviewed Staffing Plan Annual Review

Staff interviews

Reviewed Unannounced Rounds Log

This non-secure facility has chosen to move to the 1:8 staffing ratio ahead of the 2017 deadline and often exceeds the 1:8 staffing standards. The agency has a good retention rate and dedicated staff who often cover for each other. This auditor reviewed unannounced rounds log; rounds were conducted quarterly and on all shifts. Rounds were made in person and documented.

PREA Policy describes staffing plan developed in accordance with standard. The Staffing Plan Review Form was reviewed and addresses all the elements in the standard. Interviews with agency head and the PREA compliance manager indicate that this is a carefully developed plan that allows for multiple contingencies in its effort to stay compliant with staffing ratios. All required staff took part in the annual review of the staffing plan.

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

PREA Audit Report

Shelter Care II PREA Policy, 115.313, p. 11; Fairfax JDRDC PREA Policy, 1.4.5, pp. 8-9
Reviewed training records of staff/ all have completed training for conducting cross-gender searches
Interviews with staff members
Interviews with residents

This facility does pat-down searches; both agency and facility policies prohibit cross-gender pat-downs or searches of any kind. If the need for a cross gender pat down search should arise, the local police would be called to conduct the search. The staff have been trained to do cross-gender pat down searches using training provided through PRC/NIC, however, the facility's practice is to contact Fairfax PD to do them in exigent circumstances. Certificates of training reviewed for all direct care staff.

All residents interviewed stated that they are able to shower, change, toilet without being viewed by opposite gender. Residents are required to change in the bathroom and only one resident at a time is allowed to be in the bathroom. Staff stated that they announce at the beginning of the shift and if they have to knock on doors of sleeping rooms or bathrooms. This facility is co-ed and has a practice of staffing with both male and female staff whenever possible. The sleeping rooms and the large living area are in close proximity, so residents know that the same staff are on duty throughout the shift. They do not announce once residents are in their rooms for sleeping unless they have a need to knock on the door.

Policy forbids the searching of transgender or intersex youth solely to determine resident's genital status.

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

Shelter Care PREA manual, 115.316, p. 12; Fairfax JDRDC PREA Policy, 1.4.6, pp. 9-10
Review of FairfaxNET resources
Resident Brochure/Spanish and English
Interview with Agency Head
Staff interviews
Resident interviews
Interview with Limited English Proficient resident

Training for residents is provided in English and Spanish and is written on appropriate grade level. Facility/agency has excellent resources for non-English speaking residents that utilize multiple venues 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. These contracts are through Fairfax County and translation services are available 24/7.

Interview with resident who has limited English revealed that he received the training in Spanish and he knew he could ask for translations services at any time. This facility does have Spanish-speaking staff. Resident said that other residents did not interpret for him.

All residents and staff interviews confirm that residents do not translate for other residents. Spanish speaking staff are often available to ensure intake clarification for residents or the facility can use the translation services that are available.

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)

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Evidence

PREA Policy Manual p12-13 and 1.4.7 JDRDC MANUAL
 Shelter Care PREA manual, 115.317, p. 12; Fairfax JDRDC PREA Policy, 1.4.7, p. 11
 Review of personnel records/files
 Interview with Program Assistant Director/Hiring Manager
 Reviewed agency employment application
 Reviewed PREA Annual Acknowledgment Form
 Reviewed PREA Acknowledgment for Applicants New Hire and Promotion
 Reviewed supplemental questions to agency employment application
 Reviewed background checks of all staff interviewed during audit
 Reviewed five year re-backgrounds of all staff interviewed during audit
 Review of annual restatement of supplemental questions

Agency records indicate that initial background records checks were done before hire, along with CPS checks. Agency conducts five-year background checks for all employees after five years of service. New hires, candidates for promotion and all staff members are asked directly about sexual misconduct as described in the standard. Policy authorizes all residential facility program directors to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Employees fill out PREA Annual Acknowledgment Form each June affirming continuing duty to report (and includes asking directly about sexual misconduct). A newly revised reference check form includes a question re knowledge of any substantiated allegations of sexual abuse or sexual harassment concerning applicant and a question about resignations during pending investigations into allegations of sexual abuse or sexual harassment.

