

PREA Facility Audit Report: Final

Name of Facility: Chaplin Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/16/2022

| Auditor Certification | |
|---|-------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Marlessia L. Rioux | Date of Signature: 05/16/2022 |

| AUDITOR INFORMATION | |
|------------------------------|------------------------|
| Auditor name: | Rioux, Marlessia |
| Email: | lisa.rioux@comcast.net |
| Start Date of On-Site Audit: | 04/28/2021 |
| End Date of On-Site Audit: | 04/29/2021 |

| FACILITY INFORMATION | |
|----------------------------|---|
| Facility name: | Chaplin Youth Center |
| Facility physical address: | 125 Hot Top Road, Fredericksburg, Virginia - 22405 |
| Facility mailing address: | 12000 Kennedy Lane, Suite 100, Fredericksburg, Virginia - 22407 |

| Primary Contact | |
|-------------------|--------------------------------------|
| Name: | Jessica Wince |
| Email Address: | jessica.wince@chaplinyouthcenter.org |
| Telephone Number: | 540-371-0590 |

| Superintendent/Director/Administrator | |
|---------------------------------------|------------------------------------|
| Name: | Tom Keating |
| Email Address: | tom.keating@chaplinyouthcenter.org |
| Telephone Number: | 540-371-0590 |

| Facility PREA Compliance Manager | |
|----------------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Facility Characteristics | |
|--|------------------------|
| Designed facility capacity: | 12 |
| Current population of facility: | 3 |
| Average daily population for the past 12 months: | 4 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 12-17 years |
| Facility security levels/resident custody levels: | Unsecured |
| Number of staff currently employed at the facility who may have contact with residents: | 10 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 0 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
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| Name of agency: | Rappahannock Area Office on Youth |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 12000 Kennedy Lane, Suite 100, Fredericksburg, Virginia - 22407 |
| Mailing Address: | 12000 Kennedy Lane, Suite 100, Fredericksburg, Virginia - 22407 |
| Telephone number: | 5403710590 |

| Agency Chief Executive Officer Information: | |
|---|------------------------|
| Name: | Davy Fearon |
| Email Address: | davy@officeonyouth.org |
| Telephone Number: | 5407552636 |

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|---------------|-----------------------|--------------------------------------|
| Name: | Jessica Wince | Email Address: | jessica.wince@chaplinyouthcenter.org |
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SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2021-04-28 |
| 2. End date of the onsite portion of the audit: | 2021-04-29 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Before the audit and during the audit, the Auditor contacted Just Children International, Rappahannock Council Against Sexual Assault (RCASA), and Mary Washington Hospital. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 12 |
| 15. Average daily population for the past 12 months: | 4 |
| 16. Number of inmate/resident/detainee housing units: | 1 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 2 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 0 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 0 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | For the period December 2019 through April 2021, Chaplin Youth Center (CYC) had twenty-three (23) admissions. The drop in admissions was noted due to the national pandemic, COVID-19. On the first day of the audit, the facility had two (2) residents housed. The two admitted youth did not fit into the interview specialized categories (i.e. deaf or hard of hearing; visually or cognitive impaired, Limited English Proficient; identifies as lesbian, gay, bisexual, or transgender). Additionally, these residents had not experienced prior sexual victimization or prior sexual abusiveness according to completed assessments and the interview with the Auditor. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 10 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |

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| <p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p> | <p>The Auditor found that Chaplin Youth Center (CYC) has adequate staffing levels and is continually maintained (1:8 during waking hours and 1:12 during resident sleeping hours, except during limited and discrete exigent circumstances). The facility is staffed with ten (10) employees: Residential Case Manager (1), Director of Residential Services (1), and residential counselors (8). The facility did not employ the services of volunteers and contractors during the audit period.</p> |
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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| <p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | 2 |
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| <p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> |
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| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>The Auditor interviewed all residents housed at the facility at the time of the Audit.</p> |
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| <p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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| <p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>The Auditor interviewed all residents housed at the facility at the time of the Audit.</p> |
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Targeted Inmate/Resident/Detainee Interviews

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| <p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | 0 |
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:

0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

- Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.
- The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

During the onsite visit, the population was two (2) residents. Both of the residents were interviewed.

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:

0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

- Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.
- The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

During the onsite visit, the population was two (2) residents. Both of the residents were interviewed.

62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:

0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

- Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.
- The inmates/residents/detainees in this targeted category declined to be interviewed.

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>During the onsite visit, the population was two (2) residents. Both of the residents were interviewed.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>During the onsite visit, the population was two (2) residents. Both of the residents were interviewed.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>During the onsite visit, the population was two (2) residents. Both of the residents were interviewed.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>During the onsite visit, the population was two (2) residents. Both of the residents were interviewed.</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>During the onsite visit, the population was two (2) residents. Both of the residents were interviewed.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>During the onsite visit, the population was two (2) residents. Both of the residents were interviewed.</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>During the onsite visit, the population was two (2) residents. Both of the residents were interviewed.</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>During the onsite visit, the population was two (2) residents. Both of the residents were interviewed.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>For the period December 2019 through April 2021, Chaplin Youth Center (CYC) had twenty-three (23) admissions. The drop in admissions was noted due to the national pandemic, COVID-19. On the first day of the audit, the facility had two (2) residents housed. The two admitted youth did not fit into the interview specialized categories (i.e. deaf or hard of hearing; visually or cognitive impaired, Limited English Proficient; identifies as lesbian, gay, bisexual, or transgender). Additionally, these residents had not experienced prior sexual victimization or prior sexual abusiveness according to completed assessments and the interview with the Auditor.</p> <p>The Auditor did not experience any barriers in completing interviews.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>0</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input checked="" type="checkbox"/> None</p> |

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| If "None," explain: | At the time of the audit, the facility employed ten staff. All staff were considered direct care and were interviewed under the specialized staff category. |
| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply) | <input type="checkbox"/> Too many staff declined to participate in interviews. <input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other |
| 74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | At the time of the audit, the facility employed ten staff. All staff were considered direct care and were interviewed under the specialized staff category. |
| Specialized Staff, Volunteers, and Contractor Interviews | |
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. | |
| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 19 |
| 76. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>The facility has not contracted any services with any persons outside of paid employment.</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>Was the site review an active, inquiring process that included the following:</p> | |
| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>Chaplin Youth Center was observed as being a highly structured program designed to meet specific needs for youth either requiring shelter care services or post-dispositional services for youth who require a less restrictive placement than secure detention. After a thorough review of the policy, observations during the site visit, and interviews conducted, the Auditor was able to affirm that Chaplin Youth Services proffers a "Zero Tolerance" culture toward all forms of sexual abuse and sexual harassment. The zero-tolerance policy is also visible on the facility's website, on facility handouts, and posted throughout the building. While conducting the facility inspection, the Auditor verified that written information is visible and readily accessible to residents. The information was presented in multiple languages. The Auditor also observed signage on how to access language assistance services. Throughout the facility inspection, it was observed that staff make a concerted effort and take measures to prevent, detect, and respond to any form of sexual abuse/harassment; and that the residents interviewed feel safe and comfortable housed within the facility.</p> <p>During the onsite audit, the Auditor observed the presence of the appropriate ratio; a video surveillance system to include cameras that are strategically located to supplement staffing and to enhance supervision of residents; and the practice of administrators being present and visible.</p> |

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|-------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|------------------------------------|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 2 | 0 | 2 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 2 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|-------------------------------|---------|--------------------------|---------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|-------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|------------------------------------|---------|--------------------------|---------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 2 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 2 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|---|---|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| a. Explain why you were unable to review any sexual abuse investigation files: | During the audit period, the Auditor did not uncover any evidence that there had been any sexual abuse allegations. This conclusion was drawn after review of investigative files, staff and resident interviews and past resident files. |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |
| Inmate-on-inmate sexual abuse investigation files | |
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation files | |
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |

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|---|---|
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 2 |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |
| Inmate-on-inmate sexual harassment investigation files | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 2 |
| 109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| 110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| Staff-on-inmate sexual harassment investigation files | |
| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |

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| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>In the past twelve (12) months, the facility has received zero (0) allegations of sexual abuse and two (2) sexual harassment. Both allegations of sexual harassment were investigated and resulted in unsubstantiated and unfounded dispositions. One of the two (2) investigations was referred to SCSO; the other was handled at the facility level. Upon review of the investigative files, the Auditor found that in both cases, interviews were conducted, written statements were taken, and proper notifications were made. The investigative reports, at a minimum, consisted of the allegation, statements, and an investigation summary. As both allegations involved resident-on-resident accusations, it was unnecessary to contact child protective services. In both cases, the responding staff performed first responder duties, created an incident report, and an administrator was notified who determined the need to refer the allegation to law enforcement and to further instruct any needed protective measures.</p> <p>Interviews with the facility investigators revealed that they were aware of their responsibilities and in the past have taken care to promptly and objectively handle all allegations.</p> |
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|--|---|

Non-certified Support Staff

| | |
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| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|--|---|

AUDITING ARRANGEMENTS AND COMPENSATION

| | |
|---|---|
| <p>121. Who paid you to conduct this audit?</p> | <p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
|---|---|

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

| | |
|---------|---|
| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 373 358">Documents:</p> <ul data-bbox="284 409 1249 568" style="list-style-type: none"> • Agency's Organizational Chart • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • Job Description for Residential Services Director • Job Description for Residential Case Manager <p data-bbox="240 600 363 627">Interviews:</p> <ul data-bbox="284 678 818 739" style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) • Residential Services Director <p data-bbox="240 770 528 797">Site Review Observations:</p> <p data-bbox="240 826 1485 1019">After a thorough review of the policy, observations during the site visit, and interviews conducted, the Auditor was able to affirm that Chaplin Youth Services proffers a “Zero Tolerance” culture toward all forms of sexual abuse and sexual harassment. The zero-tolerance policy is also visible on the facility’s website, on facility handouts, and posted throughout the building. Throughout the facility inspection, it was observed that staff make a concerted effort and take measures to prevent, detect, and respond to any form of sexual abuse/harassment; and that the residents interviewed feel safe and comfortable housed within the facility.</p> <p data-bbox="240 1050 501 1077">Findings (by provision):</p> <p data-bbox="240 1108 1493 1603">115.311 (a): The agency provided the Auditor with the Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual that mandates a zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities the agency operates directly or under contract. The PREA policy addresses (a) Prevention Planning of sexual abuse and sexual harassment; (b) Responsive Planning through the following major provisions: staff hiring and screening processes (which include the requirements to conduct criminal history background checks and to check child abuse registries); staff training (staff, volunteers, and contractors); staffing plans: risk screening of sexual victimization and abusiveness; resident PREA education and staff training, reporting sexual abuse/misconduct; and (c) Responding to allegations of sexual abuse and sexual harassment is addressed through provisions detailing reporting, investigations, victim services, medical and mental health care; discipline; incident review; and data collections and analysis. The policy applies to all OOY-RSD employees, contractors, and volunteers. Additionally, the Auditor was given the OOY-RSD Staff Guide to Prevention, Detection, and Responding to Sexual Assault, Sexual Abuse, and Sexual Harassment, which outlines how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Both documents include the following PREA Standard requirements: (a) definitions of prohibited behaviors regarding sexual abuse and sexual harassment; (b) sanctions for those found to have participated in prohibited behaviors; and (c) a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="240 1635 1461 1794">The policy also addresses prohibited behaviors and sanctions for any form of sexual misconduct. Residents interviewed confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The signage about PREA was plentiful and presented in a kid-friendly manner. The facility has been able to maintain a safe environment where there were no reportable incidents of sexual assault. Discussions with advocacy organizations and the PREA Coordinator further support a healthy culture.</p> <p data-bbox="240 1825 1493 1984">115.311 (b): Per agency policy, OOY-RSD designates an upper-level, agency-wide PREA Coordinator to develop, implement and oversee agency efforts to comply with the PREA Standards. The position of Residential Case Manager serves as the PREA Coordinator, which is an upper-level administrator (as outlined in the organizational chart) who has been provided with sufficient time and authority to develop, implement, and oversee efforts to fully comply with the PREA standards.</p> <p data-bbox="240 2016 1493 2143">A review of the PREA Coordinator’s job description confirmed that she is responsible for monitoring and ensuring compliance with the law including the Code of Virginia, Department of Juvenile Justice Standards, and local policies and procedures. Interviews with both the PREA Coordinator and Residential Services Director confirmed their belief that they have the capacity in their jobs to advocate for policy or procedural changes needed to support resident safety.</p> |

115.311 (c): Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. As the Office of Youth only has only one residential facility, therefore the agency is not required to designate a PREA Compliance Manager. However, through its commitment to ensuring sexual safety, the Residential Case Manager handles PREA compliance-related duties and is located within the residential facility. When she identifies an issue, she informs and processes any issues with the Residential Services Director.

Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding zero tolerance of sexual abuse and sexual harassment; PREA coordinator. No corrective action is required.

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|----------------|---|
| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • Chaplin Youth Services' PREA audit dated February 1, 2018 <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director <p>Findings (by provision):</p> <p>115.312 (a): According to the agency's Policy, Section 1.4.3, "OOY-RDC does not contract for the confinement of its residents with private agencies or other entities." Per the Pre-Audit Questionnaire, the agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit (retrieved from agency website as required by PREA regulations). The Auditor reviewed Chaplin Youth Services' last PREA audit dated February 1, 2018; at this time the facility indicated that they do not contract for the confinement of any of their residents. To verify these findings, the Auditor conducted interviews with the Residential Services Director and Residential Case Manager who stated that the agency does not contract for juvenile services.</p> <p>115.312 (b): If the agency contracted with other juvenile residential placements, it would be their intent to ensure that the confinement facility was complying with PREA Juvenile Standards; however, the Auditor could not find any evidence that the agency contracts with private agencies or other entities.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p> |

| | |
|---------|--|
| 115.313 | Supervision and monitoring |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 363 358">Documents:</p> <ul data-bbox="282 409 1489 703" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • Staffing Plan Annual Reviews dated August 21, 2018, August 16, 2019, and August 11, 2020. • Staffing Schedule • Program Daily Schedule • Certificate of Certification issued by the Department of Juvenile Justice for the period of June 10, 2018 through June 9, 2021 • Facility Layout depicting camera placement • PREA Unannounced Round log 2020 <p data-bbox="240 732 363 759">Interviews:</p> <ul data-bbox="282 810 823 902" style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director • Counselors <p data-bbox="240 934 528 960">Site Review Observations:</p> <p data-bbox="240 992 1449 1084">During the onsite audit, the Auditor observed the presence of the appropriate ratio; a video surveillance system to include cameras that are strategically located to supplement staffing and to enhance supervision of residents; and the practice of administrators being present and visible.</p> <p data-bbox="240 1115 501 1142">Findings (by provision):</p> <p data-bbox="240 1173 1489 1435">115.313 (a): Chaplin Youth Center is a highly structured program designed to meet specific needs for youth either requiring shelter care services or post-dispositional services for youth who require a less restrictive placement than secure detention. According to the PAQ, the facility has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating these adequate staffing levels and determining the need for video monitoring, the facility has taken into consideration all relevant factors including all the elements required by PREA Standard 115.313 (a-k). The PAQ further indicated that the average daily number of residents since the last PREA audit is six (6). Additionally, the average daily number of residents on which the staffing plan was predicated is six (6).</p> <p data-bbox="240 1467 1477 1729">The facility's staffing plan is included in the Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure. The staffing plan reflects the results of an objective analysis of the facility's staffing needs to ensure sexual safety. OOY-RSD maintains an adequate staffing plan that includes a ratio of one staff person for every eight residents (1:8) during waking hours and one staff person for every twelve residents (1:12) during sleeping hours. The schedule provides for two (2) staff to be on duty in the afternoons when the residents return from school until bedtime. There is one (1) staff member on duty awake and actively supervising the residents all night, including fifteen (15) minute room checks. On weekends, when eligible residents are allowed to go home or into the community for home visits or free time, the staff coverage is reduced so that there is one (1) staff person on duty.</p> <p data-bbox="240 1760 1489 2051">Each staff's individual schedule is in compliance with federal, state, and local labor laws and does not exceed six (6) consecutive working days or more than sixteen (16) hours in one shift. In the event of exigent circumstances interfering with this guideline, all efforts to secure additional staff will be documented. To ensure that each staff member complies with these guidelines an administrator will review and approve any change in the schedule prior to its implementation. It is the policy of OOY-RSD to never deviate from the required staff/resident ratio as indicated by DJJ standards. The facility will comply with the aforementioned staffing plan except during limited and discrete exigent circumstances and shall document any deviations from the plan during such circumstances. The facility utilizes a video monitoring and surveillance system to assist in the prevention, detection, and response to allegations of sexual abuse. The facility provided policies, annual staffing plans, unannounced rounds reports, and shift rosters as documentation; showing that a staffing plan is being utilized as developed.</p> <p data-bbox="240 2083 1469 2143">The Auditor observed the presence of the appropriate ratio during the site visit. The Auditor randomly reviewed staff schedules throughout the year to determine if any exigent circumstances existed. The Auditor did not detect any deviations</p> |

from the plan; therefore, no documentation was reviewed. Additionally, the Auditor interviewed counseling staff who confirmed adherence to the staffing plan. The PREA Coordinator explained that the agency's staffing plan includes all the elements required by PREA Standard 115.313 (a-k), and she ensures facility compliance with the staffing plan through the following ways: Review the staff schedule and rosters daily to ensure adequate staffing levels are maintained at all times; Observe staff locations on the floor to ensure residents are being directly supervised; Monitor video surveillance cameras to ensure residents are safe and staff are adhering to policy and procedures; and Meet with facility staff and facility leadership to discuss the staffing plan and any issues or problems identified in order to quickly develop a solution. When asked to describe any gender considerations given in the staffing plan development, the PREA Coordinator replied that in general there is an effort to have male and female staff on a shift. There is a stronger consideration when residents are newer and still getting to know the staff and vice versa. However, there is knowledge that abuse and vulnerability can occur cross-gender, therefore, the experience of staff members and the skill of the staff members are a higher consideration. Additionally, the PREA Coordinator advised that there are potential blind spots in the facility. Supervising staff have been alerted and these vulnerable areas have been reduced with a camera installation in 2019 and ongoing active supervision. In 2020, chimes were installed on the resident's bedroom and bathroom doors to assist with monitoring of residents entering and exiting this area.

Moreover, the Residential Services Director advised that adequate staffing levels are continually maintained (1:8 and 1:12 staff to resident ratios) and video monitoring equipment is used in order to protect residents against sexual abuse and sexual harassment and prevent the likelihood of such an incident from occurring in the facility. Chaplin Youth Services documented that there have been no previous judicial findings of inadequate staffing and no findings of inadequacy from Federal Investigative agencies or by the licensing authority (Department of Juvenile Justice) as this was taken into consideration in the development, implementation, and review of their staffing plan.

The PREA Coordinator stated that there are no documented findings of inadequacy from a local, state, or federal agency. The Auditor was provided a copy of the issued Certificate of Certification for having demonstrated compliance with 6VAC35-41 regulations governing juvenile group homes and halfway houses for the period of June 10, 2018 through June 9, 2021 and its most recent certification audit report. The report contained no relevant deficiencies. Additionally, the Auditor conducted an internet review that revealed no findings of inadequacy.

Per the PAQ, there have been no substantiated or unsubstantiated incidents of sexual abuse. The facility reports that in 2020, there were two unsubstantiated incidents of sexual harassment in the program. The Auditor substantiated this through staff interviews with facility investigators and leadership and through the review of resident files throughout the audit.

115.313 (b): According to agency's policy, the program will comply with the staffing plan except during limited and discrete exigent circumstances and shall document any deviations from the plan during such circumstances. The agency indicated in the PAQ that they have not had an incident that involved non-compliance with their staffing plan; therefore, no documentation justifying any such deviations was provided. Any event that prevents the facility from adhering to its approved Staffing Plan will be documented in the exigent circumstances log with a justification for the deviation. The Auditor confirmed this in staff interviews.