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 JDRDC PREA Policy, 1.4.8, p. 8.
 Interview with Director of Residential Services/Agency Head
 Interview with Program Director/Superintendent

Facility has not had any upgrades to facilities and technology since August 20, 2012. Agency policy mirrors standards and provides guidance for any future modifications or upgrades. Agency head stated that upgrades would look at enhancing supervision and safety of residents.

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)

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Evidence

Shelter Care PREA manual, 115.321, p. 13; Fairfax JDRDC PREA Policy, 1.4.9, p. 12.
MOU between JDRDC and Fairfax Police Department
Interviews with staff

This facility does not do criminal investigations and relies on the judgment and expertise of the Fairfax Police for criminal investigations and to conduct interviews as appropriate. An MOU with Fairfax PD dated 3/16/16 states that members of their Major Crimes Division have completed are in compliance with PREA Juvenile standard 115.321 which addresses following a uniform evidence protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Policies and procedures clearly identify the protocols to be followed if an abuse takes place. Staff interviews indicate staff are aware that FCPD investigate allegations of sexual abuse.

The facility does not do forensic exams. Resident victims are seen at the Fairfax Hospital which has specialized unit for youth victims and the public including other support needed by the victim; there is no cost for this examination. This hospital provides pediatric forensic nurse examiners 24/7 for the community. The Fairfax County Office for Women and Domestic and Sexual Violence Services (OFW) provides a victim advocate for any resident victim who requests this assistance and support.

No current residents reported sexual abuse.

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

Shelter Care PREA manual, 115.322, pp. 13-14; Fairfax JDRDC PREA Policy, 1.4.10, pp. 13-14

Staff interviews

Interview with Director of Residential Services/Agency Head

Interview with facility investigator

Review of Inner-Office memo/FC PD

Review of MOU with FC PD

Review of website

Review of investigative reports

Agency has had two allegations of sexual abuse/sexual harassment resulting in two administrative investigations. Both investigative reports were reviewed by this auditor. Each were thorough and clearly cited evidence used to determine unsubstantiated finding. Interview with Director of Residential Services (Agency Head) reinforced agency's intent to refer to appropriate law enforcement agency any investigations that may be criminal in nature and to ensure all allegations are investigated by the appropriate legal authority.

Agency has communicated clearly with its local police department in terms of its expectations that the investigation follows PREA standards. MOU Fairfax PD dated 3/16/16 states that members of their Major Crimes Division are in compliance with PREA Juvenile standards 115.321, 322, 353, 354, 371, and 373. Memorandum from FCPD indicates compliance with referenced standards, incorporating standards into MOU.

Information is posted on agency's website.

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)

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Evidence

Shelter Care PREA manual, 115.331, 115.332, p. 14; Fairfax JDRDC PREA Policy, 1.5.1, pp.14-15

Review of training curriculum

Review of staff training files

Staff interviews

Curriculum and training records of all staff interviewed were reviewed. No compliance issues were noted. 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 very thorough and comprehensive and includes all required elements of standard. Agency policy also requires viewing "PREA: Your Role Responding to Sexual Abuse". Agency's policy requires training for all employees, contractors and volunteers within one month of employment and refresher training annually. Staff who transfer from one agency facility to another must complete training again to ensure they are trained on the gender represented in the facility's population. Shelter Care II's policy references agency policy. Staff sign form that they have received and understand the training.

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)

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Evidence

Shelter Care PREA manual, 115.331/115.332, p. 14; Fairfax JDRDC PREA Policy, 1.5.1, pp. 14-15
Review of training curriculum

Employees, contractors and volunteers receive the same PREA training. Note discussion of employee training in 115.331 above; FC/PREA incorporates requirements of volunteers in this standard.

Facility does not currently have any volunteers, so no volunteers were interviewed or files reviewed.

Standard 115.333 Resident education

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

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Evidence

Shelter Care PREA manual, 115.322, pp. 14-15; Fairfax JDRDC PREA Policy, 1.5.2, p.14
Review of Shelter Care Sexual Abuse, Assault, and Harassment Training for Residents
Review of Resident handbook
Review of pamphlet, “What you Should Know About Sexual Assault and Abuse”
Posters throughout building; visible in areas accessed by families, visitors and residents
Interviews with intake staff
Resident interviews

Resident education is thorough and covers all points required by standard. Information available in English and Spanish. Residents receive zero tolerance information at intake and are given a copy of the pamphlet, “What you Should Know About Sexual Assault and Abuse”. Residents sign a form indicating that they received and understand the information they received. This form is placed in each resident’s respective file; training records for all residents currently in population (5) were reviewed and PREA education was documented and provided in appropriate timeframe. In addition, residents watch a Resident Education DVD from PRC each Saturday. Residents’ participation is documented in a logbook signed by each resident; logbook further indicates any special needs or questions that were addressed after the viewing of the DVD.

Interviews with intake staff and resident interviews along with a review of documentation confirmed that education is taking place as written

in policy. (All residents at the facility during the time of the audit were interviewed.) While residents knew of their rights to be free from sexual abuse and sexual harassment and from retaliation for reporting, they were not as sure of services available in the community (only one in five stated that the information was available in the brochure). Auditor suggests providing additional information about community resources during Saturday trainings to ensure residents are aware of resources in their community. This information is posted in the facility and is on the brochure.

Posters evident throughout the facility; this auditor noted in the last PREA audit that additional posters were suggested for the dining hall and they have been added.

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

Shelter Care PREA manual, 115.334, p. 15; Fairfax JDRDC PREA Policy, 1.5.3, pp. 15-16

Interviews with facility investigators

Review of certificates of completion for NIC course for investigators entitled, “PREA: Investigating Sexual Abuse in a Confinement Setting” and “PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations”.

Agency policy directs that allegations of sexual abuse be referred to the law enforcement authority (Fairfax PD) with the legal authority to handle such investigations. Program Director and Assistant Program Director received specialized training for investigators through PRC and NIC on-line course and handle administrative investigations only. Certificates for completion of “PREA: Investigating Sexual Abuse in a Confinement Setting” and “PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations” were reviewed.

Fairfax County Police Department handles investigations which are criminal in nature and is the law enforcement agency with the legal authority to handle these investigations.

There are 17 agency-wide administrative only investigators (this number is a total for the agency and includes four group homes and one juvenile detention home). All have received training for investigating allegations of sexual abuse available through NIC entitled, “PREA: Investigating Sexual Abuse in a Confinement Setting”. There are two facility investigators at Shelter Care II and they have done both required trainings as listed above.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Evidence

Shelter Care PREA manual, 115.335, p. 15; Fairfax JDRDC PREA Policy, 1.5.4, p. 15
Interview with mental health staff/Community Services Board (CSB) staff
Interview with medical staff (nurse, Fairfax County Juvenile Detention Home)
Certificate of training from "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting"
Certificate of training from "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting"
Reviewed evidence of PREA training required for all employees

The agency/facility refers residents to community providers for all ongoing treatment services. Facility partners with local Community Services Board (CSB) to meet mental health needs of its residents in most instances. Facility practice is to transport to Inova Fairfax hospital for emergency medical service which has a child advocacy center with all necessary resources. Facility medical/mental health staff have taken specialized training available through PRC entitled "PREA: Medical Care for Sexual Assault Victims in a Confinement Setting" and "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting".