115.313 (c): OOO-RSD PREA Policy and Procedure includes "PREA staff ratio requirements of 1:8 during waking hours and 1:12 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be documented. The agency indicated in the PAQ that they have had zero (0) staff ratio deviations in the past twelve (12) months (including both waking and sleeping hours); therefore, no such documentation was provided justifying or explaining the reason for a deviation. Additionally, the Auditor interviewed facility leadership who advised that the facility has complied with the PREA requirements of 1:8 and 1:12, and this PREA ratio is included in the agency's staffing plan, in policy and procedures, and in practice.

115.313 (d): OOO-RSD PREA Policy and Procedure outlines the requirements of this PREA provision (d) (1-4), and the language included is directly from the PREA Standard itself. Additionally, the agency also provided the Auditor with signed minutes from their 2018, 2019, and 2020 staffing plan meetings that sufficiently demonstrate how facility leadership, at least once every year, reviews their staffing plans, prevailing staffing patterns, deployment of monitoring technology, and the allocation of agency resources to commit to the staffing plans to ensure compliance.

115.313 (e): According to the OOO-RSD PREA Policy and Procedure, "It is the responsibility of the Residential Services Division Administration (Residential Services Director, Residential Case Manager, and Senior Residential Counselor) to conduct and document unannounced rounds, either in person or by video surveillance, to identify and deter staff sexual abuse and harassment. Unannounced rounds shall be conducted no less than weekly, be no less than 30 minutes in duration, and cover all shifts including day, evening, and overnight. Staff shall not alert other staff when supervisory rounds are occurring." It is evidenced through the review of the unannounced round logs and interviews that the facility had implemented a practice of intermediate or higher-level supervisors conducting and documenting PREA Unannounced Rounds.

Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is

fully compliant with this standard regarding supervision and monitoring. No corrective action is required.

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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 376 358">Documents:</p> <ul data-bbox="284 409 1249 504" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • Chaplin Youth Services Resident Handbook <p data-bbox="240 533 363 560">Interviews:</p> <ul data-bbox="284 611 1026 705" style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) • Residential Counselors (responsibilities include search and supervision) • Resident <p data-bbox="240 734 528 761">Site Review Observations:</p> <p data-bbox="240 790 1489 987">During the onsite audit, the Auditor did not observe any staff conducting any type of searches. Searches are usually conducted when residents return to the facility such as from a home visit or a parent transports the resident to the doctor. If the resident was with a staff, there would not be a need for a search except when residents have not been in the presence of staff or viewing was limited during an outing. Additionally, during the onsite portion of the audit, the Auditor assessed the shower procedures and the methods taken by the facility to ensure residents have the right to privacy when showering, using the restroom, and changing clothes. The Auditor observed camera placement in the living area.</p> <p data-bbox="240 1016 501 1043">Findings (by provision):</p> <p data-bbox="240 1072 1489 1368">115.315 (a): According to Section 1.4.5 of the Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual, staff shall not conduct any pat-down, strip searches, or visual body cavity searches (meaning a search of the anal or genital opening) on any resident of any gender. All staff may conduct resident searches upon the resident's return from an outing not involving staff supervision. These searches will be restricted to the examination of any packages, bags, boxes, and the youth's outerwear, shoes, and pockets. When a resident enters the building, the staff on duty will request that the youth empty his or her pockets and remove his or her jacket, shoes, and socks. The staff will also check backpacks and purses for contraband. Staff members may also utilize a wand detection device to scan the youth. Per policy, "At no time will any staff member place their hands on the youth. OOY-RSD does not engage in pat-down searches. Strip searches and body cavity searches are also prohibited by OOY-RSD employees."</p> <p data-bbox="240 1397 1489 1693">In exigent circumstances, the local police would be called to address security and contraband concerns in order to avoid cross-gender pat-down searches." Additionally, Chaplin Youth Center (CYC) reported in the PAQ that in the past twelve (12) months, they have had zero (0) incidents of cross-gender strip or cross-gender visual body cavity searches of residents. During interviews with the randomly selected counselors, all could describe what an exigent circumstance would be. Staff confirmed that they are aware of the policy prohibiting cross-gender strip searches or cross-gender visual body cavity searches. The Auditor interviewed two residents who confirmed that they had not been touched by staff during a search. During her stay at CYC, they indicated that a non-medical staff (male or female) have not seen them without her clothes on. Both residents relayed that medical staff do not work at the facility so they could not speak on searches by medical professionals.</p> <p data-bbox="240 1722 1489 1919">115.315 (b): According to the OOY-RSD PREA Policy and Procedure Manual, staff are prohibited from conducting any pat-down searches regardless of gender. In exigent circumstances, the local police would be called to address security and contraband concerns in order to avoid cross-gender pat-down searches." Additionally, the facility reported in the PAQ that they have had zero (0) incidents of cross-gender pat-down searches of residents in the past twelve (12) months. The Auditor interviewed randomly selected counselors and each staff clearly understood the facility's policy related to the prohibition of conducting a cross-gender pat-down search of a resident, even in an exigent circumstance.</p> <p data-bbox="240 1948 1489 2145">115.315 (c): It is explicitly written in the OOY-RSD PREA Policy and Procedure Manual that, "OOY-RSD staff shall not conduct any pat-down, strip searches, or visual body cavity searches on any resident of any gender. It is the intent of the agency that any circumstance that invokes the exigent circumstance provision of this policy such as addressing security and contraband concerns, local police would be called. Law enforcement would be responsible for documenting a search and this would be maintained in the resident's file. The Auditor confirmed through her interviews that law enforcement officials have not been called during the last twelve (12) months to conduct a search. Also, the agency indicated in the PAQ that they have</p> |

not had any cross-gender searches of any kind in the past twelve (12) months and, therefore, no applicable documentation was provided to the Auditor.

115.315 (d): The facility has implemented policies that enable residents to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The facility holds one living unit with six (6) double bedrooms and one (1) single room which all open into a common area. There is one (1) 'Jackand-Jill bathroom' between each two (2) bedrooms which is accessible from the inside of each bedroom. Each resident has the potential to share a room with one other same-sex peer and can be assigned a bathroom with up to three other residents. The single room has an in-suite bathroom that is not shared. Despite this design, residents are not permitted to enter the bathroom while another resident is present. Staff monitor this process. In 2020, chimes were installed on the resident's bedroom and bathroom doors to assist with monitoring of residents entering and exiting this area.

Residents are not monitored directly in the shower, however, staff are present when residents are in the sleeping area and ensure only one resident is in the bathroom at a time. According to the PREA Coordinator, both female and male staff may supervise residents in the living area; however, neither are supervising residents directly in the shower. Staff only ensure that one resident is in the bathroom at a time and monitor the length of time for safety. Staff also listen for any signs of distress or vomiting.

Shades are provided on the bedroom windows. When a resident is in their room, staff do conduct regular checks but are required to knock first. At bedtime, residents are expected to dress appropriately per the resident handbook. The residents are not permitted to change clothes in their bedroom only in the bathroom. At intake, residents receive instructions regarding the importance of personal boundaries, privacy, and the importance of being able to shower, perform bodily functions, and change clothing without having other residents or cross-gender staff view their exposed bodies, buttocks, or genitalia.

Policy further states that staff of the opposite gender shall announce their presence when entering a resident living unit or where residents are likely to be showering, performing bodily functions, or changing clothing. Resident interviews support that they are never required to be unclothed in front of opposite gender staff, and they confirmed that opposite gender staff announces themselves at the start of shift and knock before entering or looking in the bedrooms.

The Auditor asked the interviewed Counselors if they are able to view residents in a state of undress during shower time or when working the living area and each staff member advised no. They indicated that the residents are in the bathroom by themselves. During the onsite visit, the Auditor assessed the shower procedures and the methods taken by the facility to ensure residents have the right to privacy when showering, using the restroom, and changing clothes. The Auditor determined that the facility was providing each resident the opportunity to shower in private- without being viewed by staff, other residents, or a surveillance camera.

115.315 (e): In accordance with the OOOY-RSD PREA Policy and Procedure Manual, "staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." Additionally, the facility indicated in the PAQ that they have had zero (0) searches described in 115.315 (e)-1 of this report in the past twelve (12) months. Each staff interviewed by the Auditor clearly articulated the facility's policy that prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Each staff advised that this has never happened that they were aware of and if the resident's genital status was unknown, they would follow policy in obtaining this information.

115.315 (f): CYC uses a trauma-informed approach whereby staff touching residents is intentionally very limited. The PAQ indicate that staff are not trained in conducting the search requirements pursuant to this PREA Standard as their policy prohibits cross-gender pat-down searches and searches of transgender and intersex residents. During my interview with the PREA Coordinator, she confirmed that the facility trains on searches in general. Since they do not physically touch residents, these components of pat-down searches or any search that would require staff to touch or see a resident unclothed. Therefore, staff are trained in a trauma-informed approach. The Auditor verified this approach through staff interviews.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the facility is fully compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 373 358">Documents:</p> <ul data-bbox="284 409 1425 539" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Resident PREA Brochures (English and Spanish versions) • The Auditor made a successful test call to Language Line Solutions (an interpreting service used by the agency) • Pre-Audit Questionnaire (PAQ) Responses <p data-bbox="240 566 360 593">Interviews:</p> <ul data-bbox="284 645 818 741" style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) • Residential Services Director • Staff <p data-bbox="240 768 528 795">Site Review Observations:</p> <p data-bbox="240 824 1417 920">While conducting the facility inspection, the Auditor verified that written information is visible and readily accessible to residents. The information was presented in multiple languages. The Auditor also observed signage on how to access language assistance services.</p> <p data-bbox="240 947 501 974">Findings (by provision):</p> <p data-bbox="240 1003 1485 1368">115.316 (a - b): The agency has established procedures that include the following specific language: All written and video material that is designed to prevent, detect, and respond to sexual abuse and harassment shall be provided in a way that residents can understand either in English, Spanish, or another language. In the event an interpreter is needed, a paid interpreter is accessible over the telephone, called the "Language Line." This paid service is also utilized for languages other than English and Spanish. For deaf and hearing or visually impaired residents, resources are available through the Disability Resource Center of the Rappahannock Area and the Virginia Department for the Deaf and Hard of Hearing. In addition, OOY-RSD will ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. These services will be put in place before the resident is placed. OOY-RSD shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety.</p> <p data-bbox="240 1395 1493 1895">As there were no disabled or Limited English Proficient (LEP) residents at the facility at the time of the on-site audit, interviews with residents with disabilities or that are LEP were not conducted. In reviewing the population list for residents housed in the past twelve (12) months, Chaplin has not admitted any residents who were deaf, blind, or LEP; therefore, they have not used these services. As indicated in the interviews with staff that the facility is prepared to use the assistive technology services if the need arises. All staff interviewed were able to relate to the Auditor that the agency had a procedure to provide residents with disabilities equal opportunities to participate in and benefit from the facility's effort in preventing, detecting, and responding to sexual abuse and sexual harassment. The PREA Coordinator provided the Auditor with resident brochures (English and Spanish versions) written in practical and easily understandable language on Sexual Abuse and Sexual Harassment (SA/SH). These brochures provide an overview of PREA and describe the agency's procedure on zero tolerance of SA/SH. Zero tolerance posters were observed posted in the living area, common areas, and the area where family visits take place. The PREA Coordinator stated that in the event, there is no Spanish-speaking staff on duty for purposes of interpretation and translation, a paid interpreter is accessed over the phone with which the agency has contracted for the purposes of interpretation and translation. This paid service is also utilized for languages other than English and Spanish. Moreover, to ensure effective communication of PREA materials, residents receive training orally, in a written format, and by video. In addition, the PREA video that residents watch upon intake was shared with the Auditor.</p> <p data-bbox="240 1921 1493 2152">115.316 (c): According to Section 1.4.6 of OOY-RSD PREA Policy and Procedure Manual, staff shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations. The Auditor confirmed with the PREA Coordinator that all facility staff and contractors who may have contact with youth have received staff training on PREA-compliant practices for residents with disabilities and/or who are limited English proficient. The Auditor confirmed through staff interviews that the facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where</p> |

an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. Each staff member explained that they have never used a resident for interpretation services. The PREA Coordinator has not had a case either in which a resident interpreter was used; therefore, no documentation was provided to the Auditor to review.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency and facility are fully compliant with this standard regarding residents with disabilities and residents who are limited English proficient. No corrective action is required.

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| 115.317 | Hiring and promotion decisions |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 373 358">Documents:</p> <ul data-bbox="284 409 1410 568" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • Chaplin Youth Services' PREA audit dated February 1, 2018 • Review of PREA Mandated Disclosure Forms in Employee Files to include PREA Acknowledgement Forms for Applicants, New Hire and Promotion <p data-bbox="240 600 362 627">Interviews:</p> <ul data-bbox="284 678 914 770" style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director – serves as the hiring manager • Counselors <p data-bbox="240 801 501 828">Findings (by provision):</p> <p data-bbox="240 860 1477 1218">115.317 (a): As reported in the PAQ, the Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) has been civilly or administratively adjudicated to have engaged in the activity described in (a) (2) of this section. All applicants complete the "PREA Acknowledgement Form for Applicants, New Hire and Promotion" in order to allow the hiring manager to ask about previous misconduct described in paragraph A of PREA regulation § 115.317. OOY-RSD employs ten (10) staff of which seven (7) were recently hired from April 2018 through April 2021. The Auditor reviewed all ten (10) staff files; all of which had signed Acknowledgement forms.</p> <p data-bbox="240 1249 1477 1312">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the agency is in compliance with the provisions of this standard.</p> <p data-bbox="240 1344 1477 1435">115.317 (b): By policy and through interviews, the agency answered affirmatively that OOY-RSD considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="240 1467 1489 1659">115.317 (c): Per the OOY-RSD Policy, Section 1.4.7, "Prior to hiring, promoting, or entering into any agreements with employees, volunteers, and contractors, the Residential Services Director will ensure that the following is completed: The Virginia Criminal Information Network (VCIN), National Crime Information Center (NCIC), and Fingerprint background checks and a Virginia Department of Social Services Central Registry of Child Abuse/Neglect background check. OOY-RSD employs ten (10) staff of which seven (7) were recently hired from April 2018 through April 2021. The Auditor reviewed all ten (10) staff files which showed that these staff received a background records and child abuse registry check prior to hire.</p> <p data-bbox="240 1691 1449 1850">115.317 (d): According to OOY-RSD Policy, the agency shall perform criminal background records checks, and consults applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents," as required in this PREA Standard. The agency reported not enlisting services of any contractor for the audit period. In reviewing staff files, the Auditor did not detect any hired contractors. Facility leadership conveyed to the Auditor their understanding of this provision and have processes in place when and if contractors are hired.</p> <p data-bbox="240 1881 1489 2040">115.317 (e): By agency policy, the OOY-RSD conducts regular criminal background records checks at least every 5 years of current employees and contractors who may have contact with residents. OOY-RSD employs ten (10) staff of which three (3) were existing employees. The Auditor was provided documentation that support older term employees receiving a background records check through VCIN and NCIC at least every five years. Moreover, the Auditor observed a policy and system in place that would include background checks for future contractors.</p> <p data-bbox="240 2072 1489 2134">115.317 (f): As noted in provision (a), all OOY-RSD employees are asked to complete the PREA Acknowledgement Form for Applicants, New Hire and Promotion that includes questions required in PREA Standard 11.317 (a). The OOY-RSD imposes</p> |

upon employees a continuing affirmative duty to disclose any such misconduct. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the agency is in compliance with the provisions of this standard.

115.317 (g): The Auditor reviewed the agency's policy which states, "Material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination. Through interviews with facility leadership, the Auditor determined that this is also practice.

115.317 (h): Interviews with facility leadership revealed that the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from another institutional employer unless it was prohibited by law. Facility leadership indicated that in the past twelve (12) months, there have been no such requests; thus, no documentation could be provided to the Auditor.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency and facility are fully compliant with this standard regarding hiring and promotion decisions. No corrective action is required.

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| 115.318 | Upgrades to facilities and technologies |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 373 358">Documents:</p> <ul data-bbox="284 409 1246 501" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • Facility Schematic that includes camera placement <p data-bbox="242 530 362 560">Interviews:</p> <ul data-bbox="284 611 1023 703" style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) • Residential Counselors (responsibilities include search and supervision) • Residential Services Director <p data-bbox="242 732 528 761">Site Review Observations:</p> <p data-bbox="242 790 1493 985">During the onsite audit, the Auditor inspected the entire facility and though there have been any significant structural changes to the facility since the last PREA audit, the facility has updated their video monitoring technology by adding cameras to the existing system to cover blind spots. Additionally, some existing cameras were repositioned thus eliminating previously identified blindspots. Further, observation of the system and interviews with staff and residents confirmed that no cameras were placed or had an angle that permitted viewing into areas where residents could be showering, changing clothes or performing bodily functions.</p> <p data-bbox="242 1014 501 1043">Findings (by provision):</p> <p data-bbox="242 1072 1453 1164">115.318 (a): Chaplin Youth Center (CYC) has not undergone any major renovations in the past three years. The facility is well designed with limited blind spots. The small size allow for constant observation of youth when they are out of their rooms. The open floor plan also eliminates corners and closet space.</p> <p data-bbox="242 1193 1493 1323">Facility leadership was able to point out the few locations in the facility of any concerns and described measures in place to mitigate any allegations. The Auditor did not see significant obstructions to viewing. Leadership also confirmed that the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities.</p> <p data-bbox="242 1352 1489 1514">115.318 (b): According to the facility response on the PAQ, the facility has installed and updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Compliance is based on observation of camera system and formal and informal interviews that support a consistent understanding of the need to limit blind spots through active supervision skills. The interviews support that the facility is committed to regular review of its physical plant needs and electronic surveillance to enhance safety.</p> <p data-bbox="242 1543 1485 1635">Conclusion: Based upon review and analysis of the available evidence and interviews, the Auditor has determined the agency and facility are fully compliant with this standard regarding upgrades to facilities and technology. No corrective action is required.</p> |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 376 358">Documents:</p> <ul data-bbox="284 409 1473 734" style="list-style-type: none"> • Active Memorandum of Understanding (MOU) between the Stafford County Sheriff's Office and the Rappahannock Area Youth Services and Group Home Commission, dated October 19, 2017 • Active Memorandum of Understanding (MOU) between the Rappahannock Council Against Sexual Assault (RCASA) and the Rappahannock Area Youth Services and Group Home Commission, dated November 1, 2017 • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • DOJ's Office on Violence against Women publication, 'A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.' • Resident PREA Pamphlet, Break the Silence "A Teen's Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment" <p data-bbox="240 766 363 792">Interviews:</p> <ul data-bbox="284 844 1062 1039" style="list-style-type: none"> • Rehabilitation Counselors • Residential Case Manager/PREA Coordinator (PC) • Residential Services Director • Stafford County Sheriff's Office Deputy • ER Nurse from Mary Washington Hospital about SANE/SAFE Examinations • Residents <p data-bbox="240 1070 528 1097">Site Review Observations:</p> <p data-bbox="240 1128 1457 1155">During the onsite audit, the Auditor confirmed that literature regarding RCASA has been strategically posted at the facility.</p> <p data-bbox="240 1187 501 1214">Findings (by provision):</p> <p data-bbox="240 1245 1484 1440">115.321 (a): The Office of Youth Residential Services Division (OOY-RSD) is responsible for conducting administrative/internal sexual abuse investigations per Section 1.4.10 of the OOY-RSH PREA Policy and Procedure Manual. This policy was corroborated by the facility leadership during the interview with the Auditor. The Stafford County Sheriff's Office (SCSO) has been identified, in the above-referenced documents as well, for conducting all criminal investigations of sexual abuse at Chaplin Youth Services. Likewise, the Stafford County Department of Family Services/Child Protective Services (SCDFS/CPS) will also conduct an investigation in cooperation with the SCSO.</p> <p data-bbox="240 1471 1477 1597">Upon the Auditor's review, there were no reports of sexual abuse in the past year so the review of a sexual abuse investigation was not possible. However, the facility did have two (2) allegations of sexual harassment during this time period. The SCSO was contacted for a potential criminal investigation for one of these allegations. The facility conducted an administrative investigation for the other allegation. Both investigations resulted in unsubstantiated findings.</p> <p data-bbox="240 1628 1493 1955">Should an allegation of sexual abuse ever occur, all OOY-RSD staff are trained as first responders and the Auditor verified, in all staff interviews, that they would "preserve the scene," more specifically, as indicated in policies and procedures 1.4.9, they would "Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence." By interview, staff relayed that the facility conducts administrative sexual abuse and sexual harassment investigations, and local law enforcement and Child Protective Services would be called to conduct any criminal investigations for sexual abuse. Then, per review of the MOU between OOY-RSD and SCSO, the OOY-RSD will follow a uniform evidence protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Auditor called the SCSO who confirmed that they would be called if there was a criminal allegation of sexual abuse and sexual harassment at Chaplin Youth Services. The SCSO Deputy confirmed that they follow a uniform protocol for evidence collection in sexual assault cases.</p> <p data-bbox="240 1986 1457 2080">115.321 (b): As noted above, the SCSO is responsible for conducting criminal investigations and utilizes its own uniform evidence protocol. The Auditor interviewed both agency investigators. The investigators confirmed that they are trained to follow a uniform evidence protocol when handling all allegations of sexual abuse or sexual harassment.</p> <p data-bbox="240 2112 1489 2139">115.321 (c): The agency's Policy includes all the requirements of this PREA provision and states the following, as it relates to</p> |

this provision: Residents who experience sexual abuse shall be given access to forensic medical examinations without financial cost where evidentiarily or medically appropriate. Such examinations shall be conducted at the Mary Washington Hospital by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If SAFEs or SANEs are not available, the examination can be performed by other community qualified medical practitioners.

The facilities are required to document their efforts to provide SAFEs or SANEs. The facility indicated in the PAQ that all SANE/SAFE exams would be conducted offsite at a local hospital, and they have had zero (0) such exams performed during the past twelve (12) months (zero allegations/incidents involving a resident being sexually abused in the past twelve (12) months, as reported by the agency). Also, the Auditor interviewed the PREA Coordinator who confirmed that all residents who experience sexual abuse will be transported by staff, parent/legal guardian, or by emergency personnel to Mary Washington Hospital for a forensic medical SANE examination when deemed evidentiarily or medically appropriate.

Through a telephone conversation, the Auditor confirmed with Mary Washington Hospital that they conduct sexual assault exams and would accept a victim from the facility. The hospital explained that any member of the public can request a SANE (Sexual Assault Nurse Examiners) exam. The SANE program is made up of specially trained RNs who are on-call 24/7. They offer compassionate care and support for victims at a moment's notice. Nurses meet rigorous legal and medical standards required by statute and ethical code. Their work includes forensic medical collection, medical intervention, health education, follow-up referrals, and objective legal testimony. A SANE exam is free, even if the victim does not want to involve the police at the time of evidence collection. According to facility policy and confirmed in interviews with the Auditor, forensic exams are not conducted by any staff at OOO-RSD.

115.321 (d): OOO-RSD has an MOU with the Rappahannock Council Against Sexual Assault (RCASA) to provide victim advocacy/crisis support and emotional support services. RCASA upon request can provide hospital accompaniment for any resident of the facility who is a victim of sexual abuse. Additionally, RCASA will provide educational and specialized training materials to the OOO-RSD's PREA Coordinator and staff in regard to the following:

- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to detect and assess signs of sexual abuse and sexual harassment;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How to preserve physical evidence of sexual abuse.

As indicated previously in this report, the agency has not had to utilize the services of the RCASA since implementing PREA, due to never having an incident or allegation of a resident being sexually abused in the facility.

115.321 (e): Per the MOU with RCASA, the community advocate will accompany the victim to the hospital, be present during police interviews with the victim, and accompany the victim to court, if the victim were to request their assistance. The community advocate spoke with the Auditor via phone during the on-site portion of the audit and indicated that in addition to working with RCASA, they are connected with the Child Advocacy Center as well, allowing them to provide additional resources, emotional support, crisis intervention, information, and referrals for victims should it ever become necessary.

At the time of the onsite audit, there were no residents who have been involved in an allegation of sexual abuse. The Auditor conducted two resident interviews who confirmed that they were made aware of services through RCASA via facility posters and through conversations with staff. The facility provided the Auditor with copies of posted literature. Additionally, it was confirmed through an onsite tour, that literature regarding RCASA has been strategically posted at the facility. Residents also have access to RCASA's 24-hour hotline number (540-371-1666), which is published in the Resident PREA Pamphlet, Break the Silence. The Auditor was able to determine through interviews with facility leadership that the protocols in place are sufficient for providing the requirements of this PREA provision.

115.321 (f): As previously indicated, OOO-RSD is responsible for completing administrative investigations, while the SCSO is responsible for completing criminal investigations. The aforementioned Memorandum of Understanding (MOU) between OOO-RSD and SCSO established the role of the Sherriff's Office in conducting criminal investigations related to allegations of sexual abuse and included expectations that the investigative entity complies with the PREA Standard 115.321, Evidence protocol and forensic medical examinations.

115.321 (g - h): N/A. The Auditor is not required to audit these provisions.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Active Memorandum of Understanding (MOU) between the Stafford County Sheriff's Office and the Rappahannock Area Youth Services and Group Home Commission, dated October 19, 2017 • Active Memorandum of Understanding (MOU) between the Rappahannock Council Against Sexual Assault (RCASA) and the Rappahannock Area Youth Services and Group Home Commission, dated November 1, 2017 • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • DOJ's Office on Violence against Women publication, 'A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.' • Resident PREA Pamphlet, Break the Silence "A Teen's Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment" <p>Interviews:</p> <ul style="list-style-type: none"> • Rehabilitation Counselors • Residential Case Manager/PREA Coordinator (PC) • Residential Services Director • Stafford County Sheriff's Office Deputy • Residents <p>Findings (by provision):</p> <p>115.322 (a): Per the Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual, Section 1.4.10, "The Stafford County Sheriff's Office (SCSO) has the legal authority and shall be the investigating authority for all allegations of sexual abuse or sexual harassment as defined by the Department of Justice (DOJ) referred for investigation by the Office on Youth, unless the allegation does not involve potentially criminal behavior." The Auditor reviewed the active Memorandum of Understanding (MOU), which outlines the responsibilities of both the agency and the investigating entity and is posted on the Office on Youth's website. OOY-RSD has designated the Residential Services Director, Case Manager, and/or Senior Residential Advisor to respond to and conduct initial investigations into all allegations of sexual harassment or sexual abuse to determine if the issue is to be handled administratively, or referred to the Stafford County Sheriff's Office as a criminal matter.</p> <p>Facility leadership confirmed in interviews with the Auditor that the agency will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Any referrals are documented by the agency. According to the agency's response in the PAQ, in the past twelve (12) months, the facility has received zero (0) allegations of sexual abuse and two (2) allegations of sexual harassment. Both of the sexual harassment allegations resulted in an administrative investigation. Initially, one (1) of the sexual harassment allegations was referred for criminal investigation; however, it was returned to the facility to handle administratively. Both investigations resulted in unsubstantiated findings.</p> <p>Additionally, the facility has not received any allegations of sexual abuse through any other reporting mechanisms including grievance and hotline calls. While on-site, the Auditor did review facility-wide resident grievances beginning in December 2019. There were a total of nineteen (19) resident grievances of which one (1) was PREA related and was investigated.</p> <p>The review of the Resident PREA Pamphlet, Break the Silence highlights that residents are made aware that all reports will be fully investigated by Chaplin Youth Center (CYC) Administrators or Stafford County Sherriff Office and will be kept confidential thus providing transparency for residents. At the time of my onsite audit, there were no residents who have been involved in an allegation of sexual abuse. However, the Auditor conducted two resident interviews who confirmed that they were aware of the facility's policy on zero tolerance of sexual abuse and sexual harassment. The resident did confirm receipt of PREA orientation and to receiving a copy of the Resident PREA Pamphlet.</p> <p>After reviewing the furnished documents and conducting interviews, the Auditor determined that the facility is aware of its obligation to refer for investigation all incidences of sexual abuse and sexual harassment. For reference, the agency provided a copy of the form that the investigation and Sexual Abuse Incident Review would be documented on.</p> |

115.322 (b-c): The agency has a Policy regarding allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority, "The SCSO has the legal authority and shall be the investigating authority for all allegations of sexual abuse or sexual harassment as defined by the Department of Justice (DOJ) referred for investigation by the Office on Youth unless the allegation does not involve potentially criminal behavior." The Auditor contacted and confirmed, SCSO is, in fact, the legal authority to conduct criminal investigations. Additionally, the Auditor reviewed the website, which informs the public of investigative responsibilities in the event of an incidence of sexual abuse or sexual harassment. Facility leadership confirmed in interviews with the Auditor that CYC adheres to the agency policy by ensuring allegations of sexual abuse or sexual harassment are referred for investigation to the SCSO. As stated, there are zero (0) reported allegations/referrals for sexual abuse and one (1) referral for sexual harassment during the past twelve (12) months. Moreover, the PREA Coordinator was fully aware of the policy tenets under this PREA Standard.

115.322 (d-e): N/A. The Auditor is not required to audit these provisions.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 373 358">Documents:</p> <ul data-bbox="284 409 1441 672" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Office of Youth Residential Services Division (OOY-RSD) Staff Guide to Prevention, Detection and Responding to Sexual Assault, Sexual Abuse and Sexual Harassment used for Training Curriculum (2020) • 2019, and 2020 PREA Training Acknowledgment Forms for Guide • Employee spreadsheets listing employees who received PREA Training • National Institute of Corrections Training “PREA: Your Role Responding to Sexual Abuse” • PREA Training Certificates for National Institute of Corrections Course • Pre-Audit Questionnaire (PAQ) Responses <p data-bbox="240 701 360 728">Interviews:</p> <ul data-bbox="284 779 823 873" style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director • Counselors <p data-bbox="240 902 528 929">Site Review Observations:</p> <p data-bbox="240 958 1489 1088">During the onsite portion of the audit, the Auditor observed posted literature throughout the facility to educate both staff and residents on the agency’s policy to prevent, detect, respond, and report incidences of sexual abuse and sexual harassment. The Auditor confirmed through observation that documentation of such training records is maintained onsite at Chaplin Youth Center (CYC) in the training record of all staff persons.</p> <p data-bbox="240 1120 501 1146">Findings (by provision):</p> <p data-bbox="240 1176 1481 1337">115.331 (a): Per the Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure, employees who may have contact with residents shall receive training on the eleven (11) enumerated requirements under this standard provision within thirty (30) days of the start of their employment. Additionally, staff are mandated to complete the training, “PREA: Your Role Responding to Sexual Abuse” accessible through the National Institute of Corrections. This two-hour course teaches staff how to respond appropriately to sexual abuse in their facility.</p> <p data-bbox="240 1366 1489 1796">The facility provided the Auditor with their training curriculum “The OOY-RSD Staff Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment.” The curriculum included (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents’ right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent. Upon completion of the training, staff sign an acknowledgment form noting they understood the material that was covered. Acknowledgment forms are kept in the staff’s files.</p> <p data-bbox="240 1825 1489 2121">Staff interviewed clearly articulated that the PREA training they receive each year includes, at a minimum, the eleven (11) elements of this PREA provision. Staff were able to elaborate on specific training topics related to the requirements of this provision, and the Auditor was able to easily determine that staff are aware of their PREA related duties of keeping residents safe and how to fulfill their responsibilities under the OOY-RSD Policy. Staff explained how retaliation is not tolerated and immediately reported, how the dynamics of sexual abuse and sexual harassment are similar in a secure facility and in the community, the common reactions juvenile victims may display, how to immediately act to prevent sexual abuse, how to ensure proper boundaries and avoid inappropriate relationships, how to communicate effectively and respectfully with residents who identify as LGBTI, the requirement of reporting any sexual abuse to outside authorities (e.g. Child Protective Services and Stafford County Sheriff Office), and how there is no consent in a confinement facility for any sexual activity.</p> |

For verification, the Auditor reviewed staff training records for new hires and current employees for calendar years 2019 and 2020. The records reflected that staff are trained within thirty (30) of hire and consistently trained thereafter.

15.331 (b): CYC is a small juvenile facility, with a maximum capacity of twelve (12) and an average population of six residents in 2020 who remained in the facility for an average of only 22 days. Per the agency's Policy, "Such training shall be tailored to the unique needs and attributes of the residents of the facilities and to the gender of the residents in each facility."

The Auditor determined through a comprehensive review of the PREA training curriculum provided by the PREA Coordinator that the facility's training includes such elements. In interviews with the counseling staff, the Auditor asked questions to determine the staff's understanding of how gender plays an important part in risk and response to victimization in institutional settings. All of the interviewed staff were able to talk about gender dynamics.

115.331 (c): Pursuant to Policy, employees receive annual training of the OOOY-RSD Staff Guide to Prevention Detection and Responding to: Sexual Assault, Sexual Abuse and Sexual Harassment. Staff are required to sign a training acknowledgment form that they have read and understand the materials. Upon review of the staff files, the Auditor reviewed copies of signed acknowledgment forms for ten (10) employees which represent all facility employees for calendar years 2019, 2020 and 2021. The Auditor's review of the policy, training curriculum, staff interviews, and acknowledgment statements reflect that staff are annually trained. During the onsite portion of the audit, the Auditor observed posted literature throughout the facility to educate both staff and residents on agency policy to prevent, detect, respond, and report incidences of sexual abuse and sexual harassment.

115.331 (d): Per agency policy, documentation of such training is maintained onsite at CYC in the training record of all staff. The Auditor was able to review signed acknowledgment forms for 100% of staff employed by the facility, who may have contact with residents, who were trained and retrained in the PREA requirements under this standard. The Auditor confirmed that the facility has PREA training records for staff beginning in 2015 to current.

Conclusion: Based upon the review and analysis of all the available evidence and interviews conducted, the Auditor has determined that the agency is fully compliant with employee training. No corrective action is required.

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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

The following evidence was analyzed in making the compliance determination:

Documents

- Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual
- Office of Youth Residential Services Division (OOY-RSD) Staff Guide to Prevention, Detection and Responding to Sexual Assault, Sexual Abuse and Sexual Harassment used for Training Curriculum (2020)
- Contractor/Volunteer Guidelines: Your Responsibilities to Prevent, Detect and Respond to Sexual Abuse Acknowledgment Form
- Pre-Audit Questionnaire (PAQ) Responses

Interviews:

- Residential Case Manager/ PREA Coordinator (PC)

Site Review Observations:

During the onsite portion of the audit, the Auditor observed posted literature throughout the facility to educate both staff and residents on agency policy to prevent, detect, respond, and report incidences of sexual abuse and sexual harassment. The Auditor confirmed through observation that documentation of such training records is maintained onsite at Chaplin Youth Services in the training record of all staff persons.

Findings (by provision):

115.332 (a): Per the Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure, volunteers and contractors who may have contact with residents shall receive training on the eleven (11) enumerated requirements under this standard provision within thirty (30) days of the start of their employment. Additionally, volunteers and contractors are mandated to complete the training, "PREA: Your Role Responding to Sexual Abuse" accessible through the National Institute of Corrections. This two-hour course teaches contractors and volunteers how to respond appropriately to sexual abuse in their facility. The facility provided the Auditor with their training curriculum "OOY-RSD Staff Guide to Prevention, Detection and Responding to Sexual Assault, Sexual Abuse and Sexual Harassment." The curriculum included (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent. Upon completion of the training curriculum, volunteers and contractors are expected to sign an acknowledgment form noting they understand the material that was covered. Any forms would be kept in the individual volunteer or contractor file. Due to COVID-19, the facility reported that they did not have any volunteers or contractors coming onsite during the past twelve (12) months; therefore, the Auditor did not review any files.

115.332 (b): A review of the training curriculum and facility leadership interviews revealed the PREA training informs the volunteers and contractors of their role in reporting allegations of sexual abuse and sexual harassment. The volunteers and contractors are informed of their responsibilities regarding sexual abuse prevention, detection, and response to an allegation of sexual abuse or sexual harassment, as outlined in the PREA Policy. The training is relative to the services provided by the volunteers and contractors.

Due to COVID-19, the facility reported that they did not have any volunteers or contractors coming onsite during the past twelve (12) months; therefore the Auditor was unable to review any acknowledgment forms.

115.332 (c): Due to COVID-19, the facility reported that they did not have any volunteers or contractors coming onsite during the past twelve (12) months; therefore, the Auditor was unable to review any acknowledgment forms. The PREA Coordinator showed the Auditor where the individual volunteer or contractor files would be stored onsite.

Conclusion: Based upon the review and analysis of all the available evidence and interviews conducted, the Auditor has determined that the agency is fully compliant regarding volunteer and contractor training. No corrective action is required.

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| 115.333 | Resident education |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) Responses • Chaplin Youth Center Resident Handbook • Resident PREA Pamphlet, Break the Silence “A Teen’s Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment” • PREA Educational Video, (9.36 minutes) at https://youtu.be/TRqJd_tZh1A • PREA Acknowledgement Forms - Signed • PREA Signage (observed at the facility) • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual <p>Interviews:</p> <ul style="list-style-type: none"> • Residents • Rehabilitation Counselors • Residential Case Manager/PREA Coordinator (PC) <p>Site Review Observations:</p> <p>During the onsite audit, the Auditor observed PREA signage throughout the entire facility. The signage included, but was not limited to, the agency’s zero-tolerance policy, resident rights, PREA orientation materials, and reporting mechanisms including third-party, and victim advocate information. During the onsite facility, the facility had not received any new intakes; therefore, the Auditor was unable to directly observe this process. However, the Auditor asked the PREA Coordinator to simulate how resident education is provided to each youth.</p> <p>Findings (by provision):</p> <p>115.333 (a): The Auditor reviewed the agency’s policy requiring that during the intake process, residents receive information explaining, in an age-appropriate fashion, the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or harassment.</p> <p>The facility provided the Auditor with a copy of the Resident Handbook and PREA Resident Pamphlets titled, “A Teen’s Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment.” These documents are verbally explained to each resident upon intake and a copy is then provided to each resident to keep. The resident signs an acknowledgment form indicating their receipt and understanding of the information. The intake process occurs within the (24) twenty-four hours of arrival at the facility. The Auditor reviewed these documents for the required elements and to confirm that it was provided in an age-appropriate manner. For the period, December 2019 to April 2021, the facility had twenty-three (23) admissions. Twenty-three (23) resident acknowledgment forms were reviewed; the Auditor verified that the forms were dated within 24 hours of the resident’s admission date.</p> <p>Both of the residents interviewed confirmed their receipt of PREA-related information at intake; additionally, all twenty-three resident files reviewed by the Auditor contained signature pages indicating their receipt of PREA-related information at intake. Likewise, all staff interviews with the Auditor indicated the issuance of PREA-related information to all residents at the time of intake; materials are age-appropriate in that they are written in plain language, and staff also reviews information verbally with residents to ensure understanding of the presented materials. During resident interviews, each was able to identify one or more reporting methods for claims of sexual abuse and sexual harassment; residents noted these methods to include making a phone call to the PREA hotline, writing/filing a grievance, and/or speaking with trusted staff.</p> <p>115.333 (b): As per policy, no later than 10 days after intake, a PREA informational video will be shown to the resident to further educate them comprehensively and age-appropriately regarding their rights to be free from sexual abuse and sexual harassment. Residents will complete a written acknowledgment that they have received the training and understand the educational material.</p> <p>Twenty-three (23) resident acknowledgment forms were reviewed; the Auditor verified that the forms were appropriately completed with dates and signatures. The education included the prescribed topics: (1) definition of sexual assault and sexual harassment and behavior prohibited by staff, contractors, volunteers, and other residents; (2) strategies to prevent</p> |

sexual assault and sexual harassment; (3) reporting sexual assault and sexual harassment; (4) resident's right to be free from sexual abuse and sexual harassment; (5) resident's right to be free from retaliation for reporting such incidents; (6) availability of treatment and counseling; and (7) agency's policies and procedures for responding to such incidents. Along with the resident handbook and the PREA Pamphlet, Break the Silence "A Teen's Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment," residents watch a nine (9) minute video that reinforces the presented written materials and conversations between intake personnel and the resident. The educational video can be found at this web address: https://youtu.be/TRqJd_tZh1A.