No medical care providers are on staff at Shelter Care II. Nurses from the local detention home come to Shelter Care II to do/read TB tests and to consult with administrators on a case-by-case basis to determine the need for referring resident to outside providers. Nurse was interviewed and stated that they do not do forensic examinations (at Shelter Care II or at the detention home). Residents would be taken to local emergency room for this care and it would be provided in a timely manner. Training certificates for all full-time nurses at the detention home and might provide occasional services to residents at Shelter Care II were provided to this auditor.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Evidence

Shelter Care PREA manual, 115.341, pp. 16-17; Fairfax JDRDC PREA Policy, 1.6.1, pp. 16-17
"Fairfax JDRDC Vulnerable Population, Sexual Victimization or Abusiveness Risk Assessment" form
Interview with PREA Coordinator
Interview with PREA Compliance Manager
Review of current population resident files (5 of 5 files reviewed)
Review of files from intakes since time of last audit (42 of 180 files reviewed)
Resident interviews
Interviews with staff who conduct risk screenings

Staff who perform intakes were very familiar with the screening tool and stated that they use it at intake. Resident interviews confirmed this. All resident files checked showed that the screening was done the day of intake. A review of the files for residents currently in population showed all had been assessed for vulnerability. A review of 42 of the 180 resident files since the time of the last PREA audit showed all had been assessed for vulnerability within the timeframe required by the standards.

This is a small facility, and staff perform multiple roles. Most staff have been cross-trained to do risk assessments and to provide PREA education as part of intake process. Four staff members from various shifts were interviewed as staff who do risk screening. Staff interviewed indicated that information came from multiple sources including parents, community providers, court documents, school, etc. "Fairfax JDRDC Vulnerable Population, Sexual Victimization or Abusiveness Risk Assessment" is the objective screening tool used by the facility (and the entire agency), and contains all necessary elements required in the standard. Agency memorandum issued in June, 2016 (reviewed by auditor) designates that this tool is to be uniformly used with all the group homes. Need for confidentiality of information is

stressed in written policy.

This facility does an excellent job making the ongoing assessment of their residents a very dynamic process. The vulnerability of each resident is reviewed during weekly staff meetings, and notes and comments are recorded in the staff meeting logbook under a distinct heading. Staff who are not present for the meeting must read and sign the logbook, ensuring all staff know the updated status of each resident. This facility has ensured that this screening is an ongoing process and best meets the safety concerns of its residents.

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.

Shelter Care PREA manual, 115.342, pp. 17-18; Fairfax JDRDC PREA Policy, 1.6.2, pp.17-18

Interviews with staff who conduct risk screening

Interview with PREA Coordinator

Interview with Program Manager

Interview with PREA Compliance Manager

Resident interviews

Review of staff meeting logbook

This facility is a non-secure group home with clear policy that mirrors standard; residents are never secured behind doors. Auditor reviewed Shelter Care PREA manual which states "residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them safe and other residents safe and then only until an alternative means of keeping all residents can be arranged". No residents interviewed had been in isolation. Isolation is not used as part of a behavior modification practice; facility uses "time-out", but this happens with the resident sitting in a chair set off from other residents, not in a room or secured away from the others.

Facility's Program Manager/PREA Compliance Manager stated that LBGTI residents would not be isolated and considers safety and security of all residents when making housing placements. Residents are placed in this non-secure facility by court order with extensive screening for appropriateness of placement. Facility reassesses each resident weekly during staff meetings. All residents shower, toilet and dress separately. There are ten single bed rooms in this facility and one two-man/woman room. Residents are housed in single rooms unless population goes to 12 and the one room that is double occupancy is used.

The facility's population did not have any residents who identified as LBGTI at the time of the audit, so no interviews with this segment of the population could be conducted.

Standard 115.351 Resident reporting

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

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

Evidence

Shelter Care PREA manual, 115.351, pp. 18-19; Fairfax JDRDC PREA Policy, 1.7.1, pp.18-19
 Resident Training Handout
 Facility tour/bulletin board information
 Resident Training outline
 Posters
 Reporting Sexual Abuse brochure
 Resident interviews
 Staff interviews

Facility has done a good job letting residents and staff know how to report, who they may report to, that others may report for them and that reports may be made privately. Posters were evident in most areas of the facility and residents knew where they were. A recommendation was made by this auditor during the last audit to put resident PREA pamphlet on bulletin board in the dining room and to put new posters on board to create more interest in looking at bulletin board; a poster has been added. In addition, five new posters were added to the rec-room and the day room area, two of which were in Spanish.