The Auditor interviewed staff who serve in the intake capacity. They stated that written and verbal information on the required elements in this standard was provided and explained to all residents. At the time of this audit, only two residents were admitted to the facility. The Auditor interviewed these residents who confirmed that they were informed of the facility's zero-tolerance policy and had received information about the facility's rules against sexual abuse and harassment through video, pamphlets, and resident handbooks.

115.333 (c): For the period, December 2019 to April 2021, Chaplin Youth Center (CYC) had twenty-three (23) admissions. The Auditor reviewed the training records for these youth and confirmed that training had been conducted timely.

115.333 (d): According to the agency's PREA Policy, such information shall be provided in formats accessible to all residents, including residents who are deaf or hard of hearing; blind or visually impaired; have intellectual, psychiatric or speech disabilities or are otherwise disabled; or who have limited reading skills or are limited English proficient. Ensuring access shall include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, for residents who are limited English proficient, deaf, or hard of hearing.

Depending on the need of the resident, the facility has the ability to use staff interpreters, agency assistive technology services, or a language line. Staff interviews confirmed that residents are not used as translators or readers for other residents. During the previous twelve (12) months, the facility has not admitted any youth requiring such services; therefore, no documentation of the use of such services was provided to the Auditor.

115.333 (e): Residents sign an acknowledgment of their participation in PREA education. The acknowledgment includes a place for the resident to sign and date, verifying they reviewed and understand the information given to them about PREA. The resident acknowledgment forms are maintained in the resident's file. The Auditor confirmed this process through interviews and by reviewing all resident files (twenty-three (23) admissions).

115.333 (f): Office of Youth Residential Services Division (OOY-RSD) PREA Policy states in addition to providing such education, the Agency shall ensure that key information is continuously and readily available or visible to youths through posters, youth handbooks, or other written formats. A resident handbook and PREA pamphlet are provided to each resident to help prevent or respond to incidents of sexual abuse and sexual harassment. The Auditor observed that the PREA Posters were strategically located throughout the facility. The various signage has important PREA information including contact information for reporting, the agency's zero-tolerance policy on sexual abuse and sexual harassment, and provides helpful information to help residents stay safe. The interviewed residents were knowledgeable of multiple ways to report allegations involving sexual harassment and sexual abuse.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is in full compliance with this standard regarding resident education. No corrective action is required

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| 115.334 | Specialized training: Investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Office of Youth Residential Services Division (OOY-RSD) Staff Guide to Prevention, Detection and Responding to Sexual Assault, Sexual Abuse and Sexual Harassment used for Training Curriculum, 2020 • 2019 and 2020 PREA Training Acknowledgment Forms for Guide • Employee listing of agency investigators • Investigator Training Course Descriptions • PREA Training Certificates for Investigators from National Institute of Corrections Course • Active Memorandum of Understanding (MOU) between the Stafford County Sheriff's Office and Rappahannock Area Youth Services and Group Home Commission, dated October 19, 2017 <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) • Residential Services Director <p>Findings (by provision):</p> <p>115.334 (a): Staff at Chaplin Youth Center (CYC) are not responsible for conducting criminal sexual abuse investigations. Per the active Memorandum of Understanding (MOU) between the Stafford County Sheriff's Office and Rappahannock Area Youth Services and Group Home Commission, dated October 19, 2017, this body is responsible for accepting referrals and conducting sexual abuse allegations. Services shall include responsibility for investigating allegations of sexual abuse by qualified staff who have been screened for appropriateness to serve in this role and who have received training concerning sexual assault and forensic examination issues in general. The MOU also requires that the investigators are trained and appropriately qualified. Referrals for allegations of sexual abuse or sexual harassment for criminal investigations are documented.</p> <p>The Auditor's review of training records verified that in addition to the general training provided to all employees pursuant to §115.331, the investigators have been trained on the fundamentals of conducting investigations, child development, interviewing techniques, and other areas critical to conducting effective investigations. In addition, CYC investigators have successfully completed the DOJ endorsed training developed by the National Institute of Corrections, "PREA: Investigating Sexual Abuse in a Confinement Setting." The Auditor verified that a copy of training completion certificates are maintained by CYC in these staff's training folder. Interviews with the Residential Case Manager and Residential Services Director confirmed that CYC investigators have received adequate training.</p> <p>115.334 (b): The Auditor was able to review the course description for each training the investigators had taken and was appropriate to the requirements of this standard: The courses were PREA: Investigating Sexual Abuse in a Confinement Setting from NIC and PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations from NIC. The courses included training on (1) techniques for interviewing sexual abuse victims; (2) proper use of Miranda and Garrity warnings; (3) sexual abuse evidence collection in confinement settings; and (4) the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The Auditor interviewed the Residential Case Manager who serves as one of the administrative investigators. She was knowledgeable on how to properly conduct investigations consistent with DOJ expectations including interviewing techniques, how to preserve physical evidence, criteria for substantiating abuse (i.e., a preponderance of the evidence), etc. This investigator reported that during the past twelve (12) months they have not investigated any sexual abuse allegations and had referred one (1) allegation of sexual harassment to SCSO of which zero (0) cases ended in criminal prosecution.</p> <p>115.334 (c): CYC had two (2) staff who have received training to conduct investigations. The facility retains completion of training certificates as proof of training of specialized training for investigations.</p> <p>115.334 (d): The Auditor did not review this provision as it is not applicable.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence and interviews conducted, the Auditor has determined that the agency is fully compliant with specialized training for investigators. No corrective action is required.</p> |

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| 115.335 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) • Residents • Rehabilitation Counselors <p>Findings (by provision):</p> <p>115.335 (a - d): Per the Office of Youth Residential Services Division (OOY-RSD) PREA Policy, the agency does not employ any medical or mental health care staff. Interviews with the administrative staff and with residents confirmed that there are no full-time or part-time medical or mental health care practitioners who work at the facility.</p> <p>By interview, the Auditor determined that facility staff do not conduct forensic examinations. Residents who experience sexual abuse shall be given access to forensic medical examinations without financial cost where evidentiary or medically appropriate. Such examinations shall be conducted in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence and interviews conducted, the Auditor has determined that the agency is fully compliant with specialized training for medical and mental health care. No corrective action is required.</p> |

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| 115.341 | Obtaining information from residents |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 376 358">Documents:</p> <ul data-bbox="284 409 1441 568" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) Responses • Listing of Resident Admissions (December 2019 to April 2021) and vulnerability assessments (designated as their objective screening instrument) • PREA Intake Screening Form - Vulnerability Assessment Instrument • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual <p data-bbox="240 600 363 627">Interviews:</p> <ul data-bbox="284 678 818 741" style="list-style-type: none"> • Residents • Residential Case Manager/PREA Coordinator (PC) <p data-bbox="240 770 528 797">Site Review Observations:</p> <p data-bbox="240 826 1485 889">During the onsite visit, the Auditor observed the security of resident files that are stored in a locked cabinet within a locked office. The PREA Coordinator discussed the confidentiality of the resident files and the process of information dissemination.</p> <p data-bbox="240 918 1437 981">There were no new intakes during the two-day onsite phase of the audit; therefore, the PREA Coordinator explained the intake process and how the vulnerability assessment is conducted.</p> <p data-bbox="240 1010 501 1037">Findings (by provision):</p> <p data-bbox="240 1066 1490 1225">115.341(a): Section 1.6.1 of the Office of Youth Residential Services Division (OOY-RSD) PREA Policy requires that a screening take place with each resident at the point of intake to obtain information about each resident's personal history and behavior to screen and assess residents for the potential risks of sexual victimization and abusiveness. This screening is on each resident within 72 hours of intake and periodically throughout their confinement. The risk assessment is conducted using an objective screening instrument, PREA Intake Screening Form.</p> <p data-bbox="240 1254 1481 1384">Chaplin Youth Center (CYC) uses the "Vulnerability Assessment Instrument" adapted from the "Prison Youth Vulnerability Scale" for the New Zealand Department of Corrections to assess a youth's risk to be victimized or likely to perpetrate sexual assault. This tool qualifies as a formal objective vulnerability risk screening instrument. Vulnerability assessments are conducted by the Residential Case Manager/PREA Coordinator and reviewed by the Director of Residential Services.</p> <p data-bbox="240 1413 1485 1572">CYC had twenty-three (23) admissions for the period, December 2019 through April 2021. All twenty-three (23) resident files were reviewed; the Auditor verified that all required PREA documentation was appropriately completed with dates and signatures. The completion of these assessments occurred each time a resident is admitted into the facility. The percent of residents entering the facility whose length of stay in the facility was for 72-hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72-hours of their entry into the facility is 100 percent.</p> <p data-bbox="240 1601 1490 1798">Per policy, "residents are periodically re-assessed by the OOY-RSD staff should there be concerns based on behavior, therapeutic concerns or warning signs/red flags that exist based on PREA education and training." The Auditor confirmed through the review of the vulnerability assessments that the facility also conducts a formal reassessment approximately every six (6) months. The reassessment was documented on the initial vulnerability assessment form for the particular youth. Due to the length of stay in the program, only one resident would fit this criterion and the Auditor observed that a reassessment had been completed.</p> <p data-bbox="240 1827 1481 1890">The Auditor interviewed two (2) residents who conveyed satisfactory knowledge of the reasons for the intake assessment(s) and indicated that they recalled the assessment being completed at admission.</p> <p data-bbox="240 1919 1473 2148">115.341(b): The Auditor confirmed through a review that the agency, OOY-RSD, has a policy requiring the use of an objective screening instrument. Upon review, the facility is using an objective screening instrument in order to evaluate the risk of sexual victimization and abusiveness in a confinement setting. The vulnerability assessment form includes all areas as identified in provision (c) of this standard. During the on-site portion of the audit, the Auditor interviewed the Residential Case Manager who is responsible for completing risk screening with residents. Staff was able to review with the Auditor the areas included in the vulnerability assessment. The process used by staff includes a conversation with the resident during the intake process, medical and mental health screenings, a review of collateral information provided by third parties, past</p> |

behavioral records, and other relevant documentation from the resident's file.

The Auditor confirmed by reviewing the instrument used that the screening staff affirmatively ask residents about their sexual orientation and gender identity by inquiring directly with the resident. Additionally, other questions are asked directly to the youth to elicit an objective response such as the resident's own perception of their vulnerability.

115.341(c): The Auditor verified that the vulnerability assessment form includes all areas as identified in this provision that are designed to ascertain information about: 1) Prior sexual victimization or abusiveness; 2) Any gender nonconforming appearance or manner or identification as LGBTIQ, and whether the youths may therefore be vulnerable to sexual abuse; 3) Current charges and offense history; 4) Age; 5) Level of emotional and cognitive development; 6) Physical size and stature; 7) Mental illness or mental disabilities; 8) Intellectual, physical or developmental disabilities; 9) Physical disabilities; 10) the resident's own perception of vulnerability; and 11) Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youths.

115.341(d): To gather the necessary information referenced in 115.341 (c), the staff responsible for intake processes (Residential Case Manager) utilize multiple resources. Per staff interviews, most of the intake information gathering is based on the resident's self-report during the pre-interview or during intake. Additional information is obtained through the referral submitted by the referring probation officer, medical and mental health screenings; court records, case files, behavioral records, and other relevant documentation from the resident's files.

115.341(e): The information gathered relating to items listed above shall remain confidential. Information disseminated within the facility shall be done so in a professional manner limited only to staff working directly with the residents so as not to subject this information to exploitation of any sort by staff or other residents. Additionally, any conversations between staff regarding this information that does not take place in staff meetings shall take place in a confidential manner, out of earshot of the clients or any other person not professionally involved in the care of the resident. Information may also be disseminated on written material contained in the facility log, the client's individual case record, through the associated screening and assessments instruments housed within the facility for each individual client, and on confidential, secure electronic communications. Contact is made with the probation officer and client's family by the Residential Services Director and/or Case Manager prior to the client's placement. This is also to ensure proper and comprehensive information gathering regarding potential vulnerabilities and sexually aggressive behavior.

The Auditor observed that CYC has implemented appropriate controls on the dissemination of all sensitive information ascertained at intake. Resident files are secured and controlled at all times.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding obtaining information from residents. No further corrective action is required.

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 373 358">Documents:</p> <ul data-bbox="284 409 1249 636" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) Responses • Listing of Resident Admissions (December 2019 to April 2021) • and vulnerability assessments (designated as their objective screening instrument) • PREA Intake Screening Form - Vulnerability Assessment Instrument • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Facility Drawing • Daily Average Population (6 residents) <p data-bbox="240 667 360 694">Interviews:</p> <ul data-bbox="284 745 818 837" style="list-style-type: none"> • Residents • Residential Case Manager/PREA Coordinator (PC) • Rehabilitation Counselors <p data-bbox="240 869 528 896">Site Review Observations:</p> <p data-bbox="240 927 1493 1019">During the onsite visit, the Auditor observed the physical plant layout to include resident living areas and designated areas for education, treatment, recreation, and dining services. Additionally, the Auditor observed the facility's two admissions receiving various services such as education, treatment, meals, and recreation throughout the facility.</p> <p data-bbox="240 1050 501 1077">Findings (by provision):</p> <p data-bbox="240 1108 1469 1335">115.342 (a): Per the Office of Youth Residential Services Division (OOY-RSD) PREA Policy, the agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Agency policies provide guidance to staff regarding the use of the information obtained from the screening instrument. The staff interviews and information obtained through the administration of the screening instrument assist in determining bed, education, and other program assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of samples of the completed screening instrument and staff interviews.</p> <p data-bbox="240 1366 1485 1525">Moreover while onsite the Auditor observed that the twelve (12) bed facility only has one living unit with six double bedrooms and one single room which all open into a common area. As discussed in staff interviews, this ample spacing would potentially allow residents at high risk of being abusive or have been abused to generally be bunked at opposite ends of the rectangular-shaped living area. Additionally, the staff interviews confirmed that in all areas of the facility, residents are appropriately monitored and are not without physical supervision.</p> <p data-bbox="240 1556 1485 1749">At no time did the Auditor see designated beds for LGBTQI residents; therefore, neither assignment is based solely on the resident's sexual orientation or gender identity. The Auditor found that housing and program assignments are made on a case-by-case basis and residents are not placed in any section of the living area based solely on their sexual identification or status. The facility has not had any transgender or intersex residents, but interviews indicate that a transgender or intersex resident's own view with respect to his or her own safety would be given serious consideration on how they are placed and that they would be reevaluated at a minimum of every six months.</p> <p data-bbox="240 1780 1474 1872">115.342 (b): As a community-based program, OOY-RSD does not use isolation as a means to keep residents safe. Residents have contact with each other and staff at all times. In cases when this is not possible, the resident is discharged from the program and referred to placements with a higher level of support.</p> <p data-bbox="240 1904 1485 2096">Per the PAQ responses, in the past twelve (12) months, the facility had zero (0) residents at risk of sexual victimization who were placed in isolation. The facility also reported having zero (0) residents at risk of sexual victimization who were placed in isolation and have been denied daily access to large muscle exercise, and/or legally required education, or special education services. Therefore, no isolation documentation existed for the Auditor to review. The resident documentation reviewed by the Auditor did not uncover that isolation is ever used at the facility. All staff interviewed indicated to the Auditor that isolation is not used at the facility.</p> <p data-bbox="240 2128 1445 2154">115.342 (c): OOY-RSD, by policy, prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular</p> |

housing, bed, or other assignments solely on the basis of such identification or status. The facility refrains from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive. To substantiate compliance with this provision, the Auditor reviewed the facility's policy and conducted interviews with the PREA Coordinator and counseling staff. The facility's policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex residents. The resident bathrooms/showers were observed and appeared to be configured to allow for privacy.

115.342 (d): According to OOH-RSD's policy, "Decisions to place transgender or intersex residents in a male or female facility, along with other housing and programming decisions and assignments, shall be made on a case-by-case basis ensuring each resident's health and safety and considering the impact of the placement on population management and security concerns. Placement decisions are typically made via court order. Housing and programming decisions and assignments are made at the facility by the Residential Services Director and Residential Case Manager." It is noted that during the past, twelve (12) months, there have been zero (0) transgender or intersex residents at the facility. Chaplin Youth Center (CYC) is licensed to accept female and male admissions aged 12 to 17 years of age.

115.342 (e): OOH-RSD, by policy, "Placement and programming decisions for transgender or intersex residents shall be reassessed every 90 days for any threats to the resident's safety. The resident's perception of his or her own safety shall be considered." The Auditor reviewed data for all admitted youth during the past twelve (12) months and confirmed that there have been zero (0) transgender or intersex residents at the facility. The PREA Coordinator confirmed her knowledge of the policy and would comply with this requirement, if applicable.

115.342 (f): Per OOH-RSD's policy, "a transgender or intersex resident's perception of his or her own safety shall be considered. The Auditor reviewed data for all admitted youth during the past twelve (12) months and confirmed that there have been zero (0) transgender or intersex residents at the facility. The PREA Coordinator confirmed her knowledge of the policy and would comply with this requirement, if applicable. Although the residents interviewed, did not identify as lesbian, gay, bisexual, transgender, or intersex (LGBT), they did express that staff listen to them. They both felt respected her and their views are acknowledged.

115.342 (g): OOH-RSD, by policy, "All showering accommodations shall always provide separate and private showering for all residents at the Chaplin Youth Center." Staff interviewed shared with the Auditor that facility design allows for individual showering. During the on-site facility inspection, the Auditor verified that all residents shower separately from other residents regardless of gender identity. While onsite, the Auditor observed that there is one Jack-and-Jill bathroom between every two bedrooms (shared by up to four residents) which is accessible from the inside of each bedroom. However, residents are not allowed into the bathrooms together. Residents are informed of the privacy policy upon admission and the information is included in the resident handbook. The Auditor did not uncover any records that residents were disciplined for violating this rule or any records that indicate that staff failed to make this rule known to residents.

115.342(h): Per the PAQ responses, in the past twelve (12) months, the facility had zero (0) residents at risk of sexual victimization who were placed in isolation. Therefore, no isolation documentation existed for the Auditor to review. The resident documentation reviewed by the Auditor did not uncover that isolation was used in the past twelve (12) months for residents.

115.342(i): In the past twelve (12) months, the facility reported having zero (0) residents that were placed in isolation. The Auditor did not uncover any records that residents had been in isolation. As the facility does not utilize isolation under any circumstances, the facility has not documented any occurrences of using isolation to keep residents safe from sexual victimization. By interview, staff relayed to the Auditor that this is not allowed.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding the proper placement of residents in housing, bed, program, education, and work assignments. No corrective action is required.

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| 115.351 | Resident reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Observance of PREA Signage • Pre-Audit Questionnaire (PAQ) Responses • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Resident Brochure, "What You Should Know About Sexual Assault and Abuse" • Agency Website • Auditor's Test Calls • Chaplin Youth Center Resident Handbook • Resident PREA Pamphlet, Break the Silence "A Teen's Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment" <p>Interviews:</p> <ul style="list-style-type: none"> • Residents • Residential Case Manager/PREA Coordinator (PC) • Rehabilitation Counselors <p>Site Review Observations:</p> <p>During the onsite visit, the Auditor observed PREA Signage in English and Spanish indicating multiple internal and external methods to report sexual abuse and sexual harassment. The posters were displayed in areas where the public, staff, and residents can view them. The PREA Reporting Line's number was prominently displayed. The Auditor observed that residents have access to phones by which they can call the PREA Hotline Line or contact their family or an advocacy group. Additionally, the Auditor observed that grievance forms are readily accessible to the residents. The Auditor also observed that residents have access to paper and writing utensils.</p> <p>Interviews revealed that all youth feel comfortable approaching facility staff; that staff genuinely care about them, and that staff are invested in making sure they are safe and free from harm. Both residents reported feeling safe in the program.</p> <p>Findings (by provision):</p> <p>115.351 (a): Residents at Chaplin Youth Center (CYC) are provided multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents, to include:</p> <ol style="list-style-type: none"> 1. Filing a grievance and mailing to the Office on Youth at 12000 Kennedy Lane, Fredericksburg, VA 22407 2. Contacting the PREA Reporting Hotline by calling 1-855-602-7001 or emailing preagrievance@vadoc.virginia.gov 3. Calling the National Sexual Assault 24-hour Crisis Hotline at 1 (800) 656 HOPE (4673). 4. Contacting the Office on Youth Administrative Services Division: Office on Youth – Executive Director at (540) 755-2636. 5. Reporting to any OOY-RSD staff 6. Written or verbal complaint to Residential Services Director, Residential Case Manager or Senior Residential Counselor 7. Contacting the Stafford County Sheriff's Office 8. Calling the Rappahannock Council Against Sexual Assault at (540) 371-1666 9. Place a grievance in the PREA DropBox (this box will not be checked on the weekends, so do not use this method in case of emergency) 10. Tell your Probation Officer, Social Worker, School Counselor, School Resource Officer, or any other professional you work with <p>Reporting information is delivered to residents through the intake process, in the resident handbook, brochures, and posters. At intake, residents are provided the Resident PREA Pamphlet, Break the Silence "A Teen's Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment" which describes how they can report and the means through which they can report sexual abuse and sexual harassment. The Auditor confirmed through staff interviews that residents have access to paper and writing utensils. Staff members receive information on how to report allegations of sexual abuse or sexual</p> |

harassment through policies and procedures, training, and staff meetings.

Interviews with the residents verified all youth knew the various ways they could report and that reports of sexual abuse and sexual harassment could be made directly to outside entities. All residents and staff confirmed their understanding that they are able to file an anonymous grievance and that they could file a grievance on behalf of another resident.

While onsite, the Auditor reviewed resident grievance files and discovered one (1) filed PREA-related grievance for the past twelve (12) months. Also, the Auditor observed that residents have access to functioning phones by which they can contact their family, domestic abuse hotline, or an advocacy group. Staff interviewed confirmed that residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number.

115.351 (b): CYC residents are provided at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. This method will be to call Carla White, Superintendent at the Rappahannock Juvenile Center (RJC) at 540-658-1691 ext 105.

During the pre-onsite audit phase, the Auditor conducted a test call to RJC verifying that this reporting method is to an entity that is independent and autonomous from the agency. While onsite, the Auditor observed that residents have access to phones by which they can call the RJC.

By policy, CYC does not detain residents solely for civil immigration purposes. The Auditor confirmed through admission records that the facility has not had any residents detained solely for civil immigration purposes.

115.351 (c): The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. This policy requires that staff promptly document verbal reports. Interviews with staff revealed that when a resident alleges sexual abuse or sexual harassment; they can do so verbally, in writing, anonymously, and through third parties. Onsite interviews with staff revealed that staff understand their responsibilities as a mandatory reporters and that they could file a report on behalf of a resident. Staff stated they document verbal reports in an incident report. Most said immediately, but all stated they would document within four (4) hours. Again, the residents confirmed that they can make a report of sexual abuse or sexual harassment either in person or in writing and someone else could make the report for them.

115.351 (d): The agency has established procedures that provide residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The staff interviewed relayed that residents are allowed tools such as pencils or paper to make written reports of sexual abuse or sexual harassment. Additionally, admitted residents receive education, mental, and medical services in the community they would also have an opportunity to disclose abuse and harassment to these entities not affiliated with the facility.

The Auditor observed that residents have access to paper and writing utensils such as pens, pencils, markers, and crayons. These tools are not restricted and are kept in plain view in the living area.

115.351 (e): OOH-RSD provides the following methods for staff to privately report sexual abuse and sexual harassment of others: (a) Residential Services Director, PREA Coordinator, Case Manager, or Senior Residential Advisor; (b) Stafford County Sheriff's Office; and to the PREA Reporting Hotline.

The interviewed residents reported that in the event of an emergency, such as in the case of reporting abuse, the staff would afford them privacy to make a phone call to any of the individuals on their approved contact list. All residents relayed that they are permitted to call their attorneys or make other professional phone calls daily and are afforded privacy during these calls. Similarly, if it were necessary for a staff member to report sexual abuse or harassment, staff would have the privacy to make this call by closing the staff office door.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is in full compliance with this standard regarding resident reporting. No corrective action is required.

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| 115.352 | Exhaustion of administrative remedies |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 376 358">Documents:</p> <ul data-bbox="282 409 1249 602" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • Auditor’s Review of Website • Resident Handbook • Resident Pamphlet, “What You Should Know About Sexual Assault & Abuse” • Resident Grievance Form <p data-bbox="240 633 363 660">Interviews:</p> <ul data-bbox="282 712 826 837" style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director • Counselors • Residents <p data-bbox="240 869 528 896">Site Review Observations:</p> <p data-bbox="240 927 1469 1052">During the on-site audit, the Auditor participated in formal and informal conversations with staff to determine if their attitude, knowledge, communication, and performance were conducive to a culture of sexual safety and one of promoting resident residents. The Auditor also viewed the multiple reporting platforms to include grievance records. The Auditor observed the resident’s access to these platforms and how residents are informed of their rights.</p> <p data-bbox="240 1084 501 1111">Findings (by provision):</p> <p data-bbox="240 1142 1449 1236">115.352 (a): Office of Youth Residential Services Division (OOY-RSD) has administrative procedures to address resident grievances regarding sexual abuse. The grievance procedure is outlined in the resident’s program handbook and made available to residents and their parents/guardians during the intake process.</p> <p data-bbox="240 1267 1490 1729">115.352 (b-c): Explicitly written in OOY-RSD’s PREA Policy, Section 1.7.2 states, “OOY-RSD shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The facilities may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. OOY-RSD shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.” Facility leadership indicated that Chaplin Youth Center (CYC) provides multiple ways for a resident to report allegations of sexual abuse or sexual harassment. Residents are educated about the ways to report allegations of sexual abuse or sexual harassment at intake and PREA education sessions, through informational literature that is posted throughout the facility, and the resident handbook which residents that also includes information about how to utilize the grievance process. The handbook shares with residents that they are permitted to submit a grievance regarding an allegation of sexual abuse without any type of time limits and without first requiring an informal process. Likewise, residents do not have to try to first resolve their allegation of abuse with the staff member who is the subject of the complaint and such grievances are not referred to a staff member who is the subject of the complaint. Residents have unrestricted access to grievance forms and are able to provide this grievance confidentially to any staff of their choosing. While onsite, the PREA Coordinator provided the Auditor with their grievance binder which revealed zero (0) grievances filed related to sexual abuse.</p> <p data-bbox="240 1760 1490 2020">115.352 (d): OOY-RSD’s PREA Policy, Section 1.7.2 further goes into the administrative remedy process. Decisions on the merits of any grievance or portion of a grievance alleging sexual abuse are made within ninety (90) days of the filing of the grievance. This 90-day period shall not include time consumed by residents in preparing any administrative appeal. Further, OOY-RSD may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. Also, at any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for a reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</p> <p data-bbox="240 2051 1490 2145">In the past twelve (12) months there have been no grievances filed that alleged sexual abuse. The policy requires that residents are notified in writing when the agency files for an extension, including notice of the date by which a decision will be made. According to the PAQ responses, during the past twelve (12) months, zero (0) grievances were filed alleging sexual</p> |

abuse; therefore, the Auditor was unable to review any documentation to substantiate the timing. Both currently admitted residents indicated that they had not filed a grievance nor had been a victim of sexual abuse at the facility. This provision was corroborated by reviewing policy and the Auditor's interviews with facility leadership.

115.352 (e): OOOY-RSD's policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. Policy Section 1.7.2 (8) states, "If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, OOOY-RSD may require as a condition of processing the request that the alleged victim agrees to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, OOOY-RSD shall document the resident's decision." Policy Section 1.7.2 (9) states, "A parent or legal guardian of a resident shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such resident. Such a grievance shall not be conditioned upon the resident agreeing to have the request filed on his or her behalf." These policy statements are consistent with the provisions outlined in §115.352 (e) and were corroborated by the Auditor's interviews with facility leadership.

115.352 (f): The agency has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Per OOOY-RSD's PREA Policy Section 1.7.2 (10), "After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, OOOY-RSD staff on duty shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the on-duty or on-call Administrator, who shall authorize immediate corrective action and shall provide an initial response within forty-eight (48) hours. The final agency decision on the merits of any portion of a grievance alleging sexual abuse will be made within ninety (90) days of the initial filing of the grievance (Emergency grievances require a written response and the final decision be made within five (5) days). The initial response and final agency decision shall document the agency's determination whether the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance."

According to the PAQ responses, during the past twelve (12) months, zero (0) emergency grievances were filed alleging substantial risk of imminent sexual abuse were filed; therefore, the Auditor was unable to review any documentation to substantiate how the facility handled them. The Auditor interviewed staff who all reported knowledge 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 immediately to the Residential Services Director for investigation. Each staff further explained that they were aware of staff first responder duties and their obligation as mandated reporters.

115.353 (g): By policy, OOOY-RSD may authorize a disciplinary response to a resident for filing a grievance related to alleged sexual abuse only where the facility administration demonstrates that the resident filed the grievance in bad faith. Staff interviews revealed that there is not a record of a resident being held accountable for filing a grievance, related to an alleged sexual abuse, in bad faith.

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| 115.353 | Resident access to outside confidential support services and legal representation |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 376 358">Documents:</p> <ul data-bbox="282 409 1485 734" style="list-style-type: none"> • PREA Signage for outside victim advocates for emotional support services related to sexual abuse in English and Spanish • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • Agency Website • Active Memorandum of Understanding (MOU) between the Rappahannock Council Against Sexual Assault (RCASA) and the Rappahannock Area Youth Services and Group Home Commission, dated November 1, 2017 (3331 Shannon Airport Circle, Fredericksburg, VA 22408 (540) 371-6771 / 24-Hour Crisis Hotline (540) 371-1666) • Resident PREA Pamphlet, Break the Silence “A Teen’s Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment” <p data-bbox="240 766 363 792">Interviews:</p> <ul data-bbox="282 844 818 938" style="list-style-type: none"> • Rehabilitation Counselors • Residential Case Manager/PREA Coordinator (PC) • Residents <p data-bbox="240 969 528 996">Site Review Observations:</p> <p data-bbox="240 1028 1493 1153">During the onsite visit, the Auditor observed signage for outside victim advocates for emotional support services related to sexual abuse in English and Spanish. The postings were displayed throughout the facility in areas where the public, staff, and residents can view them. The Auditor visually inspected the areas designated for phone use, visitation, and PO/Attorney visits; they provide adequate privacy while still allowing for visual monitoring by facility staff for security purposes.</p> <p data-bbox="240 1184 501 1211">Findings (by provision):</p> <p data-bbox="240 1243 1485 1404">115.353 (a): The Office of Youth Residential Services Division (OOY-RSD) has executed a Memorandum of Understanding (MOU) with the Rappahannock Council Against Sexual Assault (RCASA) provides an array of services for victims of sexual abuse including operating a 24-hour crisis hotline. An executed copy of this MOU was provided to the Auditor for verification. The MOU is comprehensive and clearly outlines the specific responsibilities of the individual parties. The phone number to access RCASA, along with the PREA hotline and associated addresses are visibly posted in the facility.</p> <p data-bbox="240 1435 1481 1628">Per OOOY-RSD’s Policy, the facility shall enable reasonable communication between residents and this and other organizations and agencies, in as confidential a manner as possible. At intake, residents and parents are provided a copy of the PREA Pamphlet, Break the Silence “A Teen’s Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment” which includes the contact information for RCASA. Also while onsite, the Auditor observed posters and brochures alerting residents, staff, and visitors of the available services. These resources listed a mailing address, email address, telephone number, and/or hotline number.</p> <p data-bbox="240 1659 1449 1785">The Auditor confirmed through admission records that the facility has not had any residents detained solely for civil immigration purposes. However, it is the intent of the agency that if persons were so detained that mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies would be provided.</p> <p data-bbox="240 1816 1493 2045">115.353 (b): The facility informs residents through resident education and the resident handbook about the extent to which their communications (e.g. phones, emails, letter writing) are monitored. The Auditor was provided a copy of the resident handbook which includes mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. By examination of the resident handbook and resident interviews, the Auditor determined that the facility informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p data-bbox="240 2076 1485 2134">By policy, OOOY-RSD reserves the right to monitor phone calls if there is a reason to believe there is a potential threat to a resident’s safety. Residents also have the right to receive and send mail. Staff on duty may, in the presence of the resident,</p> |

search incoming mail for money or contraband. Staff cannot read residents' mail unless so allowed by the Court or in the event the Residential Services Director has determined that there is a threat to the security of the program.

In interviews, staff relayed their knowledge of mandatory reporting laws and limits of confidentiality. The interviewed residents were aware of their rights surrounding phone use and mail and could discuss certain limits of confidentiality and privacy.

115.353 (c): There is an active Memorandum of Understanding (MOU) between the Rappahannock Council Against Sexual Assault (RCASA) and the Rappahannock Area Youth Services and Group Home Commission, dated November 1, 2017. The facility provides the residents and their families with the contact information (3331 Shannon Airport Circle, Fredericksburg, VA 22408 at 540-371-6771 / 24-Hour Crisis Hotline 540-371-1666). Prior to the onsite audit, the Auditor contacted RCASA to verify the active MOU with this center to provide victim advocacy services such as emotional support services and hospital accompaniment services for victims of sexual abuse. Resident interviews revealed knowledge of how to access outside services.

115.353 (d): At CYC, residents have access, by phone, in writing, or in person, to their attorney, court worker, Department of Social Services worker, parent(s), or guardian(s). Residents are offered opportunities to make daily phone calls in confidential settings if requested. Additionally, the program provides postage for residents to mail letters out of the program. A private meeting room is available for in-person communication between residents and professionals. Visitation is offered twice weekly for families to visit. There is no limit on professional visits with residents.

The PREA Coordinator confirmed that the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians at other times in need. This information was confirmed through resident interviews and a review of the resident handbook.

Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined the agency and facility meet this standard regarding resident access to outside confidential support services and legal representation by providing a range of outside support services. No corrective action is required.

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| 115.354 | Third-party reporting |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 376 358">Documents:</p> <ul data-bbox="284 409 1485 672" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • Agency Website • Active Memorandum of Understanding (MOU) between the Rappahannock Council Against Sexual Assault (RCASA) and the Rappahannock Area Youth Services and Group Home Commission, dated November 1, 2017 (3331 Shannon Airport Circle, Fredericksburg, VA 22408 (540) 371-6771 / 24-Hour Crisis Hotline (540) 371-1666) • Resident PREA Pamphlet, Break the Silence “A Teen’s Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment” <p data-bbox="242 698 352 728">Interview:</p> <ul data-bbox="284 779 818 808" style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) <p data-bbox="242 835 501 864">Findings (by provision):</p> <p data-bbox="242 891 1485 1153">115.354 (a): Office of Youth Residential Services Division (OOY-RSD) PREA Policy, Section 1.7.4, identifies the Department’s third-party reporting process and instructs staff to accept third-party reports. OOY-RSD accepts third-party reports of sexual abuse and sexual harassment on behalf of its residents by phone, e-mail, in writing, and through the PREA Hotline. OOY-RSD website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. OOY-RSD has also entered into a Memorandum of Agreement (MOU) with the Rappahannock Juvenile Center (RJC) as a means of third-party reporting. Per this agreement, RJC will accept and immediately forward all allegations of sexual assault, abuse, or harassment to OOY-RSD allowing the resident to remain anonymous upon request. Third-party reports can be made to the Superintendent of RJC by calling (540) 658-1691 x. 105.</p> <p data-bbox="242 1180 1493 1279">The PREA Coordinator reported having no third-party reports during the last twelve (12) months; therefore the Auditor did not review reporting-related documentation. The residents interviewed were aware of ways to report sexual abuse and sexual harassment including persons outside of the center including their parent(s)/legal guardian(s) and attorney.</p> <p data-bbox="242 1305 1430 1368">Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined the agency and facility meet this standard regarding third-party reporting. No corrective action is required.</p> |

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| 115.361 | Staff and agency reporting duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director • Counselors <p>Site Review Observations:</p> <p>During the onsite audit, the Auditor observed that literature was posted regarding agency and staff's reporting responsibilities including mandated reporting.</p> <p>Findings (by provision):</p> <p>The Auditor was provided in the PAQ, the Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual. Upon review, the Auditor determined that each of the provisions of this PREA Standard (a-f) are included in this Policy.</p> <p>115.361 (a): Per policy, the agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. By interview, the Auditor was able to determine that staff would immediately report the alleged incident/allegation to the on-duty or on-call Administrator. Reports must be made as soon as possible, but not longer than twenty-four (24) hours after having reason to suspect a reportable offense. Staff may report to outside authorities by contacting Stafford County CPS (540) 658-4196; Stafford County Sheriff's Office (540) 658-4400 or 911; and/or the National Sexual Assault Hotline (800)656-HOPE.</p> <p>115.361 (b): According to the Office of Youth Residential Services Division (OOY-RSD) PREA Policy, "Staff shall comply with mandatory Virginia child abuse reporting laws in compliance with the Virginia Department of Juvenile Justice Regulatory Authority. Staff are trained at the start of their employment and annually on mandated child abuse reporting." The Auditor reviewed staff training curriculum, PREA Training to Prevent, Detect, and Respond to Sexual Assault, Sexual Abuse and Sexual Harassment" and confirmed that information on how to comply with applicable mandatory reporting laws are included. This training is evidenced through staff training records and in interviews with the Auditor staff confirmed that they receive training on how to comply with relevant laws related to mandatory reporting of sexual abuse and their understanding of its application.</p> <p>115.361 (c): By Policy, "staff are prohibited from revealing any information related to a sexual abuse or a sexual harassment report to anyone outside the reporting chain of command." All staff interviewed clearly understood their immediate duty to report according to agency policy. Staff was able to articulate who was in their chain of command and that reporting outside of this chain was prohibited.</p> <p>115.361 (d): OOY-RSD does not employ medical and mental health practitioners.</p> <p>115.361 (e): The PREA Coordinator acknowledged that during the past twelve (12) months, the facility has not received any allegations of sexual abuse; but, if she had received an allegation, the facility would follow policy guidelines. Upon receiving an allegation of sexual abuse, the Administrator shall promptly report the allegation to the alleged victim's parent or legal guardian, unless the facility has official documentation showing the parent(s) or legal guardian should not be notified. In the event that the alleged victim is under the guardianship of child welfare or the court system, the allegation would be reported to the alleged victim's caseworker or legal representative, respectively within fourteen (14) days of receiving the allegation. Staff interviews support the standard requirement.</p> <p>115.361 (f): OOY-RSD shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Stafford County Sheriff's Office as specified in §115.322. All staff interviewed acknowledged they</p> |

are mandated reporters, and a written report must immediately follow reported allegations or incidents. Additionally, the review of training records revealed that all current staff have been trained in reporting allegations of sexual abuse and sexual harassment.

Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

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| 115.362 | Agency protection duties |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 373 358">Documents:</p> <ul data-bbox="284 409 1246 470" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses <p data-bbox="242 499 362 528">Interviews:</p> <ul data-bbox="284 577 825 672" style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director • Counselors <p data-bbox="242 701 501 730">Findings (by provision):</p> <p data-bbox="242 759 1477 884">115.362 (a): The Office of Youth Residential Services Division (OOY-RSD) has a PREA Policy that requires OOY-RSD staff to take immediate action to protect a resident when they learn that they are subject to a substantial risk of imminent sexual abuse. Staff shall immediately oversee, coordinate with, and follow up on actions with administrative staff to protect the resident and then document such protective actions taken to ensure the resident's safety.</p> <p data-bbox="242 913 1485 974">OOY-RSD staff are trained in first responder duties and agency protection duties and have indicated their understanding and knowledge in signing statements of understanding. In addition,</p> <p data-bbox="242 1003 1477 1267">The Residential Case Manager/ PREA Coordinator and the Residential Services Director have completed the National Institute of Corrections (NIC) PREA training, PREA: Your Role to Responding to Sexual Abuse with a passing score. Both trainings cover immediate action required to protect any resident who is deemed to be at substantial risk of imminent sexual abuse. Staff interviews confirmed staff training and knowledge of action necessary if a resident is at substantial risk of imminent sexual abuse. Protective actions are taken immediately, based on each case and circumstance, to separate the alleged offender and protect the resident at risk. The resident at risk for sexual abuse will only be moved when there is no other option to protect that resident. In the last twelve (12) months, no resident has been determined to be at substantial risk for sexual abuse, so there were no cases to review.</p> <p data-bbox="242 1296 1477 1357">Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p> |

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| 115.363 | <p>Reporting to other confinement facilities</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) <p>Findings (by provision):</p> <p>115.363 (a): Office of Youth Residential Services Division (OOY-RSD) PREA Policy requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Residential Services Director must notify the head of the facility or appropriate office of the agency where sexual abuse is alleged to have occurred. The facility received zero (0) allegations in the past twelve (12) months that a resident was abused while confined at another facility. Compliance with this provision is supported by policy and interview with the PREA Coordinator</p> <p>115.363 (b): By policy, "such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The facility shall document that it has provided such notification and forward this documentation to the agency's PREA Coordinator." The Auditor confirmed with the PREA Coordinator that the facility has not received such allegations.</p> <p>115.363 (c): Again, the facility has received zero (0) allegations in the past twelve (12) months that a resident was abused while confined at another facility. Therefore, no documentation for such notification exists to verify.</p> <p>115.363 (d): By policy, the facility head or agency office that receives such notification shall ensure that the allegation has been reported to the appropriate authorities, that all required services are provided, and that all protocols related to sexual victimization are followed.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p> |
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| 115.364 | Staff first responder duties |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 373 358">Documents:</p> <ul data-bbox="282 409 1246 470" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses <p data-bbox="240 501 362 528">Interviews:</p> <ul data-bbox="282 580 825 672" style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director • Counselors <p data-bbox="240 703 528 730">Site Review Observations:</p> <p data-bbox="240 759 1078 786">While onsite, the Auditor observed posted literature regarding first responder duties.</p> <p data-bbox="240 817 501 844">Findings (by provision):</p> <p data-bbox="240 875 1484 936">115.363 (a-b): The Auditor reviewed the agency's Procedure regarding Staff First Responder Duties and determined that the requirements pursuant to this PREA Standard are included in the Policy. The agency-specific duties are detailed below:</p> <ul data-bbox="282 987 1481 1485" style="list-style-type: none"> • The first staff member (regardless of that staff member's position within the facility) to receive an allegation of sexual abuse shall: • Immediately contact the on-duty or on-call Administrator. • At the direction of the Administrator, contact the parents to transport the victim to Mary Washington Hospital. If the parents or legal guardians are unable to provide transportation, program staff will do so. • The Administrator will determine the need to contact the Stafford County Sheriff's Office and/or Child Protective Services to initiate an investigation. • Take immediate steps to protect the alleged victim by separating the alleged victim and abuser. (1) Maintain constant one-to-one supervision of the alleged resident victim and abuser. This would include: (a) prevent the alleged victim from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and (b) prevent the alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. (2) Using the PREA Kit, preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence. • Ensure that the allegation is thoroughly and accurately documented in a Serious Incident Report. <p data-bbox="240 1514 1484 1641">The PREA Coordinator explained that the counselor position is responsible for direct supervision of the residents similarly as a security series staff would. The PREA Coordinator also confirmed that policy has designated all staff as first responders; therefore, regardless of the staff's position within the facility they receive training on staff first responder duties and are responsible for handling allegations of sexual abuse if they should be the first person on the scene.</p> <p data-bbox="240 1671 1477 1933">The Auditor verified through the review of training records that staff are trained in staff first responder duties pursuant to the requirements of this PREA standard; and, therefore, the Auditor included this subject in all interviews in order to determine their level of first responder knowledge and understanding. The Auditor determined through these interviews that staff in the facility had a good understanding of what first responder duties entail and how to practice such duties for responding to a sexual abuse incident. Each staff sufficiently explained all the requirements of this PREA standard and advised they have never had to use any first responder training in practice due to the fact there has not been an incident of resident sexual abuse in the facility since they have worked for the agency. There were no instances where a youth was alleged to have been sexually abused that required first responder actions.</p> <p data-bbox="240 1962 1493 2022">Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding staff first responder duties. No corrective action is required.</p> |

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| 115.365 | Coordinated response |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 331 376 360">Documents:</p> <ul data-bbox="284 409 1249 439" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual <p data-bbox="242 465 363 495">Interviews:</p> <ul data-bbox="284 544 826 640" style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director • Counselors <p data-bbox="242 667 528 696">Site Review Observations:</p> <p data-bbox="242 723 1493 819">In an effort to make the response more visual, there is a “PREA Incident: A Coordinated Response” chart that coordinates the responsibilities of the First Responder. This chart was located in the residents’ living quarters and in the workspaces of all staff.</p> <p data-bbox="242 846 504 875">Findings (by provision):</p> <p data-bbox="242 902 1493 1066">115.365 (a): Chaplin Youth Center (CYC) has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, mental health practitioners, investigators, and facility leadership. Although medical personnel are not employed by the facility, the coordinated response protocol includes measures for unimpeded medical attention and follow-up. This plan is outlined in the Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual.</p> <p data-bbox="242 1093 1493 1223">There were zero (0) allegations of sexual abuse reported in the last two audit reviews. By interview, the Auditor was able to determine that the facility does have a written plan included in its policy manual but has not had to implement this plan during the twelve (12) months. The staff interviewed had knowledge of first responder duties and were familiar that they could refer to the policy manual if they had questions related to their duties under the coordinated response plan.</p> <p data-bbox="242 1249 1493 1379">Recommendation for Best Practice: Considering the facility has not had any allegations of sexual abuse or sexual harassment in over twelve (12) months, the auditor recommended that the facility run a mock allegation in an effort to remain familiar with the process, identify any gaps, and account for any changes in personnel that may impact the coordinated response.</p> <p data-bbox="242 1406 1493 1469">Conclusion: Based upon the review and analysis of all the available evidence and interviews, the auditor has determined that the agency is fully compliant with this standard regarding coordinated response. No corrective action is required.</p> |

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| 115.366 | <p>Preservation of ability to protect residents from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director <p>Site Review Observations:</p> <p>Observations during the on-site review of the physical plant</p> <p>Findings (by provision):</p> <p>115.366 (a): This agency-wide standard was audited during the PREA Audit. The agency has no Collective Bargaining Contract (CBC) and maintains its ability to protect its residents and employees from abusers.</p> <p>Pursuant to the Office of Youth Residential Services Division (OOY-RSD) PREA Policy, protection of the alleged victim from an alleged abuser(s) is of the utmost importance and may include several options while undergoing an administrative and/or criminal investigation. If a staff member is the alleged abuser, options may include removing a staff member from having direct contact with residents and/or placing the staff member on administrative leave pending the outcome of the investigation. Staff members who are alleged abusers will not be permitted contact with the alleged victim as soon as any investigative efforts ensue. If a resident is the alleged abuser, options may include keeping the alleged abuser and victim separated at all times. If that cannot be accomplished within the facility, the agency will assist the facility to find another placement for the alleged abuser pending the outcome of the investigation. The alleged abuser may be returned to the facility if the alleged victim is released from the facility.</p> <p>Interviews with facility leadership confirmed that the agency has not entered into or renewed any collective bargaining agreements.</p> <p>115.366 (b): The Auditor is not required to audit this provision.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding the preservation of the ability to protect residents from contact with abusers. No corrective action is required.</p> |
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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 376 358">Documents:</p> <ul data-bbox="284 409 1249 539" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • PREA Investigative Report Form • Resident PREA Pamphlet, "What You Should Know About Sexual Assault & Abuse" <p data-bbox="240 566 363 593">Interviews:</p> <ul data-bbox="284 645 826 741" style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director • Residents (Random) <p data-bbox="240 768 528 795">Site Review Observations:</p> <p data-bbox="240 824 1473 851">During the onsite audit, the Auditor confirmed that literature regarding resident and staff retaliation was visible at the facility.</p> <p data-bbox="240 884 501 911">Findings (by provision):</p> <p data-bbox="240 940 1485 1200">115.367 (a): As reported in the PAQ, the Office of Youth Residential Services Division (OOY-RSD) has a policy that requires the protection of all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, and addresses protections from retaliation by other residents or staff. The facility has designated its Residential Services Director as the person charged with monitoring retaliation for both staff and residents. Additionally, information regarding the resident's right to be free from retaliation is discussed in the resident PREA Pamphlet, Break the Silence "A Teen's Guide to Reporting Physical and Sexual Abuse, Neglect and Sexual Harassment." The residents interviewed confirmed having knowledge of retaliation through provided literature. Facility leadership is aware of this policy provision and reported no allegations of sexual abuse or incidences of having to monitor for retaliation.</p> <p data-bbox="240 1234 1473 1292">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1326 1485 1718">115.367 (b): According to Policy, the agency employs multiple protection measures such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Facility Director shall monitor retaliation against residents who report abuse: (a.) monitoring of disciplinary reports, housing, or program changes; (b.) Monitoring of residents shall include periodic status checks; (c.) Monitoring for retaliation shall continue for 90 days or beyond if the initial monitoring indicates a continuing need. (d.) The obligation to monitor retaliation terminates if the allegation is determined to be unfounded. The Facility Directors shall have the primary responsibility for monitoring staff who reported sexual abuse for at least 90 days following a report to see if there are changes that may suggest possible retaliation. Monitoring shall include negative performance reviews or reassignments. Staff who feel retaliated against may also call the PREA Coordinator, the Director of Residential Services, or the Agency Director. Should the agency determine that a neutral party is better suited to monitor retaliation, assistance may be sought through Human Resources.</p> <p data-bbox="240 1751 1473 1809">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1843 1485 2103">115.367 (c): As previously described, for at least 90 days following a report of sexual abuse, OOY-RSD monitors the conduct or treatment of residents or staff who report sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. The agency policy describes that monitoring includes resident disciplinary reports, housing, or program changes, negative performance reviews, or reassignments of staff. The Policy allows monitoring to continue beyond 90 days if the initial monitoring indicates a continuing need. Any identified instances of retaliation shall be acted on promptly under the Standards of Conduct or Resident Discipline Procedure, as appropriate. There were no reported allegations of sexual abuse or assault thus there were zero (0) incidents of retaliation, known or suspected, during the past twelve (12) months.</p> <p data-bbox="240 2136 1393 2163">115.367 (d): OOY-RSD 's retaliation monitoring does include periodic status checks of residents based upon policy.</p> |

115.367 (e): OOY-RSD takes appropriate measures to protect any other individual who cooperates with an investigation against retaliation. The PREA Coordinator indicated that the agency would take appropriate measures to protect that individual against retaliation as well. In addition to the methods in the policy, she reported that they would protect the resident by removing the abuser, changing youth groups, and increasing staffing and awareness supervision. The measures taken if retaliation is suspected include the investigative process, monitoring, reviewing of safety plans in team meetings, pairing on staff schedules, and constant logging and communication.

115.367 (f): The Auditor is not required to audit this provision.

Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

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| 115.368 | <p>Post-allegation protective custody</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Counselors <p>Site Review Observations:</p> <p>While on-site, the Auditor confirmed that there were no rooms used exclusively for isolation or labeled as such. The Auditor did not see any signs that the use of isolation for residents who have alleged to have suffered sexual abuse or who are at risk of victimization is used.</p> <p>Findings (by provision):</p> <p>115.368 (a): The PREA Coordinator stated that OOY-RSD does not utilize isolation under any circumstances nor prevent a resident from experiencing sexual abuse victimization. In all records that the facility provided, the Auditor did not observe the use of isolation for victims of sexual abuse. The applicable policy stated, "any use of segregated housing to protect a resident who is alleged to have suffered abuse shall be subject to the requirements of PREA regulation § 115.342." As a community-based program, OOY-RSD does not use isolation as a means to keep residents safe. Residents have contact with each other and staff at all times. In cases when this is not possible, the resident is discharged from the program and referred to placements with a higher level of support.</p> <p>All interviewed staff relayed that isolation is not used in dealing with resident behaviors.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p> |
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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 375 356">Documents:</p> <ul data-bbox="280 409 1469 535" style="list-style-type: none"> • Active Memorandum of Understanding (MOU) between the Stafford County Sheriff's Office and Rappahannock Area Youth Services and Group Home Commission, dated October 19, 2017 • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses <p data-bbox="240 566 363 593">Interviews:</p> <ul data-bbox="280 647 1150 736" style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) – serves as a facility investigator • Residential Services Director – serves as a facility investigator • Counselors <p data-bbox="240 768 501 795">Findings (by provision):</p> <p data-bbox="240 826 1490 1153">115.371 (a): According to the Office of Youth Residential Services Division (OOY-RSD) PREA Policy, Section 1.9.1, "OOY-RSD shall conduct its own investigations into allegations of sexual abuse only to the extent needed to determine whether or not it should be investigated as a criminal matter. Alleged sexual harassment incidents are investigated at an administrative level. Both criminal and administrative investigations shall be done so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." Upon review of facility documentation, the Auditor found that OOY-RSD conducts administrative investigations only, and criminal investigations are conducted by local law enforcement, which is usually the Stafford County Sheriff's Office (SCSO). In the past twelve (12) months, the facility has received zero (0) allegations of sexual abuse and two (2) sexual harassment. Both allegations of sexual harassment were investigated and resulted in unsubstantiated and unfounded dispositions. One of the two (2) investigations was referred to SCSO; the other was handled at the facility level.</p> <p data-bbox="240 1184 1452 1377">Upon review of the investigative files, the Auditor found that in both cases, interviews were conducted, written statements were taken, and proper notifications were made. The investigative reports, at a minimum, consisted of the allegation, statements, and an investigation summary. As both allegations involved resident-on-resident accusations, it was unnecessary to contact child protective services. In both cases, the responding staff performed first responder duties, created an incident report, and an administrator was notified who determined the need to refer the allegation to law enforcement and to further instruct any needed protective measures.</p> <p data-bbox="240 1408 1490 1467">Interviews with the facility investigators revealed that they were aware of their responsibilities and in the past have taken care to promptly and objectively handle all allegations.</p> <p data-bbox="240 1498 1490 1691">115.371 (b): OOY-RSD policy requires the use of investigators who have received special training in sexual abuse allegations involving juvenile victims. Although all allegations of sexual abuse would be referred to SCSO for investigation, OOY-RSD investigators receive specialized training in sexual abuse investigation. Investigators interviewed received National Institute of Corrections (NIC) online training in conducting administrative sexual abuse investigations in confinement. This includes interviewing techniques for sexual abuse victims and perpetrators. Training certification and curriculum were reviewed by the Auditor.</p> <p data-bbox="240 1722 1490 1816">Additionally, these individuals have demonstrated competencies as evidenced through their current positions and length of service in juvenile corrections. They also possess investigatory skills that have been gained via a combination of specialized education and work experience in conducting investigations.</p> <p data-bbox="240 1848 1490 2139">115.371 (c): Per policy, "investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator." The PREA Coordinator who also serves as an agency investigator confirmed that she has received training through the NIC. The investigator expressed a comprehensive knowledge of the complete investigative process, from beginning an investigation to referral for prosecution, if warranted. She advised that the facility does not gather evidence in a criminal investigation, but simply protects the potential scene and preserves physical evidence for law enforcement to process as evidenced through the department's MOU with SCSO. There was also an acknowledgment that the facility would cooperate with outside investigators and would remain informed about the progress of the investigation as described in the</p> |

MOU. She also advised that an investigation would not be terminated solely because the source of the allegation recants the allegation.

115.371 (d): By policy and interview, the Auditor was able to determine that the agency does not terminate an investigation solely because the source of the allegation recants the allegation.

115.371 (e): Per policy, "When the quality of evidence appears to support a criminal investigation, the Stafford County Sheriff's Office is dispatched per the MOU between the Office on Youth and the Stafford County Sheriff's Office. OOOY-RSD does not conduct interviews involving criminal matters. The Stafford County Sheriff's Office may have the option to pursue prosecution at any point during a criminal investigation." The Auditor confirmed this information through staff interviews with the facility investigators.

115.371 (f): Per policy, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. OOOY-RSD shall never require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." The Auditor confirmed this information through staff interviews with the facility investigators.

115.371 (g): The Auditor reviewed OOOY-RSD's PREA Policy which states, "Administrative investigations (a) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (b) shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." OOOY-RSD investigators have received training in first responder duties and in the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse, as confirmed by the Auditor's review of training logs and curriculum. In the past twelve (12) months, the facility has received zero (0) allegations of sexual abuse and two (2) sexual harassment. Both allegations of sexual harassment were investigated and resulted in unsubstantiated and unfounded dispositions. This provision was corroborated by reviewing policy and the completed administrative investigation and interview with the investigator.

115.371 (h): As evidenced by the MOU between OOOY-RSD and the local county law enforcement, SCSO conducts criminal investigations. In accordance with their policies and the active MOU, a written report containing a thorough description of physical, testimonial, and documentary evidence shall be provided.

115.371 (i): Per the MOU, the Sheriff's Office shall refer substantiated allegations of conduct based on their investigative process that appear to be criminal for prosecution. Facility investigators indicated that they would promptly notify law enforcement if a criminal case would become known. The facility reports having only one (1) sexual harassment case that was referred for investigation, but this case did not result in a founded allegation; however, the Auditor was able to verify that the facility cooperated during the investigation and the SCSO provided a report detailing the evidence used to determine the outcome.

115.371 (j): The Auditor confirmed by policy and interview that all written administrative and criminal investigative reports shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and Virginia law requires a shorter period of retention.

115.371 (k): The Auditor confirmed by policy, review of investigative files, and interview that the departure of the alleged abuser or victim from the employment or custody shall not provide a basis for terminating an investigation.

115.371 (l): The Auditor did not audit this provision of the standard, as it is not applicable to the Chaplin Youth Center.