Residents were knowledgeable about multiple ways to report and knew they could report outside the facility. They were not as aware of outside resources, even though contact information for outside resources is on the brochure they are given. This auditor suggests spending more time making residents aware of the services for sexual abuse victims that are available in the community.

All staff interviewed were aware that they were to accept verbal reports and indicated that they document verbal reports immediately. Staff knew they could report outside the facility and the policy clearly states the options for doing so.

Residents are not detained at this facility solely for civil immigration purposes.

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

Shelter Care PREA manual, 115.352, pp. 19-20; Fairfax JDRDC PREA Policy, 1.7.2, pp.19-20
 PREA Audit Report

Review of grievance form
Interviews with residents
Interviews with staff

Policy mirrors standard, including no time limits for grievances alleging sexual abuse and not being required to give it to the subject of the allegation. No discipline has been given to any resident for submitting a false grievance. Agency and facility policy mirrors PREA standard and includes 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.

Residents are instructed what to do with an emergency grievance.

Standard 115.353 Resident access to outside confidential support services

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

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

Evidence

Shelter Care PREA manual, 115.353, pp. 20-21; Fairfax JDRDC PREA Policy, 1.7.3, p. 20
Resident interviews
Reviewed MOU with Fairfax Police Victim Services
Interviews with staff
Interview with program director
Interview with PREA compliance manager

Information is posted for residents. Residents seemed to understand that they could access outside support services, but were not as sure what services would be provided if they did. This auditor recommends further training in this area. All residents interviewed stated that they were allowed to visit with their attorneys and parents/legal guardians privately. Victim advocate services will be provided through the Fairfax County Office for Women and Domestic and Sexual Violence Services (OFW) which provides this service to the community and serves both men and women. The phone number to access OFW and the PREA hotline and associated addresses are posted in the facility and in the brochure residents receive at intake.

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

Shelter Care PREA manual, 115.354, pp. 21; Fairfax JDRDC PREA Policy, 1.7.4, p. 20
 Interviews with residents
 Interviews with staff
 Review of website

Posters are in all areas of the facility which might be viewed by parents/guardians, etc. Information on how to report is on the bulletin boards at the facility and on brochure given to residents. Reports may also be made directly to CPS. Third party reports may be made through Fairfax County Office for Women and Domestic and Sexual Violence Services (OFW), the PREA reporting line and the PREA reporting email address. Information on how to make a report is provided to the public through the website and in the brochure.

All residents interviewed knew that someone could make a report on their behalf. All staff interviewed knew that third party reports were accepted and acted on accordingly.

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

Shelter Care PREA manual, 115.361, pp. 21-22; Fairfax JDRDC PREA Policy, 1.8.2, p. 21-22
 Staff interviews
 Interview with Compliance Manager/Program Director
 Interview with mental health staff
 Interview with superintendent
 Reviewed Sexual abuse response protocol

Policy mirrors standard. All staff interviewed knew they were required to report any knowledge, suspicion or information they received regarding an allegation of sexual abuse or sexual harassment. All knew they were mandated reporters. Agency refers all sexual abuse allegations to local law enforcement. Mental health practitioner knew she was a mandated reporter and how to make a report. All staff interviewed understood that allegations were taken seriously and kept confidential. Interviews with PREA Compliance Manager/Program Director indicated clear understanding of their duties to report and to whom given the custodial relationship of child (DSS, court, etc.).

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

Shelter Care PREA manual, 115.362, pp. 22; Fairfax JDRDC PREA Policy, 1.8.2, p. 22
 Staff interviews
 Interviews with Agency Head designee
 Interview with Program Director/Superintendent

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

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

Standard 115.363 Reporting to other confinement facilities

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

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

Evidence

Shelter Care PREA manual, 115.363, pp. 22; Fairfax JDRDC PREA Policy, 1.8.3, p. 22
 Staff interviews
 Interview with agency head designee
 Interview with program director

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

Standard 115.364 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Evidence

Shelter Care PREA manual, 115.364, pp. 22-23; Fairfax JDRDC PREA Policy, 1.8.4, p. 22
 Shelter Care II Staff First Responder Duties (PREA Sexual Abuse Response Protocol)
 Posted protocols
 Staff interviews

Staff were asked first responder questions in addition to random staff questions and were able to articulate their responsibilities and knew where the protocol was posted. The posted protocol is facility-specific. The protocol is the same for all staff members, regardless of their position/role in the facility. The posted protocol includes information about the facility’s coordinated response plan. There have been no instances of sexual abuse at the facility. The facility and agency policies mirror the standard and contain all elements of the standard.

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

Shelter Care PREA manual, 115.365, pp. 23-24; Fairfax JDRDC PREA Policy, 1.8.5, pp. 23-24
 Shelter Care II Staff First Responder Duties (PREA Sexual Abuse Response Protocol)
 Staff interviews
 PREA protocols posted in staff offices

Written institutional plan for a coordinated response to any allegation of sexual abuse is posted in housing units and is facility-specific. Staff were asked first responder questions in addition to random staff questions and were aware of their responsibilities and where the protocol was posted.

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)
- Not Applicable

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

Shelter Care PREA manual, 115.367, pp. 24-25; Fairfax JDRDC PREA Policy, 1.8.6, pp.24

Agency policy mirrors standard. This standard is non-applicable; 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

Shelter Care PREA manual, 115.367, pp. 24-25; Fairfax JDRDC PREA Policy, 1.8.7, pp.24-25

Interview with program director

Interview with staff who monitors retaliation (program director designee)

Interview with agency head

Facility Program Director monitors for retaliation against residents and staff members. (Task was recently reassigned to program directors by PREA Coordinator. This auditor interviewed assistant program director who has had the task for most of the past year.) Interview with assistant director indicated that good practices are in place to monitor for retaliation against residents or staff; things monitored include resident/staff interactions, grievances, discipline measures, shift changes, etc. The facility monitors for as long as there are any indications of retaliation. The assistant director also noted that since residents sometimes return to the program, monitoring would continue if necessary. The facility places no time limits on monitoring. No residents in current population had reported sexual abuse. This program is a non-secure facility and does not use “isolation”; no residents who have been isolated are in population.

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

Shelter Care PREA p 26; JDRDC 115.368 1.8.8 P 25
 Shelter Care PREA manual, 115.368, pp. 25; Fairfax JDRDC PREA Policy, 1.8.8, pp. 25
 Interview with program director
 Staff interviews
 Interview with mental health provider
 Resident interviews

This facility is a non-secure group home and has clear policies regarding segregated housing. Auditor reviewed Shelter Care Program Policy on Management of Resident Behavior which provides guidance on management of resident behavior and states “residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them safe and other residents safe and then only until an alternative means of keeping all residents safe can be arranged”. Interviews with mental health provider and program director state that isolation is not used at Shelter Care II and not used for post-allegation protective custody. A resident (or the alleged perpetrator) might be moved to another placement if deemed necessary. Other protective measures would be put into place. No residents were put in isolation in the past 12 months; no case records to review.

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

Shelter Care PREA manual, 115.371, pp.25-27; Fairfax JDRDC PREA Policy, 1.9.1, pp.25-26
 Staff interviews, including program director and agency PREA Coordinator, PREA Compliance Manager
 MOU with Fairfax County Police Department
 Interviews with investigative staff
 Review of training for investigators, certificates on file for completion of “PREA: Investigating Sexual Abuse in a Confinement Setting” and “PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations”.