115.371 (m): OOOY-RSD policy requires facility staff to cooperate with outside investigators and shall endeavor to remain informed about the process of the outside agency's investigation. Facility leadership revealed to the Auditor that they would stay in contact with the investigating agent to see if they could be of assistance and to check on the status of the investigation.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

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| 115.372 | <p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Active Memorandum of Understanding (MOU) between the Stafford County Sheriff's Office and the Rappahannock Area Youth Services and Group Home Commission, dated October 19, 2017 • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) - serves as facility investigator • Residential Services Director– serves as facility investigator <p>Findings (by provision):</p> <p>115.372 (a): According to Section 1.9.2 of the Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual, "OOY-RSD imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p>Interviews with facility investigators revealed that preponderance of the evidence is the standard utilized in determining whether allegations of sexual abuse or sexual harassment are substantiated. During the review of the two (2) completed investigative files, it appeared to the Auditors that a preponderance of the evidence was the standard used in determining the outcome of the investigations.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding evidentiary standards for administrative investigations. No corrective action is required.</p> |
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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

The following evidence was analyzed in making the compliance determination:

Documents:

- Active Memorandum of Understanding (MOU) between the Stafford County Sheriff's Office and the Rappahannock Area Youth Services and Group Home Commission, dated October 19, 2017
- Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual
- Pre-Audit Questionnaire (PAQ) Responses

Interviews:

- Residential Case Manager/PREA Coordinator (PC) - serves as facility investigator
- Residential Services Director— serves as facility investigator

Findings (by provision):

115.373 (a): As reported in the PAQ, the facility has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse at the facility shall be informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. For those investigations that are conducted by outside entities, the agency shall request relevant information from the investigating agency and inform the resident.

The PAQ indicated that there were zero criminal or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility. Therefore, no residents had to be notified. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.373 (b): As evidenced through the MOU between the Stafford County Sheriff's Office and the Rappahannock Area Youth Services and Group Home Commission, dated October 19, 2017, SCSO shall be responsible for investigating all sexual abuse allegations involving potential criminal behavior. The Auditor confirmed in interviews that the agency's internal investigators shall be responsible for administratively investigating any allegations that do not involve criminal behavior. At any time during an investigation by OOY-RSD investigators, if there is a suspicion that criminal activity may have occurred, the investigation shall be immediately turned over to the police department. When investigations are completed by FCPD, the information will be requested in order to inform the resident. The agency documented on the PAQ for this section that they had zero (0) investigations of alleged resident sexual abuse in the facility that was completed by an outside agency in the past twelve (12) months. Therefore, no residents had to be notified.

115.373 (c): OOY-RSD does subsequently inform a resident, following a substantiated or unsubstantiated resident's allegation that a staff member has committed sexual abuse against the resident: (a) The staff member is no longer posted within the resident's unit; (b) The staff member is no longer employed at the facility; (c) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The Auditor confirmed this practice through interviews with the facility investigator.

115.373 (d): Following a resident's allegation that she has been sexually abused by another resident, OOY-RSD shall subsequently inform the alleged victim whenever: (a) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The Auditor confirmed this practice through interviews with the facility investigator.

115.373 (e): The agency has a policy that all notifications to residents described under this standard are documented. The agency documented on the PAQ that they had zero (0) notifications to residents in the past twelve (12) months that were made pursuant to this standard; therefore, zero (0) notifications had to be documented by the Residential Services Director. If notification was required, this information would be notated in the resident's file. The Auditor confirmed this practice through interviews.

115.373 (f): The Auditor is not required to audit this provision.

Conclusion: Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding reporting to residents. No corrective action is required.

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| 115.376 | Disciplinary sanctions for staff |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) • Residential Services Director <p>Site Review Observations:</p> <p>While on-site, the Auditor observed staff engaging appropriately with the resident while carrying out their duties. Additionally, the facility did not provide copies of any staff terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment policies nor did the Auditor discover any such actions in her documentation review.</p> <p>Findings (by provision):</p> <p>115.376 (a): According to the Office of Youth Residential Services Division (OOY-RSD) PREA Policy, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment procedures." The PREA Coordinator reported that no staff member has violated their policy on sexual abuse or sexual harassment in the past twelve (12) months.</p> <p>115.376 (b): OOY-RSD's Policy requires staff disciplinary sanctions up to and including termination for violating the facility's sexual abuse or harassment policies. The policies also mandate the violation be reported to law enforcement and state termination shall be the presumptive disciplinary sanction for staff who engaged in sexual abuse. The interview with the Residential Services Director, who has oversight of personnel matters along with human resources, explained his role and confirmed this practice. According to the Residential Services Director, in the past twelve (12) months, zero (0) employees were terminated or resigned prior to termination for violation of the facility's sexual abuse or sexual harassment policies.</p> <p>While on-site, the facility did not provide copies of any staff terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment policies nor did the Auditor discover any such actions in her documentation review.</p> <p>115.376 (c): According to the agency's policy, "disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." According to the Residential Services Director, in the past twelve (12) months, there have been zero (0) staff requiring discipline for sexual abuse or sexual harassment.</p> <p>115.376 (d): OOY-RSD's Policy states, "all terminations for violations of agency sexual abuse or sexual harassment procedures, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." The Auditor did not observe any documentation which would lead her to believe that the agency had any such terminations or releases that should have been reported to external agencies.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p> |

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| 115.377 | Corrective action for contractors and volunteers |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 375 358">Documents:</p> <ul data-bbox="284 409 1441 604" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Office of Youth Residential Services Division (OOY-RSD) Staff Guide to Prevention, Detection and Responding to Sexual Assault, Sexual Abuse and Sexual Harassment used for Training Curriculum (2020) • Contractor/Volunteer Guidelines: Your Responsibilities to Prevent, Detect and Respond to Sexual Abuse Acknowledgment Form • Pre-Audit Questionnaire (PAQ) Responses <p data-bbox="242 631 363 660">Interviews:</p> <ul data-bbox="284 710 825 739" style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) <p data-bbox="242 766 528 795">Site Review Observations:</p> <p data-bbox="242 824 900 853">The Auditor's observations during the on-site review of the facility.</p> <p data-bbox="242 882 501 911">Findings (by provision):</p> <p data-bbox="242 940 1485 1265">115.377 (a): The agency does have a policy that mandates that any OOY-RSD contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The agency documented on the PAQ that in the past twelve (12) months, they had zero (0) contractors or volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. The Auditor found no evidence that any such report was made to the Stafford County Sherriff's Office or to their licensing body, the Virginia Department of Juvenile Justice. The facility provides training to all assigned volunteers and contractors. However due to COVID-19, the facility reported that they did not have any volunteers or contractors coming onsite during the past twelve (12) months; therefore, the Auditor was unable to review any acknowledgment forms. Based on a review of files it is found that the facility meets the requirements of the standard.</p> <p data-bbox="242 1294 1485 1489">115.377 (b). There have been zero instances in the past twelve (12) months where OOY-RSD had to take action on a volunteer or contractor. The facility has a policy in place to address any volunteers or contractors who violate the PREA standards of sexual abuse and sexual harassment. During interviews with facility leadership, it was reported that the facility would have the incident investigated and the volunteer or contractor services would be removed immediately A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="242 1518 1485 1619">Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p> |

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 373 358">Documents:</p> <ul data-bbox="282 409 1249 504" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • Chaplin Youth Center Resident Handbook <p data-bbox="240 533 362 560">Interviews:</p> <ul data-bbox="282 611 818 672" style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) • Residential Services Director <p data-bbox="240 701 501 728">Findings (by provision):</p> <p data-bbox="240 759 1485 884">The facility provided the auditor with their policy, Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure, which includes all the requirements of this PREA Standard. Chaplin Youth Center (CYC) received two (2) reports of sexual harassment incidents involving resident-on-resident. The facility did not receive any allegations of sexual abuse. Both allegations of sexual harassment were thoroughly investigated and determined to be unsubstantiated.</p> <p data-bbox="240 916 1485 1108">115.378 (a): OOY-RSD's PREA Policy states, "Residents may be subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The residents' due process rights shall be followed as described in program policy (as written in the Resident Handbook)." This policy was confirmed by interviews with facility leadership. Per responses on the PAQ, in the past twelve (12) months, there have been zero (0) administrative findings nor criminal findings of guilt for resident-on-resident sexual abuse that have occurred at this facility.</p> <p data-bbox="240 1140 1485 1368">The Auditor also reviewed the resident handbook which is provided to all residents upon their admission to the facility and confirmed that residents are told that "youth to youth sexual activity, sexual assault, rape, sexual conduct and sexual contact as defined in this policy and within Code of Virginia are also prohibited." Additionally, the handbook provides that engaging in a personal and/or sexual relationship may result in program-related discipline and/or possible criminal prosecution. During the twelve-month preceding the audit, the facility had eight (8) admissions; all residents signed for receipt of the resident handbook. This information is also included in subsequent PREA training provided to the residents during the intake process.</p> <p data-bbox="240 1400 1485 1525">115.378 (b-c): By policy, sanctions shall be commensurate with the nature and circumstances of the abuse committed, disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Additionally, the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction if any, should be imposed.</p> <p data-bbox="240 1556 1485 1682">PAQ, interviews, and the on-site review indicated that Chaplin Youth Center (CYC) does not isolate youth. Therefore, other management strategies are used, including releasing an offending resident or getting them admitted to another facility. Although the facility administrators indicate an understanding of this Standard, they have not had applicable substantiated allegations of sexual abuse by youth at the facility in the past 12 months.</p> <p data-bbox="240 1713 1485 1906">115.378 (d): OOY-RSD's PREA Policy states, "Residents may be offered participation in programs, services or interventions designed to address and correct underlying reasons or motivations for the abuse. Participation in such interventions may be required as a condition of access to any rewards-based incentives, but not as a condition to access to general programming or education." The Auditor reviewed the resident handbook, which outlines the facility's behavior management program that uses a level system/point system that residents must do to successfully complete the program and includes both behavioral and treatment expectations.</p> <p data-bbox="240 1937 1485 2031">By interviews, residents are treated fairly under a consistent system of discipline that teaches and encourages appropriate behaviors and discourages inappropriate behaviors. The resident handbook. Additionally, the Auditor found no evidence that the facility uses seclusion in cases of alleged sexual abuse or harassment.</p> <p data-bbox="240 2063 1485 2157">115.378 (e): OOY-RSD's PREA Policy, "Residents may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact." The PREA Coordinator confirmed this policy but has not had to impose any sanctions in this matter.</p> |

115.378 (f): OOY-RSD's PREA Policy states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." The PREA Coordinator confirmed this policy but has not had to impose any sanctions in this matter.

115.378 (g): By Policy, OOY-RSD prohibits all sexual activity between residents. OOY-RSD, however, may not deem such activity to constitute sexual abuse if it determines the activity is not coerced.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding disciplinary sanctions for residents. No corrective action is required.

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 373 358">Documents:</p> <ul data-bbox="284 409 1414 568" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) Responses • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Resident Brochure, "What You Should Know About Sexual Assault and Abuse" • Listing of Resident Admissions and resident vulnerability assessments (designated as their objective screening instrument) <p data-bbox="240 598 363 627">Interviews:</p> <ul data-bbox="284 678 818 770" style="list-style-type: none"> • Residents • Residential Case Manager/PREA Coordinator (PC) • Rehabilitation Counselors <p data-bbox="240 799 528 828">Site Review Observations:</p> <p data-bbox="240 857 1461 920">During the onsite visit, the Auditor observed that the risk screening tools are kept in each resident's file in a locked cabinet inside the Residential Case Manager's office.</p> <p data-bbox="240 949 501 978">Findings (by provision):</p> <p data-bbox="240 1008 1489 1200">115.381(a): Per Section 2.2.1, Office of Youth Residential Services Division (OOY-RSD) PREA Policy, "Chaplin Youth Center residents who report prior sexual victimization, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. This is documented on the instructions of the PREA Vulnerability Assessment completed at intake. Staff will notify the resident's parent or legal guardian of the resident's need for access to a mental health practitioner as a result of any prior victimization disclosure."</p> <p data-bbox="240 1232 1489 1391">During the twelve (12) month period prior to the audit, CYC had eight (8) admissions; none had disclosed prior sexual victimization during screening. Additionally, the two (2) admitted youth who were interviewed on the day of the on-site review had not disclosed sexual victimization during their risk screening, however, residents indicated that they felt comfortable with the screening staff if they had to talk about such issues. By interviews, the Auditor confirmed that the facility does not employ medical or mental health staff but would have access to community providers if needed.</p> <p data-bbox="240 1422 1489 1718">115.381(b-c): By Policy, "Residents who report having perpetrated sexual abuse shall be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This is documented on the instructions of the PREA Vulnerability Assessment completed at intake. Staff will notify the resident's parent or legal guardian of the resident's need for access to a mental health practitioner as a result of any prior victimization disclosure." The Auditor conducted interviews with the residential counseling staff and the case manager. All staff relayed that when a screening indicates that a juvenile has experienced prior sexual victimization or a previously perpetrated sexual abuse, whether in an institutional setting or in the community, it is addressed immediately by the case manager notification to the guardian so they can obtain medical or mental health services in the community. All offerings of follow-up meetings and outcomes of meetings are then documented in the resident's medical record or permanent file as appropriate.</p> <p data-bbox="240 1749 1430 1812">The Auditor reviewed case records and did not uncover any residents that disclosed a history of perpetration during the screening process. Therefore, the Auditor found no residents that needed to be offered follow-up meetings.</p> <p data-bbox="240 1843 1489 2069">115.381(c): According to Policy, "Information related to sexual victimization or sexual abusiveness that occurred within an institutional setting shall be limited to program administrators and staff, as necessary, to facilitate treatment planning, security, and other management decisions (including housing, bed, work, education, and program assignments)." While there was no documentation provided by the facility of such an instance, the Auditor observed that the risk screening tools are kept in the residents' file in a locked cabinet inside of the Residential Case Manager's office. Further, all staff understood, via interviews, that this type of information is limited to those who have a need to know to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p data-bbox="240 2101 1489 2163">115.381(d): The Case Manager shared with the Auditor that informing residents of staff's mandated reporter status (per Virginia law) is typically the first thing they do upon meeting a new resident. This practice is supported by OOY-RSD's PREA</p> |

Policy which states, "Any alleged sexual victimization reported by any OOH-RSD resident under the age of 18 that did not occur in an institution shall be reported in accordance with facility policy. Staff shall obtain informed consent from residents who are over the age of 18 before reporting information about prior sexual victimization that did not occur in an institutional setting." It should be noted that the program works with youth who are between the ages of 13 and 17 at the time of admission. By interview, the Auditor verified that all residents are notified of the limitations of confidentiality. Interviewed staff were knowledgeable of their mandatory reporter status and the duty to report.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding medical and mental health screenings and history of sexual abuse. No corrective action is required.

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

The following evidence was analyzed in making the compliance determination:

Documents:

- Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual
- Active Memorandum of Understanding (MOU) between the Stafford County Sheriff's Office and the Rappahannock Area Youth Services and Group Home Commission, dated October 19, 2017
- Active Memorandum of Understanding (MOU) between the Rappahannock Council Against Sexual Assault (RCASA) and the Rappahannock Area Youth Services and Group Home Commission, dated November 1, 2017

Interviews:

- Residents
- Residential Case Manager/PREA Coordinator (PC)
- Rehabilitation Counselors - Agency First Responders

Site Review Observations:

During the onsite visit, the Auditor observed posted literature regarding first responder duties.

The observed trauma-informed practices and the informal staff conversations supported the facility's assertion that residents who experience sexual abuse would receive unimpeded access to emergency medical and mental care.

Findings (by provision):

115.382 (a): The Auditor was informed by facility leadership that, although there have been zero (0) reports of sexual abuse at Chaplin Youth Center (CYC) over the past twelve months, any resident victim of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Upon review of the agency's policy, the Auditor did not see any language that would impose administrative hurdles or security processes that could delay access to these critical services. By Policy, "resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services that will be coordinated by facility administrators and/or the PREA Coordinator."

115.382 (b): As noted in §115.364, all CYC staff are trained as first responders. During interviews with the Auditor, they were able to clearly articulate their duties as such, especially since the facility does not employ qualified medical or mental health practitioners, first responders are responsible for taking preliminary steps to protect the victim pursuant to §115.362 and immediately notifying the on-duty/on-call Administrator.

The Administrator will make a determination about whether or not to call RACSB Emergency Services or to have the resident transported to Mary Washington Hospital and give direction accordingly.

The Auditor verified through the review of training records that all staff are trained in staff first responder duties pursuant to the requirements of PREA Standard 115.364. Staff indicated that they had not had such an incident, but felt that the facility was prepared to provide immediate and unimpeded access to emergency medical treatment and crisis intervention services.

115.382 (c): According to the Section 2.2.2 of OO-RSD's PREA Policy, "Resident victims of sexual abuse while placed in OOY-RSD shall be offered timely information about and timely access to emergency contraceptives, sexually transmitted infections, prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate." Facility leadership indicated if needed that these elements would be documented in the resident's file. During the audited period, there were zero (0) incidents of sexual abuse or sexual assault, as defined in the PREA standards, that occurred at CYC; therefore, there was no documentation to review.