This facility refers all criminal allegations to Fairfax Police. Policies and procedures clearly identify the protocols to be followed when an abuse takes place. Resident victims are seen at the Fairfax Hospital which has specialized unit for youth victims. This hospital provides

pediatric forensic nurse examiners 24/7 for the community.

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

Shelter Care II does administrative investigations and Program Director and Assistant Program Director have completed both PREA investigator trainings offered on NIC/PRC website, "PREA: Investigating Sexual Abuse in a Confinement Setting" and "PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations". The facility will cooperate fully with FCPD and provide any information gathered and will ensure FCPD has access to necessary information and crime scene.

Interviews with facility investigators indicated that they would not stop an investigation due to a resident leaving, a resident recanting his/her allegation, or a staff member leaving before investigation is concluded. All allegations are considered credible.

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

Shelter Care PREA manual, 115.372, pp.25-26; Fairfax JDRDC PREA Policy, 1.9.2, pp. 26

Interview with investigative staff at Shelter Care II

MOU between JDRDC and Fairfax County Police Department

This facility refers all allegations that appear to be criminal in nature to Fairfax County Police Department. Administrative investigations are conducted by Program Director or Assistant Program Director, both of whom have completed PREA trainings entitled "PREA: Investigating Sexual Abuse in a Confinement Setting" and "PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations".

Interviews with investigators corroborated the agency's policy that imposes no standard higher than preponderance to determine a finding in any investigation of sexual harassment.

Standard 115.373 Reporting to residents

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

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

Evidence

Fairfax JDRDC PREA Policy, 1.9.3, pp.26-27
 Interview with program director
 Interview with investigators

This facility refers all allegations of sexual abuse that appear to be criminal in nature to Fairfax Police Department. The MOU with FCPD dated 3/16/16 states that members of their Major Crimes Division have completed training required by PREA and are in compliance with PREA Juvenile standards 115.321, 322, 353, 354, 371, and 373.

Investigations that are not criminal in nature and are handled with administrative investigations will follow standard; agency policy mirrors standard and contains all components including the requirement to report to residents.

Agency policy indicates that outside investigating authority will be requested to provide information so that the resident will be informed. Interviews with facility investigators confirm their understanding of the duty to report to residents.

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

Fairfax JDRDC PREA Policy, 2.1.1, p. 27

Agency policy closely mirrors standard and states that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. This agency has resources to place staff in other positions (with no resident contact) within the county pending outcome of investigation. There have been no allegations against staff in the past 12 months. Policy clearly defines possible sanctions for staff who violate agency sexual abuse or sexual harassment policy. Information provided to staff at beginning of employment.

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

Fairfax JDRDC PREA Policy, 2.1.2, p.27

Agency policy clearly articulates corrective action for contractors (teachers who work for Fairfax School system) or volunteers who violate agency policy against sexual abuse or sexual harassment. No volunteers were reported to have violated agency policy. Facility does not currently have any volunteers providing services for residents. School is not in session (summer break) so no teachers are at the facility at this time.

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

Shelter Care PREA manual, 115.378, pp.27; Fairfax JDRDC PREA Policy, 2.1.3, pp. 28

Program Director interview

Mental health provider interview

Resident manual

Agency policy clearly prohibits sexual activity between residents and articulates consequences for such activity including being moved to maintain safety and loss of points or privileges. Criminal charges could also result if the activity is found to have been coerced. Residents’ mental health status, prior history, sanctions imposed on other residents for similar infractions are considered in terms of discipline. Interview with superintendent confirmed policy knowledge. Residents only subject to disciplinary sanctions for sexual contact with staff only after finding that staff did not consent to such contact. No residents have been disciplined for resident-resident sexual abuse. Offending residents offered referral for treatment; treatment not a requirement for general programming or education.

Agency/facility policies mirror standard.

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

Shelter Care PREA manual, 115.381, p. 28; Fairfax JDRDC PREA Policy, 2.2.1, p. 29

Vulnerability assessment

Interview with mental health provider

Resident intake file review (Reviewed 42 of 180 intakes over the last year were reviewed; all five current residents’ files were reviewed)

Agency policy mirrors standard. The local community services board (CSB) provides mental health provider to facility and has an office on site. If residents reveal prior sexual victimization or prior perpetration of sexual abuse during the screening pursuant to 115.343, a referral form is filled out and the CSB mental health provider has the required follow-up meeting with the resident.

This auditor reviewed 42 of 180 randomly selected files for intakes that occurred over the course of the past year. (This facility files past intakes by the year.) All files that indicated a follow-up meeting had the required referral form and indicated that the meeting took place. In addition, files of all current residents were reviewed and contained required documentation.

Direct care staff have access to information and the vulnerability of each resident is discussed at weekly staff meetings.

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

Shelter Care PREA manual, 115.382, pp. 28-29; Fairfax JDRDC PREA Policy, 2.2.2, pp. 29-30

PREA Response Protocol

Staff interviews

This facility does not have medical professionals on staff. All emergency medical and mental health services are provided in the community at INOVA Fairfax. Agency policy mirrors standard; care provided at no cost to the resident, care provided within time-frame that is in compliance with standard.

This facility has not had an allegation of sexual abuse so no staff have acted as first responders. All staff interviewed knew the steps to take to protect the victim and access immediate care pursuant to this standard.

For situations where a mental health emergency exists absent a medical emergency, the Administrator on Call will direct staff on duty to have the resident transported to the Merrifield Mental Health Center or call the CSB Mobile Crisis Unit, whichever is appropriate.

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

Shelter Care PREA manual, 115.383, p. 29; Fairfax JDRDC PREA Policy, 2.2.3, p. 30
Interview with mental health provider

Policy mirrors the standard. Mental health provider is through a contract with the local Community Services Board, a community based treatment organization, and therefore consistent with community standard of care. Interview with mental health provider indicated that if a report of sexual abuse (resident-to-resident occurred, the facility would attempt to conduct a mental health evaluation as detailed in the standard. Policy addresses care if pregnancy results from sexual abuse while incarcerated and providing tests for sexually transmitted infections and any indicated treatment. There have been no incidents of sexual abuse and no files to review.

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

Fairfax JDRDC PREA Policy, 2.3.1, p. 30-31
Interview with PREA Compliance Manger
Interview with program director
Interview with incident review team members (2)

Agency policy mirrors standard. Facility policy references agency policy. Facility has a review process in place for all incidents and current agency policy incorporates all elements listed in the standard as part of its incident review process. Interviews with the superintendent, PREA compliance manager and members of the incident review team confirm the facility's commitment to carefully examine any incident to determine anything that may have contributed. to an incident of sexual abuse. There have been no substantiated sexual abuse incidents to date.

Standard 115.387 Data collection

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

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

Evidence

Fairfax JDRDC PREA Policy, 2.3.2, p. 32

Facility does not have any incidents to report at this time; agency policy mirrors the standard. Agency policy expresses a commitment to review all data from any incident to make any changes indicated to increase the safety of residents. This facility has not had an incident of sexual abuse. There is no data to review.

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

Fairfax JDRDC PREA Policy, 2.3.3, p. 32

- Agency head interview
- Interview with PREA Coordinator
- Interview with PREA Compliance Manager

Agency policy mirrors standard. Agency head references review of data to identify gaps and improve safety of facility. Annual report put on agency website and is reviewed by the agency head. There have been no past or current incidents to report.

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Evidence

Fairfax JDRDC PREA Policy, 2.3.4, pp. 32-33
PREA Coordinator interview

Agency PREA Policy mirrors standard. PREA Coordinator articulated secure retention of information. Facility has not experienced incident of sexual abuse. The website was reviewed.

AUDITOR CERTIFICATION

I certify that:

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

 

Auditor Signature

August 13, 2017

Date