115.382 (d): By policy, "treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The administration informed the Auditor that there has not been a situation involving a resident who was a victim of sexual abuse that allegedly occurred in the facility; however, if such an incident were to occur, all medical and mental health-related services and treatment needed would be provided immediately and without delay to the resident victim.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 373 358">Documents:</p> <ul data-bbox="284 409 1469 539" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Active Memorandum of Understanding (MOU) between the Rappahannock Council Against Sexual Assault (RCASA) and the Rappahannock Area Youth Services and Group Home Commission, dated November 1, 2017 • Chaplin Youth Center's (CYC) Coordinated Response Plan <p data-bbox="240 566 360 593">Interviews:</p> <ul data-bbox="284 645 818 741" style="list-style-type: none"> • Residents • Residential Case Manager/PREA Coordinator (PC) • Rehabilitation Counselors <p data-bbox="240 768 528 795">Site Review Observations:</p> <p data-bbox="240 824 1481 954">The observed trauma-informed practices and informal staff conversations during the Auditor's inspection supported the facility's assertion that residents who experience sexual abuse would receive ongoing medical and mental care. Additionally, the Auditor observed posted literature regarding Rappahannock Council against Sexual Assault (RCASA) about their services.</p> <p data-bbox="240 981 1425 1008">Policies and interviews address the requirements of this standard pursuant to this PREA Standard, as indicated below:</p> <p data-bbox="240 1041 501 1068">Findings (by provision):</p> <p data-bbox="240 1097 1490 1326">115.383 (a): According to the documentation reviewed by the Auditor, there were zero (0) allegations of sexual abuse that required referral for forensic evidence collection by a SANE provider in the twelve months preceding the audit year. By policy, "OOY-RSD shall offer any resident who is the victim of sexual abuse a medical and mental health evaluation and, as appropriate, treatment services while enrolled in the facility." Additionally, the Auditor reviewed the facility's coordinated response plan, which provides the facility's coordinated efforts in response to an incident of sexual abuse. To support the findings of this standard, the Auditor reviewed the active MOU with the Rappahannock Council Against Sexual Assault (RCASA) which provides advocacy and support services such as a crisis hotline, hospital accompaniment, and counseling.</p> <p data-bbox="240 1352 1469 1449">Interviews with facility leadership support that information and access to care are offered to all resident victims, as clinically appropriate. Victim advocacy services are offered through trained staff members as well as RCASA. In the event that an incident was to occur, the victim would receive services from a community provider.</p> <p data-bbox="240 1476 1481 1606">115.383 (b): According to OOY-RSD PREA Policy and Procedure, Section 2.2.3, #2, "The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from the facility." Interviews support that the facility would uphold the ongoing medical and mental health care for sexual abuse victims.</p> <p data-bbox="240 1632 1469 1762">115.383 (c): According to OOY-RSD PREA Policy and Procedure, Section 2.2.3, #3, "The facility shall provide such victims with medical and mental health services consistent with the community level of care." All staff interviews confirmed that medical and mental health treatment would be conducted in the community if needed. The level of care residents would receive is consistent with the level of care offered in the community.</p> <p data-bbox="240 1789 1469 1919">115.383 (d-e): By policy, "Resident victims of sexually abusive vaginal penetration while in OOY-RSD shall be offered pregnancy tests." If pregnancy results from sexual abuse while admitted to CYC, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Interviews support that the facility would uphold the ongoing medical and mental health care for sexual abuse victims.</p> <p data-bbox="240 1946 1481 2042">115.383 (f): Per policy, "Resident victims of sexual abuse while in OOY-RSD shall be offered tests for sexually transmitted infections as medically appropriate." Staff interviews revealed that victims would be offered appropriate tests or treatment for sexually transmitted infections.</p> <p data-bbox="240 2069 1469 2136">115.383 (g): Staff interviews supported the policy that treatment services would be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> |

115.383 (h): OOY-RSD's PREA Policy further describes that the agency shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

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| 115.386 | Sexual abuse incident reviews |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Active Memorandum of Understanding (MOU) between the Rappahannock Council Against Sexual Assault (RCASA) and the Rappahannock Area Youth Services and Group Home Commission, dated November 1, 2017 • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) • Rehabilitation Counselors <p>Findings (by provision):</p> <p>115.386 (a-e): According to OOY-RSD PREA Policy and Procedure, Section 2.3.1, "The Residential Services Director or designee shall initiate a final sexual abuse incident review to be conducted at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated unless the allegation has been determined to be unfounded. Such review shall occur within 30 days of the conclusion of the investigation." In the twelve months preceding the audit, Chaplin Youth Center (CYC) reported having zero (0) incidents of sexual abuse thus an incident review was not needed.</p> <p>Per staff interviews, administrative and criminal investigations are completed on all allegations of sexual abuse and sexual harassment. The Stafford County Sherriff's Office (SCSO) would conduct all criminal investigations. The CYC would conduct a sexual abuse incident review after every sexual abuse investigation unless the allegation were unfounded. Upon interviewing the PREA Coordinator as a member of the facility incident review team, reviews would be conducted within thirty (30) days of the conclusion of the investigation, and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status, perceived status, or gang affiliation. The team also decides if additional monitoring technology should be added to enhance staff supervision.</p> <p>Per policy, the review team shall (a) consider whether the allegation or investigation indicates a need to change procedures or practices to better prevent, detect, or respond to sexual abuse; (b) consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (c) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (d) assess the adequacy of staffing levels in that area during different shifts; (e) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (f) document its findings, including but not necessarily limited to determinations made pursuant to (a) through (e) above, and any recommendations for improvement and submit to the Program Director and PREA compliance manager. The findings shall be maintained in accordance with the Library of Virginia retention schedule.</p> <p>The review team would include the Residential Services Director, the PREA Coordinator, and a Senior Residential Advisor along with input from the SCSO and medical and mental health practitioners, if available. Also by policy, the findings of the review team are thoroughly documented. An annual review of all incidents is also completed. The review team seeks additional information from other staff, as needed, to ensure a thorough review has been completed.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.</p> |

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| 115.387 | Data collection |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 373 358">Documents:</p> <ul data-bbox="282 409 1246 539" style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Pre-Audit Questionnaire (PAQ) Responses • Chaplin Youth Services' PREA audit dated February 1, 2018 • PREA Annual Report of Sexual Abuse Incidents for 2020 <p data-bbox="240 566 362 593">Interviews:</p> <ul data-bbox="282 645 825 705" style="list-style-type: none"> • Residential Case Manager/ PREA Coordinator (PC) • Residential Services Director <p data-bbox="240 732 528 759">Site Review Observations:</p> <p data-bbox="240 790 1410 851">The Auditor retrieved the agency's PREA Annual Report of Sexual Abuse Incidents for 2020 report from the agency's website, at the following address: https://www.officeonyouth.org/residential-services</p> <p data-bbox="240 882 501 909">Findings (by provision):</p> <p data-bbox="240 940 1484 1099">115.387 (a-d): The agency provided the Auditor with the Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure, which details the agency's efforts and protocol for compliance with this standard. The agency collects accurate, uniform data for every allegation of sexual abuse at Chaplin Youth Center (CYC) using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions- from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p data-bbox="240 1131 1477 1326">The PREA Coordinator stated that she maintains, reviews, and collects data, as needed, from all available incident-based documents, including serious incident reports, investigation files, staff reports, and sexual abuse incident reviews. Additionally, the PREA Coordinator serves as an agency investigator and is on the facilities' sexual abuse incident review team, and is aware when such incidents occur. Furthermore, the Auditor reviewed the agency's PREA Annual Report of Sexual Abuse Incidents for 2020 verifying that it includes the relevant data as required under this standard. This information was retrieved from the agency's website, at the following address: https://www.officeonyouth.org/residential-services.</p> <p data-bbox="240 1357 1469 1417">115.387 (e): OOY-RSD does not contract with any facilities (e) to house their residents; therefore no such information could be provided to the Auditor. This provision is not applicable.</p> <p data-bbox="240 1449 1489 1574">115.387 (f): Upon request, OOY-RSD shall provide all such data from the previous calendar year to the Department of Justice no later than 60 days following the request or by June 30, whichever is the earliest timeframe. Per agency leadership, all information is provided upon request and/or submitted upon any established schedule. To date, the Department of Justice has not requested such data.</p> <p data-bbox="240 1606 1489 1666">Conclusion: Based upon the review and analysis of all the available evidence and interviews, the auditor has determined that the agency is fully compliant with this standard regarding data collection. No corrective action is required.</p> |

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| 115.388 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

The following evidence was analyzed in making the compliance determination:

Documents:

- Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual
- Pre-Audit Questionnaire (PAQ) Responses
- PREA Annual Report of Sexual Abuse Incidents for 2020

Interviews:

- Residential Case Manager/ PREA Coordinator (PC)
- Residential Services Director

Site Review Observations:

The Auditor retrieved the agency's PREA Annual Report of Sexual Abuse Incidents for 2020 report from the agency's website, at the following address: <https://www.officeonyouth.org/residential-services>

Findings (by provision):

115.388 (a): As noted in §115.387, OOY-RSD reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of the findings and corrective actions for the facility as a whole formed.

Every reportable event, whether PREA-related or not, is reviewed by the facility leadership. If the incident involves alleged child abuse in the facility, Stafford County Sherriff's Office investigates the incident; Child Protective Services is also notified. If criminal behavior is not indicated, or when no formal investigations are necessary, the facility's PREA Coordinator or the Residential Services Director will conduct an administrative investigation of the incident to ensure compliance with policy, procedure, and training. In calendar year (CY) 2020, there were zero (0) substantiated allegations of youth-to-youth nonconsensual sexual acts; zero (0) youth-on-youth abusive sexual contact; zero (0) staff-on-resident sexual misconduct; and zero (0) staff-on-resident sexual harassment. For this same period, there were two (2) unsubstantiated allegations of youth-on-youth sexual harassment that occurred at Chaplin Youth Center.

Per the annual report, the agency continues to address sexual abuse by conducting ongoing incident reviews, staffing pattern reviews, ongoing vulnerability assessments, and regular training of existing and new staff. According to the PREA Coordinator, information obtained from data is utilized to make necessary improvements such as staffing, policy, training, or making upgrades to the facility.

115.388 (b): The agency's policy dictates the annual report "shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of OOY-RSD's progress in addressing sexual abuse. The Auditor reviewed the agency's annual report for CY 2020. The report meets all provisions of the standard and exceeds expectations of the standard by being comprehensive and educational in regards to the agency's mission to protect the residents and staff from sexual harassment and/or sexual abuse.

115.388 (c): As per policy, the agency's annual report was approved by the Director and posted on the agency's public website. This information was retrieved from the agency's website, at the following address: <https://www.officeonyouth.org/residential-services>

115.388 (d): Again, the agency's policy suggests that "specific material from the report may be redacted when publications would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted must be indicated." When asked what type of information would be redacted the Auditor was told that it would be identifying information, (e.g. resident names, birth dates, juvenile tracking numbers, etc.). The intent would be to maintain confidentiality. The Auditor found that publishing personally identifying information such as resident names, birth dates, or juvenile tracking numbers would be a breach of confidentiality. The Auditor found no significant redactions to the annual report. The noted redactions appear not to have caused any data to be skewed.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is fully compliant with this standard regarding data review for corrective action. No corrective action is required.

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| 115.389 | Data storage, publication, and destruction |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) <p>Site Review Observations:</p> <p>While onsite, the Auditor observed data security (physical and electronic), how records are secured, and how the facility limits who can have access to these records. Throughout this process, facility leadership have monitored the dissemination and storage of PREA-related documents.</p> <p>Findings (by provision):</p> <p>115.389 (a): Office of Youth Residential Services Division (OOY-RSD) PREA Policy requires that Chaplin Youth Center (CYC) ensure that data collected on all reports of sexual abuse is securely retained. As noted in §115.387, the PREA Coordinator reported that files are stored in a securely in the administration area.</p> <p>115.389 (b): Per the agency's policy, OOY-RSD shall make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website. The Auditor's review of the website indicates that this information is indeed available for public review.</p> <p>115.389 (c): Before making aggregated sexual misconduct data publicly available, OOY-RSD will remove all personal identifiers, as indicated in §115.388(d) and as outlined in OOY-RSD's PREA Policy.</p> <p>115.389 (d): By policy, OOY-RSD will maintain sexual abuse data for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. Information has been reviewed in conjunction with the three-year PREA audit cycle and will remain secured in the administrative area of the facility until properly destroyed after 10 years from the date of collection.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is in full compliance with this standard regarding data storage, publication, and destruction. No corrective action is required.</p> |

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| 115.401 | Frequency and scope of audits |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) Responses • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Auditor’s Review of Agency Website (includes PREA audit for Chaplin Youth Center, annual report, zero tolerance policy and other resources. https://www.officeonyouth.org/residential-services) • Research conducted by the Auditor <p>Interviews:</p> <ul style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) <p>Site Review Observations:</p> <p>During the on-site audit, the Auditor was allowed to speak formally and informally to any staff member, at any time, and in a confidential setting if so requested by the Auditor.</p> <p>Findings (by provision):</p> <p>115.401 (a): Chaplin Youth Center (CYC) falls under the purview of the Office on Youth’s Residential Services Division. The facility, located at 125 Hot Top Road, Fredericksburg, VA 22405, began operation in 1994.</p> <p>The Chaplin Youth Center is a 12-bed, community-based, group home serving male and female youth ages 12-17. Licensed by the Virginia Department of Juvenile Justice, the Center provides 24-hour supervision in a safe and structured environment, where residents are supported and encouraged to develop healthy, responsible behaviors, in order to return home and be successful in the community.</p> <p>Youth may be referred to two main programs as outlined below. Chaplin Youth Center provides short-term emergency shelter care services for youth pending disposition. Youth may be placed via a Shelter Care Order either by the court or Intake Officer. Youth can remain in Shelter Care for a maximum of 90 days. Youth attend school in their home district, follow a set daily routine/schedule, complete household chores, and earn points based on behavior, effort, and participation. Parents of referred youth must participate in service provision and may be required to attend group services at the Center.</p> <p>Chaplin Youth Center’s main program is a six (6) to twelve (12) month program for youth who require a less restrictive placement than secure detention but are unable to remain in their homes due to their behaviors or criminal involvement. Youth move through a level system designed to develop healthy, responsible behaviors and positive decision-making skills. Youth attend school in their home district, follow a set daily routine/schedule, complete household chores, and earn points based on behavior, effort, and participation. Youth at the upper levels may earn weekend home visits that assist with family reintegration. Once a youth reaches Level 4, they begin the transition period to returning home. Parents and families are required to participate in service provision and may be required to attend group services at the Center.</p> <p>Chaplin Youth Center is a one-story 5000 square foot facility. There is one living unit with six double bedrooms and one single room which all open into a common area. There is one Jack-and-Jill bathroom between every two bedrooms (shared by up to four residents) which is accessible from inside of each bedroom. The single room has an ensuite bathroom that is not shared. The unit also houses a laundry room with one washer and one dryer as well as three closets (two utility and one supply). The facility provides a living room, a library/counseling room, a kitchen with a pantry and walk-in refrigerator/freezer, a dining room, five staff offices, a foyer, two ADA compliant staff/visitor restrooms (one toilet and sink each), and four additional supply closets. There is also a utility closet which can only be accessed from the exterior of the building. The facility has eleven cameras that capture the facility entirely of areas occupied by youth at any time with the exception of inside bathrooms, bedrooms, and offices. Cameras do capture entry into bedrooms and offices.</p> <p>Chaplin Youth Center does not provide education, medical, or mental health services. Youth attend school in the community and they are taken off-campus for medical/therapy appointments. Facility staff prepare meals for the residents. Recreation activities are offered daily both on and off-campus.</p> <p>Since its operation, CYC has undergone one other PREA Audit dated February 1, 2018. Its second PREA audit was conducted by this Auditor, Marlessia Rioux. The Auditor notes that the Office of Youth Residential Services Division (OOY-</p> |

RSD's PREA Policy states, "The Department of Justice (DOJ) may send a recommendation for an expedited audit if the Department has reason to believe that OOOY-RSD may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues." By interview, the Auditor confirmed that the DOJ has not requested such an auditor due to the pervasiveness of sexual abuse within the facility.

115.401 (b): As described in §115.401 (a), OOOY-RSD operates one residential facility which has ensured that this facility is audited at least once every three years since the implementation of its PREA program in 2015. During the audit, facility leadership consistently communicated their commitment to ensuring the sexual safety of all of their residents, and efforts during this audit demonstrate that CYC attempts to maintain a PREA program of education, prevention, detection, response, investigation, and tracking.

115.401 (h): The Auditor had access to, and the ability to observe, all areas of the audited facility without restrictions, and during all shifts.

115.401 (i): For the documentation that was requested, the Auditor was permitted to receive copies (including electronically stored information) through the PREA Online Audit System (OAS), in person during the on-site portion of the audit, or via electronic mail. Upon initiation of the Audit, the Auditor explained that the OAS would be used as it was designed to help their agency and auditors streamline, organize, and automate much of the PREA audit process in a secure, user-friendly environment. The OAS was built in a secure environment that meets rigorous federal security requirements mandated by the Federal Information Security Management Act (FISMA) and provides a safe electronic platform.

115.401 (m): The Auditor was allowed to conduct private interviews with staff and residents, selected at random and without restrictions.

115.401 (n): The Auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the Auditor. The residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is in compliance with this standard regarding frequency and scope of audits as the corrective action above was accepted. No further corrective action is needed.

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> • Office of Youth Residential Services Division (OOY-RSD) PREA Policy and Procedure Manual • Auditor's Review of Agency Website (includes PREA audit for Chaplin Youth Center, annual report, zero tolerance policy and other resources. https://www.officeonyouth.org/residential-services) • Research conducted by the Auditor <p>Interview:</p> <ul style="list-style-type: none"> • Residential Case Manager/PREA Coordinator (PC) <p>Findings (by provision):</p> <p>115.403 (f): The Auditor conducted an interview with the PREA Coordinator and reviewed the agency's website to determine compliance with this provision. Pursuant to the standard requirements, within 90 days of the issuance of the final PREA audit report for Chaplin Youth Center, it is required to be published on the Office of Youth's website.</p> <p>Conclusion: Based upon the review and analysis of all the available evidence and interviews, the Auditor has determined that the agency is in full compliance with this standard regarding audit content and findings. No corrective action is required.</p> |

| Appendix: Provision Findings | | |
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| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.311 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.311 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.312 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.312 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | na |

| 115.313 (a) | Supervision and monitoring | |
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| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |

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| 115.313 (b) | Supervision and monitoring | |
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.313 (c) | Supervision and monitoring | |
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | yes |
| 115.313 (d) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.313 (e) | Supervision and monitoring | |
| | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | yes |
| | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) | yes |
| 115.315 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.315 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |

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| 115.315 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |
| 115.315 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |
| 115.315 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.315 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.316 (a) | Residents with disabilities and residents who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.316 (b) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.316 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |
| 115.317 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.317 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |
| 115.317 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.317 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |

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| 115.317 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.317 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.317 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.317 (h) | Hiring and promotion decisions | |
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.318 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.318 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.321 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

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| 115.321 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.321 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.321 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.321 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.321 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.) | yes |
| 115.321 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | yes |

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| 115.322 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.322 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.322 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a)) | yes |
| 115.331 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |

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| 115.331 (b) | Employee training | |
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| 115.331 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.331 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.332 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.332 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.332 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.333 (a) | Resident education | |
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |

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| 115.333 (b) | Resident education | |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.333 (c) | Resident education | |
| | Have all residents received such education? | yes |
| | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |
| 115.333 (d) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |
| 115.333 (e) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.333 (f) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.334 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

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| 115.334 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.334 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.335 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| 115.335 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.335 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |

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| 115.335 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | na |
| 115.341 (a) | Obtaining information from residents | |
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |
| 115.341 (b) | Obtaining information from residents | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.341 (c) | Obtaining information from residents | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |

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| 115.341 (d) | Obtaining information from residents | |
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |
| 115.341 (e) | Obtaining information from residents | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.342 (a) | Placement of residents | |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |
| 115.342 (b) | Placement of residents | |
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

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| 115.342 (c) | Placement of residents | |
| | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? | yes |
| 115.342 (d) | Placement of residents | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.342 (e) | Placement of residents | |
| | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |
| 115.342 (f) | Placement of residents | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.342 (g) | Placement of residents | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.342 (h) | Placement of residents | |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | na |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | na |
| 115.342 (i) | Placement of residents | |
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |

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| 115.351 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.351 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |
| 115.351 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.351 (d) | Resident reporting | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |
| 115.351 (e) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| 115.352 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.352 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |

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| 115.352 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | yes |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | yes |

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| 115.352 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.352 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.353 (a) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |

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| 115.353 (d) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |
| 115.354 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| 115.361 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.361 (b) | Staff and agency reporting duties | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |
| 115.361 (c) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.361 (d) | Staff and agency reporting duties | |
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |

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| 115.361 (e) | Staff and agency reporting duties | |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? | yes |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? | yes |
| | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | yes |
| | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? | yes |
| 115.361 (f) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.362 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.363 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |
| 115.363 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.363 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.363 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.364 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.364 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.365 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.366 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | no |
| 115.367 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.367 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |

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| 115.367 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.367 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.367 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.368 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | yes |
| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |

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| 115.371 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |
| 115.371 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.371 (d) | Criminal and administrative agency investigations | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |
| 115.371 (e) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.371 (f) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.371 (g) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.371 (h) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.371 (j) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |
| 115.371 (k) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |

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| 115.371 (m) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.372 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.373 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.373 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.373 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |

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| 115.376 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.376 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.376 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.376 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.377 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.377 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.378 (a) | Interventions and disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |

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| 115.378 (b) | Interventions and disciplinary sanctions for residents | |
| | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? | yes |
| 115.378 (c) | Interventions and disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.378 (d) | Interventions and disciplinary sanctions for residents | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? | yes |
| | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |
| 115.378 (e) | Interventions and disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.378 (f) | Interventions and disciplinary sanctions for residents | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.378 (g) | Interventions and disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.381 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |
| 115.381 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |

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| 115.381 (c) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.381 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |
| 115.382 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.382 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.382 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.382 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.383 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.383 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.383 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | yes |
| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | yes |

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| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.383 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.386 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.386 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.386 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.386 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.386 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.387 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.387 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

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| 115.387 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.387 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.387 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |
| 115.387 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| 115.388 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.388 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.388 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.388 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.389 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |
| 115.389 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |

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| 115.389 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.389 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |