

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** May 5, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Vernon Harry; Susan Heck			
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<b>Telephone number:</b> 540-455-1095			
<b>Date of facility visit:</b> March 24-March 26, 2016; April 6, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Westhaven Boys Home			
<b>Facility physical address:</b> 3515 Race Street, Portsmouth, VA 23701			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 757-397-6690			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Carlos Hooker			
<b>Number of staff assigned to the facility in the last 12 months:</b> 12			
<b>Designed facility capacity:</b> 12			
<b>Current population of facility:</b> 10			
<b>Facility security levels/inmate custody levels:</b> Non-secure facility; group home			
<b>Age range of the population:</b> 12-17			
<b>Name of PREA Compliance Manager:</b> Carlos Hooker		<b>Title:</b> Program Director	
<b>Email address:</b> CHooker@Tyscommission.org		<b>Telephone number:</b> 757-397-6690	
<b>Agency Information</b>			
<b>Name of agency:</b> Tidewater Youth Services Commission			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 2404 Airline Boulevard, Portsmouth, VA 23701			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 757-488-9161			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Shawn Sawyer		<b>Title:</b> Executive Director	
<b>Email address:</b> SSawyer@Tyscommission.org		<b>Telephone number:</b> 757-488-9161	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Shawn Sawyer		<b>Title:</b> Executive Director	
<b>Email address:</b> SSawyer@Tyscommission.org		<b>Telephone number:</b> 757-488-9161	

## AUDIT FINDINGS

### NARRATIVE

The Westhaven Boys Home received an on-site PREA audit beginning March 24, 2016. This facility is one of four group homes administered by the Tidewater Youth Services Commission and is located in Portsmouth, VA. A pre-audit meeting was offered to the agency and was declined. This audit began at the agency administration site with a meeting attended by the PREA Coordinator, Shawn Sawyer, and PREA auditors Vernon Harry and Susan Heck. (Mr. Sawyer was promoted to Executive Director of the agency just before the time of the audit; he continued in his role as PREA Coordinator for the agency for the duration of the audit and assumes Executive Director duties in May, 2016.) Employee background records are maintained at the administrative office and were reviewed. Administrators and human resources for the agency are located here and the specialized interviews for the PREA Coordinator, Agency Head and HR were conducted.

The facility audit began in the afternoon of March 24. A brief meeting was held with the facility Program Director, Carlos Hooker. This facility is a non-secure group home with a maximum capacity of 12 residents. The home is a two story structure with a ground floor consisting of a dining room, kitchen, two resident gathering rooms, a laundry room, and two areas used as staff offices. Upstairs there are four major sleeping areas, two full bathrooms and a staff office with a glass window overseeing the sleeping areas. The facility has an outside recreation yard. All areas of the facility (inside and outside) are covered with a camera system that has 9 cameras. The monitor for the camera system is in the staff office and on all the time. There were no cameras in the bathrooms and all residents use the bathrooms for both toileting and dressing. There are few blind spots in the facility, with an open floor plan and storage closets adequately locked and secured. The camera coverage is good; an additional camera was suggested for the laundry room.

The telephone for the residents was centrally located and numbers for making reports were posted above the phone. The bulletin board in the main area held information on local resources and PREA posters were evident. The notice of audit was also posted.

Most staff members perform multiple job functions including doing intake and vulnerability screenings. To ensure that all interview areas were covered adequately and in consideration of the auditor mandate to conduct at least ten interviews (the group home only has 12 permanent staff) auditors began interviews by asking staff members if they were involved in intake or vulnerability assessments and added those questions to the random staff questions accordingly.

Carlos Hooker, Program Director was interviewed. All current residents were interviewed and all reported receiving vulnerability assessments and PREA education at intake. A review of resident files confirmed that residents are given vulnerability assessments on the day of intake and receive their PREA education on the same day. Residents knew how to report any victimization and articulated multiple ways to make a report. Staff members were able to describe the steps to take should they receive a report of sexual abuse or sexual harassment. Forensic examinations are conducted at Children's Hospital of the Kings Daughters which has a child advocacy center.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Westhaven Boys Home is located in Portsmouth, VA in a mixed residential/commercial area of the city. The facility is a non-secure group home administered by the Tidewater Youth Services Commission that houses males from 12-17; the population on the day of the audit was ten. The facility reports the average length of stay for residents is 66.5 days. All residents are in the custody of their parents or guardians. They attend school in the community. Treatment services are provided in the community and supported with facility groups. The facility does not use isolation in any form. Behavior management is a point based reward system.

All sleeping areas house multiple residents in either single cots or bunk beds. Residents shower one at a time and all changing is done in the two bathrooms located near the sleeping areas.

The Tidewater Youth Services Commission enjoys an excellent relationship with local law enforcement and its community.

## **SUMMARY OF AUDIT FINDINGS**

[Click here to enter text.](#)

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

**Evidence**

TYSC Prison Rape Elimination Act Policy Manual, 1.4.1 Zero Tolerance Policy  
Job Descriptions  
Organizational Chart

The agency has a policy mandating zero tolerance of any form of sexual abuse or sexual harassment which includes definitions. The positions of PREA Coordinator and Compliance Managers are not on the organizational chart but are clearly articulated in the job descriptions for the Executive Director, Deputy Director (PREA Coordinator) and the Program Director (facility based PREA Compliance Manager).

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

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

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

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

### Standard 115.313 Supervision and monitoring

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

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#### Evidence

TYSC Prison Rape Elimination Act Policy Manual  
Staff Rosters/Personnel Records  
Staffing Plan Review Form  
Staff interviews  
Unannounced Rounds Log

The agency has chosen to move to the 1:8 staffing ratio ahead of the 2017 deadline and will often exceeds the 1:8 staffing standards. This agency has an excellent retention rate and has dedicated staff who often cover for each other. They have both solid permanent staff and a cadre of part-time staff to help fill in when necessary. The facility is properly performing and documenting its unannounced rounds.

PREA Policy describes staffing plan developed in accordance with standard. Reviewed Staffing Plan Review Form. Interview with agency head/PREA compliance manager indicates that this is a carefully developed plan that allows for multiple contingencies in its effort to stay compliant with staffing ratios.

Program Directors make unannounced rounds and staff utilize video monitoring.

### Standard 115.315 Limits to cross-gender viewing and searches

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

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

In consultation with PRC's Auditor Helpline, this standard does not apply to this facility. This agency/faculty does not do pat down searches at all, not of any type. If there is a concern about a resident having something he shouldn't have, the police are called and do a pat down search. All resident and staff interviews were consistent about this---they do NOT do pat down searches, cross-gender or otherwise.

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

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

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#### **Evidence**

TYSC PREA Policy Manual 1.5.2

Staff interviews

Resident interviews

Training outline for residents provided in Spanish and English; posters in English and Spanish. Written on appropriate grade level. Residents and staff interviews confirm that residents are not used to translate for other residents. The YWCA would provide translation services if required. Spanish speaking staff available to ensure intake clarification for residents.

### **Standard 115.317 Hiring and promotion decisions**

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

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#### **Evidence**

TYSC PREA Policy Manual, 1.15.0, Hiring Policy

Review of personnel records/files

Interviews with Agency Head and HR Director

Agency records indicate that initial records checks were done before hire, along with CPS checks. Agency conducted re-background checks of all employees who had been with the agency over five years starting in March, 2016. These were finished in April, 2016. Questions about previous misconduct in prison, jails, etc. were added to interviews starting in March, 2016. Questions also added to employee evaluation process. Backgrounds also done with volunteers.

### Standard 115.318 Upgrades to facilities and technologies

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

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#### Evidence

TYSC PREA Policy 1.4.3  
Review of camera system

Facility has done a good job of maintaining its camera system and uses it as part of its supervision of residents. No cameras are in areas where residents may be bathing or toileting.

### Standard 115.321 Evidence protocol and forensic medical examinations

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

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#### Evidence

TYSC PREA Policy 1.8.4  
Memorandum of Agreement-TYSC and YWCA of Hampton Roads.  
Resume of Ginger Ploeger  
Email correspondence between TYSC and Portsmouth Police Department  
TYSC PREA Policy 1.8.4  
Memorandum of Agreement-TYSC and YWCA of Hampton Roads.  
Reviewed Resume and background of Deputy Director Ginger Ploeger  
MOU between TYSC and Virginia Beach Police Department

Policies and procedures clearly identify the protocols to be followed when an abuse takes place. Resident victims are seen at the Children's Hospital of Kings Daughters (CHKD) which has specialized unit for youth victims. This hospital provides pediatric forensic nurse examiners 24/7 for the community and has a child advocacy center internal to the hospital.

Interview with Deputy Director Ginger Ploeger found her to be aware of and willing to fill the role of victim advocate should a resident request her services.

Investigations of sexual abuse referred to Virginia Beach Police Department. MOU Virginia Beach Police asserts (see Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting". This facility does not do criminal investigations and relies on the judgement and expertise of the Virginia Beach Police to conduct appropriate interviews.

### **Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

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#### **Evidence**

TYSC PREA Policy 1.5.4; 1.8.6

Staff interviews

Agency Head interview

Agency has had no allegations of sexual abuse and no investigations; no opportunity to compare policy with practice. All interviews with staff reinforce the agency's intent to refer to appropriate law enforcement agency.

Its policy indicates that allegations will be referred to appropriate law enforcement agency for investigation. Agency has communicated clearly with its local police department in terms of its expectations that the investigation follows PREA standards.

### **Standard 115.331 Employee training**

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

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#### **Evidence**

TYSC PREA Policy 1.5.1, #1

Review of training curriculum

Staff training files

Staff interviews

PREA Training Outline Signature Page for Staff (personnel records). Curriculum and training records of all staff were reviewed. Training is documented in special "PREA Notebook" kept by the Program Director.

### Standard 115.332 Volunteer and contractor training

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

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TYSC PREA Policy 1.5.1  
Review of training curriculum

PREA Training Outline Signature Page for Staff/Volunteers (personnel records). Curriculum and training records of volunteers were reviewed.

Training is documented in special "PREA Notebook" kept by the Program Director.

### Standard 115.333 Resident education

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

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### Evidence

TYSC PREA Policy 1.5.2  
Review of TYSC Sexual Abuse, Assault, and Harassment Training for Residents  
Review of Resident handbook with PREA info and brochure  
Staff interviews  
Resident interviews

Staff at Westhaven Boys Home fill multiple roles. The majority of staff interviewed were asked the random staff, intake, and vulnerability screening questions. All indicated that residents receive PREA training on the day of their arrival. Resident interviews along with a review of documentation confirmed this information.

### Standard 115.334 Specialized training: Investigations

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

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#### Evidence

TYSC PREA Policy 1.8.6

Staff interviews

Certificate of completion for NIC training to meet specialized training requirement.

Agency policy indicates that allegations of sexual abuse will be referred to appropriate law enforcement authority (Virginia Beach PD). Agency head, Deputy Agency head and Program Director received specialized training for investigators through PRC and NIC on-line course. Certificates on record. They handle sexual harassment investigations.

### Standard 115.335 Specialized training: Medical and mental health care

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

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#### Evidence

TYSC PREA Policy 1.7.3

Reviewed resume and background of Deputy Director Ginger Ploeger

The agency/facility refers residents to community providers for all ongoing treatment services. Agency does not have QMHP on staff for this purpose at the facility; however, the new Deputy Director Ginger Ploeger has the KSAs to fill this role and has taken the specialized training through NIC/PRC website in the event a resident requests her. QMHP resume provided and reviewed. Facility practice is to transport to CHKD which has a child advocacy center with all necessary resources. Facility has no medical personnel on staff.

### Standard 115.341 Screening for risk of victimization and abusiveness

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

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#### Evidence

TYSC PREA Policy 1.6.1  
TYSC Screening and Vulnerable Population Assessment form  
Resident interviews  
Staff interviews

TYSC PREA Screening and Vulnerable Population Assessment; PREA Policy 1.6.1,#2 a-k reviewed. Since staff at Westhaven wear many hats, auditors chose to use the "Staff Responsible for Risk Screening" questionnaire in addition to interview questions in "Random Staff" questionnaire. All staff interviewed were very familiar with the screening tool and stated that they used it at intake. Resident interviews confirmed this. All resident files checked showed that the screening was done the day of intake. The average length of stay at this facility is short, so additional periodic screenings don't often come into play.

Staff interviewed indicated that information came from multiple sources including parents, community providers, court documents, school, etc.

### Standard 115.342 Use of screening information

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

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#### Evidence

TYSC PREA Policy 1.6.1  
Staff interviews  
Resident interviews

This facility is a non-secure group home and has clear policies prohibiting the use of isolation in any way, for any reason. Auditor reviewed Westhaven Boys Home Policy on Management of Resident Behavior provides guidance on management of resident behavior and states, "At no time will a resident be locked in their rooms." All staff and resident interviews confirmed that the facility does not use isolation.

All residents are allowed to shower separately.

This agency does extensive review and assessment of all residents prior to acceptance. If a resident's needs cannot be met, another placement is found.

The facility's population does not have any residents who identify as LGBTI at this time, so no interviews with this segment of the population could be conducted.

### **Standard 115.351 Resident reporting**

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

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#### **Evidence** TYSC PREA Policy 1.7.1

Resident Training Handout  
Facility tour/bulletin board information  
Resident Training outline  
Posters  
Reporting Sexual Abuse brochure  
Resident interviews  
Staff interviews

Facility has done a good job letting residents and staff know how to report, who they may report to, that others may report for them and that reports may be made privately. Posters were evident and all residents knew where they were. Residents knew they could report outside the facility.

### Standard 115.352 Exhaustion of administrative remedies

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

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#### Evidence

TYSC PREA Policy 1.7.1, #1 (a)

Agency allows residents to report through grievance process but such a grievance immediately moves outside the grievance procedure and is referred to the agency director for referral for investigation. Residents are instructed what to do with an emergency "grievance".

### Standard 115.353 Resident access to outside confidential support services

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

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#### Evidence

TYSC PREA Policy 1.8 #4

Staff interviews

Resident interviews

Agency head interview

Information is posted for residents. Residents seemed to understand that they could access outside support services; all confirmed that they were allowed to visit with their attorneys. Interviews with Program Director; PREA Compliance Manager (Agency Head) indicated that most residents were receiving outside support services as part of their overall treatment plans (including mental health treatment for sexual abuse victimization and other mental health issues).

### Standard 115.354 Third-party reporting

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

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### Evidence

TYSC PREA Policy 1.7.4  
Website

Posters are in all areas of the facility which might be viewed by parents/guardians, etc. Information on how to report is on the website and on bulletin boards at the facility. Reporters are directed to CPS.

### Standard 115.361 Staff and agency reporting duties

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

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### Evidence

TYSC PREA Policy 1.8.1; 1.7.2  
Staff interviews  
Interview with Compliance Managers/Program Director  
Sexual abuse response protocol

Agency refers all sexual abuse allegations to local law enforcement. All staff interviewed understood that allegations were taken seriously and kept confidential. Interviews with PREA Compliance Manager/Program Director indicated clear understanding.

### Standard 115.362 Agency protection duties

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

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#### Evidence

TYSC PREA Policy 1.8, #2  
Staff interviews

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

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

### Standard 115.363 Reporting to other confinement facilities

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

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#### Evidence

TYSC PREA Policy 1.7.5  
Staff interviews

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

### Standard 115.364 Staff first responder duties

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

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#### **Evidence** TYSC PREA Policy 1.8.2

Sexual Abuse Immediate Response Protocol

Posted protocols

Staff interviews

The staff at WBH wear many hats. Staff were asked first responder questions in addition to random staff questions and were able to articulate their responsibilities and knew where the protocol was posted. There have been no instances of sexual abuse at the facility.

### Standard 115.365 Coordinated response

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

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#### **Evidence**

TYSC PREA Policy 1.8.2

Staff interviews

PREA protocols posted in staff offices

The staff at Westhaven wear many hats. Staff were asked first responder questions in addition to random staff questions and were aware of their responsibilities and where the protocol was posted.

Westhaven's plan clearly indicated "Westhaven" on the plan.

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

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

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

This standard is non-applicable.

### Standard 115.367 Agency protection against retaliation

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

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

#### Evidence

TYSC PREA Policy 1.7.6

TYSC PREA Policy 1.7.6, #3-Program Director monitors for retaliation against residents

TYSC PREA Policy 1.7.6, #4-HR monitors for retaliation against staff

Interview with HR and Program Director

Job description reviewed/Program Director

Facility Program Director will monitor for retaliation against residents and Deputy Director for agency will monitor for retaliation against staff member. Job description of Program Director clearly lists this duty as a job function. There were no allegations of sexual abuse over the past 12 months.

### Standard 115.368 Post-allegation protective custody

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

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

This standard is NA. This facility does not use isolation for any reason.

### Standard 115.371 Criminal and administrative agency investigations

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

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

### Evidence

TYSC PREA Policy 1.8.6  
Staff interviews

This facility refers all allegations to Virginia Beach Police Department. The MOU between the agency and the Virginia Beach Police asserts (Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting". The agency policy indicates that investigations are not terminated based on the victim recanting the allegation. The Agency head, Deputy Agency head and Program Director have completed PREA investigator training.

### **Standard 115.372 Evidentiary standard for administrative investigations**

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

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

TYSC PREA Policy 1.8.6, #3  
Agency head interview

This facility refers all allegations to Portsmouth Police Department. The local PD has been given PREA standards and availability of on-line Specialized Training for Investigators.

Agency policy imposes no standard higher than preponderance determining substantiated allegations of sexual harassment.

### **Standard 115.373 Reporting to residents**

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

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

### **Evidence**

TYSC PREA Policy 1.8.7  
Agency head interview

This facility refers all allegations to Portsmouth Police Department. The local PD has been given PREA standards and availability of on-line Specialized Training for Investigators and the requirement to report.

Agency policy indicates that outside investigating authority will be requested to provide information so that the resident will be informed.

### **Standard 115.376 Disciplinary sanctions for staff**

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

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

#### **Evidence**

TYSC PREA Policy 1.9.1  
Agency Head interview

This agency has resources to place staff on paid leave pending outcome of investigation. Policy clearly defines possible sanctions for staff who violate agency sexual abuse or sexual harassment policy.

### **Standard 115.377 Corrective action for contractors and volunteers**

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

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

#### **Evidence**

TYSC PREA Policy 1.9.2  
Volunteer interview

Agency policy clearly articulates corrective action for contractors (not used in this agency) or volunteers who violate agency policy against sexual abuse or sexual harassment. No volunteers were reported to have violated agency policy.

### Standard 115.378 Disciplinary sanctions for residents

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

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

TYSC PREA Policy 1.9.3  
Program director interview  
Resident manual

Facility does not use isolation; it does prohibit sexual activity between residents. Consequences could include being moved to maintain safety, loss of points or privileges, charges if appropriate (if prosecuted criminally).

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

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

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

### Evidence

TYSC PREA Policy 1.7.3  
Vulnerability assessment  
Resident intake file review

The residents of this facility receive medical and mental health treatment in the community. Records not available. Agency policy mirrors standard; there are no medical or mental health providers on staff, so residents referred out to community resources within timeframe required under standard (as part of intake process). Deputy Director of agency is QMHP to fill role should resident request her specifically. No current residents reported sexual victimization at intake.

### **Standard 115.382 Access to emergency medical and mental health services**

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

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

#### **Evidence**

TYSC PREA Policy 1.8.3  
QMHP Interview  
PREA Response Protocol  
Resident interviews

Facility will use Children's Hospital of Kings Daughters with state of the art CAC and treatment services for all emergency medical and mental health services. Agency policy mirrors standard. All treatment services provided in community. Deputy Director of agency is QMHP to fill role should resident request her specifically. No current residents reported sexual abuse.

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

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

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

#### **Evidence**

TYSC PREA Policy 1.8.5  
Staff interviews  
Resident interviews

Facility uses local hospital, Children's Hospital of Kings Daughters which has a complete child advocacy center for emergency services and follows treatment plan with community providers. This facility is male only. All treatment is provided by the community at no cost to resident. No current residents reported sexual abuse.

### Standard 115.386 Sexual abuse incident reviews

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

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

#### Evidence

TYSC PREA Policy 1.8.8  
Agency head interview

Facility has a review process in place for all incidents and currently uses the same process for PREA incidents. Agency head has recently been invited to join Tidewater Sexual Assault Review Team. Agency’s policy now mirrors standard and process of incident review will incorporate all required elements of the standard. There have been no sexual abuse incidents to date.

### Standard 115.387 Data collection

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

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

#### Evidence

TYSC PREA Policy 1.10.1  
Agency head interview

Facility does not have any incidents to report at this time; PREA policy mirrors the standard.

### Standard 115.388 Data review for corrective action

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

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

### Evidence

TYSC PREA Policy 1.10.1  
Agency head interview

Agency's first report is being compiled and will be on the website in July. There have been no past or current incidents to report; report will talk about prevention efforts, etc.

### Standard 115.389 Data storage, publication, and destruction

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

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

### Evidence

TYSC PREA Policy 1.10.3  
PREA Coordinator interview

Agency PREA Policy mirrors standard. This agency has had no incidents of sexual abuse.

**AUDITOR CERTIFICATION**

I certify that:

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



Auditor Signature

May 5, 2016

Date

**PREA AUDIT REPORT**    **INTERIM**    **FINAL**

**JUVENILE FACILITIES**

**Date of report:** May 5, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Vernon Harry; Susan Heck			
<b>Address:</b> PO Box 6032 Williamsburg, VA 23188			
<b>Email:</b> vernonharryandassociates@comcast.net			
<b>Telephone number:</b> 540-455-1095			
<b>Date of facility visit:</b> March 24-March 26, 2016; April 6, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Lynnhaven Boys Home			
<b>Facility physical address:</b> 2293 Lynnhaven Parkway, Virginia Beach, VA 23456			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 757-471-0140			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Ericka Palmer			
<b>Number of staff assigned to the facility in the last 12 months:</b> 14			
<b>Designed facility capacity:</b> 12			
<b>Current population of facility:</b> 11			
<b>Facility security levels/inmate custody levels:</b> Non-secure facility; group home			
<b>Age range of the population:</b> 13-17			
<b>Name of PREA Compliance Manager:</b> Ericka Palmer		<b>Title:</b> Program Director	
<b>Email address:</b> EPalmer@Tyscommission.org		<b>Telephone number:</b> 757-471-0140	
<b>Agency Information</b>			
<b>Name of agency:</b> Tidewater Youth Services Commission			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 2404 Airline Boulevard, Portsmouth, VA 23701			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 757-488-9161			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Shawn Sawyer		<b>Title:</b> Executive Director	
<b>Email address:</b> SSawyer@Tyscommission.org		<b>Telephone number:</b> 757-488-9161	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Shawn Sawyer		<b>Title:</b> Executive Director	
<b>Email address:</b> SSawyer@Tyscommission.org		<b>Telephone number:</b> 757-488-9161	

## **AUDIT FINDINGS**

### **NARRATIVE**

The Lynnhaven Boys Home received an on-site PREA audit beginning March 25, 2016. This facility is one of four group homes administered by the Tidewater Youth Services Commission and is located in Virginia Beach, VA. This audit began at the agency administration site with a meeting attended by the PREA Coordinator, Shawn Sawyer, and PREA auditors Vernon Harry and Susan Heck. (Mr. Sawyer was promoted to Executive Director of the agency just before the time of the audit; he continued in his role as PREA Coordinator for the agency for the duration of the audit and assumes Executive Director duties in May, 2016.) Employee background records are maintained at the administrative office and were reviewed. Administrators and human resources for the agency are located here and the specialized interviews for the PREA Coordinator, Agency Head and HR were conducted.

The facility audit began in the afternoon of March 25. A brief meeting was held with the facility Program Director, Ericka Palmer. This facility is a non-secure group home with a maximum capacity of 12 residents.

The home is a two story structure with a ground floor consisting of two large areas used for resident activities (one used as a group/activity room and another large room with a sitting area and television/game area), a laundry room, three areas used as staff offices (the smallest of these is also a file room with resident files and employee training records) and a staff bathroom. Upstairs there are five bedrooms; there is one single occupancy room, two bedrooms for two residents and two bedrooms for three residents. There are two full bathrooms. The dining room and kitchen are also located on the second floor. The facility has an outside recreation yard. All areas of the facility (inside and outside) are covered with a camera system. The monitor for the camera system is in one of the staff offices and on all the time. There were no cameras in the bathrooms and all residents use the bathrooms for both toileting and dressing. There are few blind spots in the facility, with an open floor plan and storage closets adequately locked and secured. The camera coverage is good; an additional camera was suggested for the smaller group room.

The telephone for the residents was centrally located and numbers for making reports were posted above the phone. The main bulletin board held information on local resources and the program director explained that the bulletin board is redone often to keep the information fresh for the residents. PREA posters were evident and in multiple places throughout the home. The notice of audit was also posted.

Most staff members perform multiple job functions including doing intake and vulnerability screenings. To ensure that all interview areas were covered adequately and in consideration of the auditor mandate to conduct at least ten interviews (the group home only has 14 staff) auditors began interviews by asking staff members if they were involved in intake or vulnerability assessments and added those questions to the random staff questions accordingly.

Ericka Palmer, Program Director was interviewed. All current residents were interviewed and all reported receiving vulnerability assessments and PREA education at intake. A review of resident files confirmed that residents are given vulnerability assessments on the day of intake and receive their PREA education on the same day. Residents knew how to report any victimization and articulated multiple ways to make a report. Staff members were able to describe the steps to take should they receive a report of sexual abuse or sexual harassment. Forensic examinations are conducted at Children's Hospital of the Kings Daughters which has a child advocacy center.

The agency has an excellent relationship with the Virginia Beach Police Department and they respond to the facility if they need their assistance.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Lynnhaven Boys Home is located in Virginia Beach, VA in a primarily residential area of the city beside a main thoroughfare. The facility is a non-secure group home administered by the Tidewater Youth Services Commission that houses males from 13-17; the population on the day of the audit was ten. The facility reports the average length of stay for residents is 66.3 days. All residents are in the custody of their parents or guardians. They attend school in the community. Treatment services are provided in the community and supported with facility groups. The facility does not use isolation in any form. Behavior management is a point based reward system.

There are five bedrooms in the home; one single occupancy, two two-resident rooms, two three-resident rooms. Residents shower one at a time and all changing is done in the two bathrooms located near the sleeping areas.

The Tidewater Youth Services Commission enjoys an excellent relationship with local law enforcement and its community.

## **SUMMARY OF AUDIT FINDINGS**

[Click here to enter text.](#)

Number of standards exceeded: 3

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

**Evidence**

TYSC Prison Rape Elimination Act Policy Manual, 1.4.1 Zero Tolerance Policy  
Job Descriptions  
Organizational Chart

The agency has a policy mandating zero tolerance of any form of sexual abuse or sexual harassment which includes definitions. The positions of PREA Coordinator and Compliance Managers are not on the organizational chart but are clearly articulated in the job descriptions for the Executive Director, Deputy Director (PREA Coordinator) and the Program Director (facility based PREA Compliance Manager).

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

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

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

NA

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

### Standard 115.313 Supervision and monitoring

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

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

#### Evidence

TYSC Prison Rape Elimination Act Policy Manual  
Staff Rosters/Personnel Records  
Staffing Plan Review Form  
Staff interviews  
Unannounced Rounds Log

The agency has chosen to move to the 1:8 staffing ratio ahead of the 2017 deadline and will often exceeds the 1:8 staffing standards. This agency has an excellent retention rate and has dedicated staff who often cover for each other. They have both solid permanent staff and a cadre of part-time staff to help fill in when necessary. The facility is properly performing and documenting its unannounced rounds.

PREA Policy describes staffing plan developed in accordance with standard. Reviewed Staffing Plan Review Form. Interview with agency head/PREA compliance manager indicates that this is a carefully developed plan that allows for multiple contingencies in its effort to stay compliant with staffing ratios. Program Directors make unannounced rounds and staff utilize video monitoring.

### Standard 115.315 Limits to cross-gender viewing and searches

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

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

In consultation with PRC's Auditor Helpline, this standard does not apply to this facility. This agency/facility does not do pat down searches at all, not of any type. If there is a concern about a resident having something that he should not have, the police are called and do a pat down search. All resident and staff interviews were consistent about this--they do NOT do pat down searches, cross-gender or otherwise.

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

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

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

#### **Evidence**

TYSC PREA Policy Manual 1.5.2  
Staff interviews  
Resident interviews

Training outline for residents provided in Spanish and English; posters in English and Spanish. Written on appropriate grade level. Residents and staff interviews confirm that residents are not used to translate for other residents. The YWCA would provide translation services if required. Spanish speaking staff available to ensure intake clarification for residents.

### **Standard 115.317 Hiring and promotion decisions**

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

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

#### **Evidence**

TYSC PREA Policy Manual, 1.15.0, Hiring Policy  
Review of personnel records/files  
Interviews with Agency Head and HR Director

Agency records indicate that initial background records checks were done before hire, along with CPS checks. Agency conducted new background checks of all employees who had been with the agency over five years starting in March, 2016. These were finished in April, 2016. Questions about previous misconduct in prison, jails, etc. were added to interviews starting in March, 2016. Questions also added to employee evaluation process. Backgrounds also done with volunteers.

### **Standard 115.318 Upgrades to facilities and technologies**

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

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

#### **Evidence**

TYSC PREA Policy 1.4.3  
Review of camera system

Facility has done a good job of maintaining its camera system and uses it as part of its supervision of residents. No cameras are in areas where residents may be bathing or toileting.

### **Standard 115.321 Evidence protocol and forensic medical examinations**

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

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

#### **Evidence**

TYSC PREA Policy 1.8.4  
Memorandum of Agreement-TYSC and YWCA of Hampton Roads.  
Reviewed Resume and background of Deputy Director Ginger Ploeger  
MOU between TYSC and Virginia Beach Police Department

Policies and procedures clearly identify the protocols to be followed when an abuse takes place. Resident victims are seen at the Children's Hospital of Kings Daughters (CHKD) which has specialized unit for youth victims. This hospital provides pediatric forensic nurse examiners 24/7 for the community and has a child advocacy center internal to the hospital.

Interview with Deputy Director Ginger Ploeger found her to be aware of and willing to fill the role of victim advocate should a resident request her services.

Investigations of sexual abuse referred to Virginia Beach Police Department. MOU Virginia Beach Police asserts (see Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting". This facility does not do criminal investigations and relies on the judgement and expertise of the Virginia Beach Police to conduct appropriate interviews.

### **Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

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

#### **Evidence**

TYSC PREA Policy 1.5.4; 1.8.6

Staff interviews

Agency Head interview

Agency has had no allegations of sexual abuse and no investigations. All interviews with staff reinforce the agency's intent to refer to appropriate law enforcement agency.

Its policy indicates that allegations will be referred to appropriate law enforcement agency for investigation. Agency has communicated clearly with its local police department in terms of its expectations that the investigation follows PREA standards.

### **Standard 115.331 Employee training**

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

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

#### **Evidence**

TYSC PREA Policy 1.5.1, #1

Review of training curriculum

Staff training files

Staff interviews

PREA Training Outline Signature Page for Staff (personnel records). Curriculum and training records of all staff were reviewed.

Training is documented in special "PREA Notebook" kept by the Program Director. Notebook was exceedingly thorough. Staff interviews confirm knowledge of standard.

### **Standard 115.332 Volunteer and contractor training**

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

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

#### **Evidence**

TYSC PREA Policy 1.5.1  
Review of training curriculum

PREA Training Outline Signature Page for Staff/Volunteers (personnel records). Curriculum and training records of volunteers were reviewed.  
Training is documented in special "PREA Notebook" kept by the Program Director.

### **Standard 115.333 Resident education**

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

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

#### **Evidence**

TYSC PREA Policy 1.5.2  
Review of TYSC Sexual Abuse, Assault, and Harassment Training for Residents  
Review of Resident handbook with PREA info and brochure  
Staff interviews  
Resident interviews

Staff at Lynnhaven Boys Home fill multiple roles. The majority of staff interviewed were asked the random staff, intake, and vulnerability screening questions. All indicated that residents receive PREA training on the day of their arrival. Resident interviews along with a review of documentation confirmed this information.

### **Standard 115.334 Specialized training: Investigations**

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

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

#### **Evidence**

TYSC PREA Policy 1.8.6

Staff interviews

Certificate of completion for NIC training to meet specialized training requirement.

Agency policy indicates that allegations of sexual abuse will be referred to appropriate law enforcement authority (Virginia Beach PD). Agency head, Deputy Agency head and Program Director received specialized training for investigators through PRC and NIC on-line course. Certificates on record. They handle sexual harassment investigations.

### **Standard 115.335 Specialized training: Medical and mental health care**

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

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

#### **Evidence**

TYSC PREA Policy 1.7.3

Reviewed resume and background of Deputy Director Ginger Ploeger

The agency/facility refers residents to community providers for all ongoing treatment services. Agency does not have QMHP on staff for this purpose at the facility; however, the new Deputy Director Ginger Ploeger has the KSAs to fill this role and has taken the specialized training through NIC/PRC website in the event a resident requests her. QMHP resume provided and reviewed. Facility practice is to transport to CHKD which has a child advocacy center with all necessary resources. Facility has no medical personnel on staff.

### **Standard 115.341 Screening for risk of victimization and abusiveness**

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

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

#### **Evidence**

TYSC PREA Policy 1.6.1  
TYSC Screening and Vulnerable Population Assessment form  
Resident interviews  
Staff interviews

TYSC PREA Screening and Vulnerable Population Assessment; PREA Policy 1.6.1, #2 a-k reviewed. Since staff at Lynnhaven wear many hats, auditors chose to use the "Staff Responsible for Risk Screening" questionnaire in addition to interview questions in "Random Staff" questionnaire for any staff who did intake with residents. All staff who conduct intakes were very familiar with the screening tool and stated that they used it at intake. Resident interviews confirmed this. All resident files checked showed that the screening was done the day of intake. The average length of stay at this facility is short, so additional periodic screenings don't often come into play.

Staff interviewed indicated that information came from multiple sources including parents, community providers, court documents, school, etc.

### **Standard 115.342 Use of screening information**

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

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

#### **Evidence**

TYSC PREA Policy 1.6.1  
Staff interviews  
Resident interviews

This facility is a non-secure group home and has clear policies prohibiting the use of isolation in any way, for any reason. Auditor reviewed Lynnhaven Boys Home Policy on Management of Resident Behavior provides guidance on management of resident behavior and states, "At no time will a resident be locked in their rooms." All staff and resident interviews confirmed that the facility does not use isolation.

All residents are allowed to shower separately.

This agency does extensive review and assessment of all residents prior to acceptance. If a resident's needs cannot be met, another placement is found.

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

### **Standard 115.351 Resident reporting**

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

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

### **Evidence**

TYSC PREA Policy 1.7.1  
Resident Training Handout  
Facility tour/bulletin board information  
Resident Training outline  
Posters  
Reporting Sexual Abuse brochure  
Resident interviews  
Staff interviews

Facility has done a good job letting residents and staff know how to report, who they may report to, that others may report for them and that reports may be made privately. Posters were evident throughout the facility and all residents knew where they were. Residents knew they could report outside the facility. In addition, the program director ensures that the main bulletin board is refreshed with new information and a new "look" often so residents notice it.

### **Standard 115.352 Exhaustion of administrative remedies**

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

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

### **Evidence**

TYSC PREA Policy 1.7.1, #1 (a)

Agency allows residents to report through grievance process but such a grievance immediately moves outside the grievance procedure and is referred to the agency director for referral for investigation. Residents are instructed what to do with an emergency "grievance".

### **Standard 115.353 Resident access to outside confidential support services**

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

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

### **Evidence**

TYSC PREA Policy 1.8 #4

Staff interviews

Resident interviews

Agency head interview

Information is posted for residents. Residents seemed to understand that they could access outside support services; all confirmed that they were allowed to visit with their attorneys. Interviews with Program Director; PREA Compliance Manager (Agency Head) indicated that most residents were receiving outside support services as part of their overall treatment plans (including mental health treatment for sexual abuse victimization and other mental health issues).

### **Standard 115.354 Third-party reporting**

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

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

#### **Evidence**

TYSC PREA Policy 1.7.4

Website

Posters are in all areas of the facility which might be viewed by parents/guardians, etc. Information on how to report is on the website and on bulletin boards at the facility. Reporters are directed to CPS.

### **Standard 115.361 Staff and agency reporting duties**

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

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

#### **Evidence**

TYSC PREA Policy 1.8.1; 1.7.2

Staff interviews

Interview with Compliance Managers/Program Director

Sexual abuse response protocol

Agency refers all sexual abuse allegations to local law enforcement. All staff interviewed understood that allegations were taken seriously and kept confidential. Interviews with PREA Compliance Manager/Program Director indicated clear understanding.

### **Standard 115.362 Agency protection duties**

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

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

### **Evidence**

TYSC PREA Policy 1.8, #2

Staff interviews

All staff and Program Director indicated that all reports of risk would be treated seriously and acted on appropriately--room/facility change/staff movement--whatever kept resident safe. All staff interviewed stated that it would be acted on immediately. Policy states "immediate action to protect residents who report sexual abuse or who are deemed to be at substantial risk of imminent sexual abuse."

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

### **Standard 115.363 Reporting to other confinement facilities**

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

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

### **Evidence**

TYSC PREA Policy 1.7.5

Staff interviews

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

### **Standard 115.364 Staff first responder duties**

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

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

### **Evidence**

TYSC PREA Policy 1.8.2  
Sexual Abuse Immediate Response Protocol  
Posted protocols  
Staff interviews

The staff at LBH wear many hats. Staff were asked first responder questions in addition to random staff questions and were able to articulate their responsibilities and knew where the protocol was posted. There have been no instances of sexual abuse at the facility.

### **Standard 115.365 Coordinated response**

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

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

### **Evidence**

TYSC PREA Policy 1.8.2  
Staff interviews  
PREA protocols posted in staff offices

The staff at Lynnhaven wear many hats. Staff were asked first responder questions in addition to random staff questions and were aware of their responsibilities and where the protocol was posted.

Lynnhaven's plan clearly indicated "Lynnhaven" on the plan.

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

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

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

This standard is non-applicable.

**Standard 115.367 Agency protection against retaliation**

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

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

**Evidence**

TYSC PREA Policy 1.7.6  
TYSC PREA Policy 1.7.6, #3-Program Director monitors for retaliation against residents  
TYSC PREA Policy 1.7.6, #4-HR monitors for retaliation against staff  
Interview with HR and Program Director  
Job description reviewed/Program Director

Facility Program Director will monitor for retaliation against residents and Deputy Director for agency will monitor for retaliation against staff member. Job description of Program Director clearly lists this duty as a job function. There were no allegations of sexual abuse over the past 12 months.

### **Standard 115.368 Post-allegation protective custody**

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

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

This standard is NA. This facility does not use isolation for any reason.

### **Standard 115.371 Criminal and administrative agency investigations**

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

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

### **Evidence**

TYSC PREA Policy 1.8.6

Staff interviews

This facility refers all allegations to Virginia Beach Police Department. The MOU between the agency and the Virginia Beach Police asserts (Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting". The agency policy indicates that investigations are not terminated based on the victim recanting the allegation. The Agency head, Deputy Agency head and Program Director have completed PREA investigator training.

### **Standard 115.372 Evidentiary standard for administrative investigations**

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

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

### **Evidence**

TYSC PREA Policy 1.8.6, #3

Agency head interview

MOU between TYSC and Virginia Beach Police Department

This facility refers all allegations to Virginia Beach Police Department. The MOU between the agency and the Virginia Beach Police asserts (Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting".

Agency policy imposes no standard higher than preponderance in determining substantiated allegations of sexual harassment.

### **Standard 115.373 Reporting to residents**

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

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

### **Evidence**

TYSC PREA Policy 1.8.7

Agency head interview

This facility refers all allegations to Virginia Beach Police Department. The MOU between the agency and the Virginia Beach Police asserts (Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting".

Agency policy indicates that outside investigating authority will be requested to provide information so that the resident will be informed.

### **Standard 115.376 Disciplinary sanctions for staff**

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

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

#### **Evidence**

TYSC PREA Policy 1.9.1  
Agency Head interview

This agency has resources to place staff on paid leave pending outcome of investigation. Policy clearly defines possible sanctions for staff who violate agency sexual abuse or sexual harassment policy.

### **Standard 115.377 Corrective action for contractors and volunteers**

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

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

#### **Evidence**

TYSC PREA Policy 1.9.2  
Volunteer interview

Agency policy clearly articulates corrective action for contractors (not used in this agency) or volunteers who violate agency policy against sexual abuse or sexual harassment. No volunteers were reported to have violated agency policy.

### **Standard 115.378 Disciplinary sanctions for residents**

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

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

#### **Evidence**

TYSC PREA Policy 1.9.3  
Program director interview  
Resident manual

Facility does not use isolation for disciplinary sanction. Agency policy prohibits sexual activity between residents. Consequences could include being moved to maintain safety, loss of points or privileges. If the case is referred for prosecution because the activity is coerced, criminal charges could result.

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

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

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

#### **Evidence**

TYSC PREA Policy 1.7.3  
Vulnerability assessment  
Resident intake file review

The residents of this facility receive medical and mental health treatment in the community. Records not available. Agency policy mirrors standard; there are no medical or mental health providers on staff, so residents referred out to community resources within timeframe required under standard (as part of intake process). Deputy Director of agency is QMHP to fill role should resident request her specifically. No current residents reported sexual victimization at intake.

**Standard 115.382 Access to emergency medical and mental health services**

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

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

**Evidence**

TYSC PREA Policy 1.8.3  
QMHP Interview  
PREA Response Protocol  
Resident interviews

Facility will use Children's Hospital of Kings Daughters with state of the art CAC and treatment services for all emergency medical and mental health services. Agency policy mirrors standard. All treatment services provided in community. Deputy Director of agency is QMHP to fill role should resident request her specifically. No current residents reported sexual abuse.

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

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

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

**Evidence**

TYSC PREA Policy 1.8.5  
Staff interviews  
Resident interviews

Facility uses local hospital, Children's Hospital of Kings Daughters which has a complete child advocacy center for emergency services; facility then follows treatment plan with community providers. This facility is male only. All treatment is provided by the community at no cost to resident. No current residents reported sexual abuse.

### **Standard 115.386 Sexual abuse incident reviews**

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

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

#### **Evidence**

TYSC PREA Policy 1.8.8  
Agency head interview

Facility has a review process in place for all incidents and currently uses the same process for PREA incidents. Agency head has recently been invited to join Tidewater Sexual Assault Review Team. Agency's policy now mirrors standard and process of incident review will incorporate all required elements of the standard. There have been no sexual abuse incidents to date.

### **Standard 115.387 Data collection**

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

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

#### **Evidence**

TYSC PREA Policy 1.10.1  
Agency head interview

Facility does not have any incidents to report at this time; PREA policy mirrors the standard.

### **Standard 115.388 Data review for corrective action**

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

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

### **Evidence**

TYSC PREA Policy 1.10.1  
Agency head interview

Agency's first report is being compiled and will be on the website in July. There have been no past or current incidents to report; report will talk about prevention efforts, etc.

### **Standard 115.389 Data storage, publication, and destruction**

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

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

### **Evidence**

TYSC PREA Policy 1.10.3  
PREA Coordinator interview

Agency PREA Policy mirrors standard. This agency has had no incidents of sexual abuse.

**AUDITORS CERTIFICATION**

I certify that:

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



Auditor Signature

May 5, 2016

Date

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** May 5, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Vernon Harry; Susan Heck			
<b>Address:</b> PO Box 6032 Williamsburg, VA 23188			
<b>Email:</b> vernonharryandassociates@comcast.net			
<b>Telephone number:</b> 540-455-1095			
<b>Date of facility visit:</b> March 24-March 26, 2016; April 6, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Crisis Intervention Home			
<b>Facility physical address:</b> 811 13 <sup>th</sup> Street, Virginia Beach, VA 23451			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 757-422-4521			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Thomasine Norfleet			
<b>Number of staff assigned to the facility in the last 12 months:</b> 12			
<b>Designed facility capacity:</b> 12			
<b>Current population of facility:</b> 7			
<b>Facility security levels/inmate custody levels:</b> Non-secure facility; group home			
<b>Age range of the population:</b> 13-17			
<b>Name of PREA Compliance Manager:</b> Thomasine Norfleet		<b>Title:</b> Program Director	
<b>Email address:</b> TNORFLEET@Tyscommission.org		<b>Telephone number:</b> 757-422-4521	
<b>Agency Information</b>			
<b>Name of agency:</b> Tidewater Youth Services Commission			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 2404 Airline Boulevard, Portsmouth, VA 23701			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 757-488-9161			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Shawn Sawyer		<b>Title:</b> Executive Director	
<b>Email address:</b> SSawyer@Tyscommission.org		<b>Telephone number:</b> 757-488-9161	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Shawn Sawyer		<b>Title:</b> Executive Director	
<b>Email address:</b> SSawyer@Tyscommission.org		<b>Telephone number:</b> 757-488-9161	

## AUDIT FINDINGS

### NARRATIVE

The Crisis Intervention Home received an on-site PREA audit beginning March 25, 2016. This facility is one of four group homes administered by the Tidewater Youth Services Commission and is located in Virginia Beach, VA. This audit began at the agency administration site with a meeting attended by the PREA Coordinator, Shawn Sawyer, and PREA auditors Vernon Harry and Susan Heck. (Mr. Sawyer was promoted to Executive Director of the agency just before the time of the audit; he continued in his role as PREA Coordinator for the agency for the duration of the audit and assumes Executive Director duties in May, 2016.) Employee background records are maintained at the administrative office and were reviewed. Administrators and human resources for the agency are located here and the specialized interviews for the PREA Coordinator, Agency Head and HR were conducted.

The facility audit began in the afternoon of March 25. A brief meeting was held with the facility Program Director, Thomasine Norfleet. This facility is a non-secure group home with a maximum capacity of 12 residents. The Crisis Intervention Home (CIH) offers an alternative to secure detention and serves as an emergency shelter for youth aged 13-17. The program works to stabilize youth and their families and helps them to clarify and resolve crisis situations. As an intensive, short-term crisis intervention program, CIH works to provide a safe, nurturing, supportive living environment until the youth returns home or a more permanent placement can be found. The length of stay at the Crisis Intervention Home can range from one night to several months, based on the individual situation.

The Crisis Intervention Home has several objectives:

- Stabilize the child's behavior through a structured daily program;
- Establish short-term behavioral plans with each child;
- Coordinate the child's educational plan with his/her home school;
- Promote development of interpersonal and decision making skills;
- Teach and foster the development of appropriate social skills;
- Provide structured pro-social activities;
- Uphold accountability for behavior through the use of positive reinforcement and natural and logical consequences;
- Provide basic counseling and case management activities;
- Target specific behavioral goals

The home is a one story structure with a ground floor consisting of one large areas used for resident activities, resident bedrooms and 4 resident bathrooms, a fax room, laundry room, utility room, classroom, conference room, 2 staff bathrooms, staff offices, kitchen and pantry area. All areas of the facility (inside and outside) are covered with a camera system. The monitor for the camera system is in one of the staff offices and on all the time. There were no cameras in the bathrooms and all residents use the bathrooms for both toileting and bathing.

The telephone for the residents was centrally located and numbers for making reports were posted above the phone This particular phone was being repaired at the time of the audit and in the interim time period residents were using a phone located at the staff desk in the main open room. The phone was later repaired. PREA posters were evident and in multiple places throughout the home. The notice of audit was also posted.

Most staff members perform multiple job functions including doing intake and vulnerability screenings. To ensure that all interview areas were covered adequately and in consideration of the auditor mandate to conduct at least ten interviews (the group home only has 12 staff) auditors began interviews by asking staff members if they were involved in intake or vulnerability assessments and added those questions to the random staff questions accordingly.

Thomasine Norfleet, Program Director was interviewed. All current residents were interviewed and all reported receiving vulnerability assessments and PREA education at intake. A review of resident files confirmed that residents are given vulnerability assessments on the day of intake and receive their PREA education on the same day. Residents knew how to report any victimization and articulated multiple ways to make a report. Staff members were able to describe the steps to take should they receive a report of sexual abuse or sexual harassment. Forensic examinations are conducted at Children's Hospital of the Kings Daughters which has a child advocacy center.

The agency has an excellent relationship with the Virginia Beach Police Department and they respond to the facility for any need.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Crisis Intervention is located in Virginia Beach, VA in a primarily residential area of the city. The facility is a non-secure group home administered by the Tidewater Youth Services Commission that houses males and females from 13-17; the population on the day of the audit was 7. The facility reports the average length of stay for residents is 20.4 days. All residents are in the custody of their parents or guardians. They attend school in the community. Treatment services are provided in the community and supported with facility groups. The facility does not use isolation in any form. Behavior management is a point based reward system.

The Tidewater Youth Services Commission enjoys an excellent relationship with local law enforcement and its community.

## **SUMMARY OF AUDIT FINDINGS**

[Click here to enter text.](#)

Number of standards exceeded: 1

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

**Evidence**

TYSC Prison Rape Elimination Act Policy Manual, 1.4.1 Zero Tolerance Policy  
Job Descriptions  
Organizational Chart

The agency has a policy mandating zero tolerance of any form of sexual abuse or sexual harassment which includes definitions. The positions of PREA Coordinator and Compliance Managers are not on the organizational chart but are clearly articulated in the job descriptions for the Executive Director, Deputy Director (PREA Coordinator) and the Program Director (facility based PREA Compliance Manager).

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

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

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

NA

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

### Standard 115.313 Supervision and monitoring

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

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

#### Evidence

TYSC Prison Rape Elimination Act Policy Manual  
Staff Rosters/Personnel Records  
Staffing Plan Review Form  
Staff interviews  
Unannounced Rounds Log

The agency has chosen to move to the 1:8 staffing ratio ahead of the 2017 deadline. This agency has an excellent retention rate and has dedicated staff who often cover for each other. They have both solid permanent staff and a cadre of part-time staff to help fill in when necessary. The facility is properly performing and documenting its unannounced rounds.

PREA Policy describes staffing plan developed in accordance with standard. Reviewed Staffing Plan Review Form. Interview with agency head/PREA compliance manager indicates that this is a carefully developed plan that allows for multiple contingencies in its effort to stay compliant with staffing ratios. Program Directors make unannounced rounds and staff utilize video monitoring.

### Standard 115.315 Limits to cross-gender viewing and searches

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

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

In consultation with PRC's Auditor Helpline, this standard does not apply to this facility. This agency/facility does not do pat down searches at all, not of any type. If there is a concern about a resident having contraband or something that they shouldn't have, the police are called and do a pat down search. All resident and staff interviews were consistent about this---they do NOT do pat down searches, cross-gender or otherwise.

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

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

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

#### **Evidence**

TYSC PREA Policy Manual 1.5.2

Staff interviews

Resident interviews

Training outline for residents provided in Spanish and English; posters in English and Spanish. Written on appropriate grade level. Residents and staff interviews confirm that residents are not used to translate for other residents. The YWCA would provide translation services if required. Spanish speaking staff available to ensure intake clarification for residents.

### **Standard 115.317 Hiring and promotion decisions**

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

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

#### **Evidence**

TYSC PREA Policy Manual, 1.15.0, Hiring Policy

Review of personnel records/files

Interviews with Agency Head and HR Director

Agency records indicate that initial records checks were done before hire, along with CPS checks. Agency conducted re-background checks of all employees who had been with the agency over five years starting in March, 2016. These were finished in April, 2016. Questions about previous misconduct in prison, jails, etc. were added to interviews starting in March, 2016. Questions also added to employee evaluation process. Backgrounds also done with volunteers.

### Standard 115.318 Upgrades to facilities and technologies

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

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

#### Evidence

TYSC PREA Policy 1.4.3  
Review of camera system

Facility has done a good job of maintaining its camera system and uses it as part of its supervision of residents. No cameras are in areas where residents may be bathing or toileting. One camera was added to improve camera coverage at the recommendation of the auditors.

### Standard 115.321 Evidence protocol and forensic medical examinations

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

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

#### Evidence

TYSC PREA Policy 1.8.4  
Memorandum of Agreement-TYSC and YWCA of Hampton Roads.  
Reviewed Resume and background of Deputy Director Ginger Ploeger  
MOU between TYSC and Virginia Beach Police Department

Policies and procedures clearly identify the protocols to be followed when an abuse takes place. Resident victims are seen at the Children's Hospital of Kings Daughters (CHKD) which has specialized unit for youth victims. This hospital provides pediatric forensic nurse examiners 24/7 for the community and has a child advocacy center internal to the hospital.

Interview with Deputy Director Ginger Ploeger found her to be aware of and willing to fill the role of victim advocate should a resident request her services.

Investigations of sexual abuse referred to Virginia Beach Police Department. MOU Virginia Beach Police asserts (see Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting". This facility does not do criminal investigations and relies on the judgement and expertise of the Virginia Beach Police to conduct appropriate interviews.

### Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

#### Evidence

TYSC PREA Policy 1.5.4; 1.8.6

Staff interviews

Agency Head interview

Agency has had no allegations of sexual abuse. There were and no investigations; no opportunity to compare policy with practice. All interviews with staff reinforce the agency's intent to refer to appropriate law enforcement agency. Its policy indicates that allegations will be referred to appropriate law enforcement agency for investigation. Agency has communicated clearly with its local police department in terms of its expectations that the investigation follows PREA standards.

### Standard 115.331 Employee training

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

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

#### Evidence

TYSC PREA Policy 1.5.1, #1

Review of training curriculum

Staff training files

Staff interviews

PREA Training Outline Signature Page for Staff (personnel records). Curriculum and training records of all staff were reviewed. No compliance issues were noted.

### Standard 115.332 Volunteer and contractor training

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

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

#### Evidence

TYSC PREA Policy 1.5.1

Review of training curriculum

PREA Training Outline Signature Page for Staff/Volunteers (personnel records). Curriculum and training records of volunteers were reviewed.

### Standard 115.333 Resident education

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

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

#### Evidence

TYSC PREA Policy 1.5.2

Review of TYSC Sexual Abuse, Assault, and Harassment Training for Residents

Review of Resident handbook with PREA info and brochure

Staff interviews

Resident interviews

Staff at Crisis Intervention Home fill multiple roles. The majority of staff interviewed were asked the random staff, intake, and vulnerability screening questions. All indicated that residents receive PREA training on the day of their arrival. Resident interviews along with a review of documentation confirmed this information.

### Standard 115.334 Specialized training: Investigations

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

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

#### Evidence

TYSC PREA Policy 1.8.6

Staff interviews

Certificate of completion for NIC training to meet specialized training requirement.

Agency policy indicates that allegations of sexual abuse will be referred to appropriate law enforcement authority (Virginia Beach PD). Agency head, Deputy Agency head, Program Director and Assistant Program Director received specialized training for investigators through PRC and NIC on-line course. Certificates on record. They handle sexual harassment investigations.

### Standard 115.335 Specialized training: Medical and mental health care

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

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

#### Evidence

TYSC PREA Policy 1.7.3

Reviewed resume and background of Deputy Director Ginger Ploeger

The agency/facility refers residents to community providers for all ongoing treatment services. Agency does not have QMHP on staff for this purpose at the facility; however, the new Deputy Director Ginger Ploeger has the KSAs to fill this role and has taken the specialized training through NIC/PRC website in the event a resident requests her. QMHP resume provided and reviewed. Facility practice is to transport to CHKD which has a child advocacy center with all necessary resources. Facility has no medical personnel on staff.

### Standard 115.341 Screening for risk of victimization and abusiveness

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

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

TYSC PREA Policy 1.6.1  
TYSC Screening and Vulnerable Population Assessment form  
Resident interviews  
Staff interviews

TYSC PREA Screening and Vulnerable Population Assessment; PREA Policy 1.6.1,#2 a-k reviewed. Since staff at Crisis Intervention Home wear many hats, auditors chose to use the "Staff Responsible for Risk Screening" questionnaire in addition to interview questions in "Random Staff" questionnaire for any staff who did intake with residents. All staff who conduct intakes were very familiar with the screening tool and stated that they used it at intake. Resident interviews confirmed this. All resident files checked showed that the screening was done the day of intake. The average length of stay at this facility is short, so additional periodic screenings don't often come into play.

Staff interviewed indicated that information came from multiple sources including parents, community providers, court documents, school, etc.

### Standard 115.342 Use of screening information

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

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

### Evidence

TYSC PREA Policy 1.6.1  
Staff interviews  
Resident interviews

This facility is a non-secure group home and has clear policies prohibiting the use of isolation in any way, for any reason. Auditor reviewed Crisis Intervention Home Policy on Management of Resident Behavior provides guidance on management of resident behavior and states, "At no time will a resident be locked in their rooms." All staff and resident interviews confirmed that the facility does not use isolation.

All residents are allowed to shower separately.

This agency does extensive review and assessment of all residents prior to acceptance. If a resident's needs cannot be met, another placement is found.

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

### **Standard 115.351 Resident reporting**

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

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

TYSC PREA Policy 1.7.1  
Resident Training Handout  
Facility tour/bulletin board information  
Resident Training outline  
Posters  
Reporting Sexual Abuse brochure  
Resident interviews  
Staff interviews

Facility has done a good job letting residents and staff know how to report, who they may report to, that others may report for them and that reports may be made privately. Posters were evident throughout the facility and residents knew where they were. Residents knew they could report outside the facility.

### Standard 115.352 Exhaustion of administrative remedies

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

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

### Evidence

TYSC PREA Policy 1.7.1, #1 (a)

Agency allows residents to report through grievance process but such a grievance immediately moves outside the grievance procedure and is referred to the agency director for referral for investigation. Residents are instructed what to do with an emergency "grievance".

### Standard 115.353 Resident access to outside confidential support services

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

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

### Evidence

TYSC PREA Policy 1.8 #4

Staff interviews

Resident interviews

Agency head interview

Information is posted for residents. Residents seemed to understand that they could access outside support services; all confirmed that they were allowed to visit with their attorneys. Interviews with Program Director; PREA Compliance Manager (Agency Head) indicated that most residents were receiving outside support services as part of their overall treatment plans (including mental health treatment for sexual abuse victimization and other mental health issues).

### Standard 115.354 Third-party reporting

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

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

#### Evidence

TYSC PREA Policy 1.7.4  
Website

Posters are in all areas of the facility which might be viewed by parents/guardians, etc. Information on how to report is on the website and on bulletin boards at the facility. Reporters are directed to CPS.

### Standard 115.361 Staff and agency reporting duties

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

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

#### Evidence

TYSC PREA Policy 1.8.1; 1.7.2  
Staff interviews  
Interview with Compliance Managers/Program Director  
Sexual abuse response protocol

Agency refers all sexual abuse allegations to local law enforcement. All staff interviewed understood that allegations were taken seriously and kept confidential. Interviews with PREA Compliance Manager/Program Director indicated clear understanding.

### Standard 115.362 Agency protection duties

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

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

#### Evidence

TYSC PREA Policy 1.8, #2  
Staff interviews

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

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

### Standard 115.363 Reporting to other confinement facilities

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

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

#### Evidence

TYSC PREA Policy 1.7.5  
Staff interviews

Interviews with the agency head indicated that they have not experienced this situation. Policy provides clear instruction in terms of how reports should be made and to whom and what to do should the report come to Crisis Intervention Home from another facility. Policy also states that reports will be made to appropriate authorities in the locality where the other facility is located, included CPS.

### Standard 115.364 Staff first responder duties

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

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

#### Evidence

TYSC PREA Policy 1.8.2  
Sexual Abuse Immediate Response Protocol  
Posted protocols  
Staff interviews

The staff at Crisis Intervention Home wear many hats. Staff were asked first responder questions in addition to random staff questions and were able to articulate their responsibilities and knew where the protocol was posted. There have been no instances of sexual abuse at the facility.

### Standard 115.365 Coordinated response

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

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

#### Evidence

TYSC PREA Policy 1.8.2  
Staff interviews  
PREA protocols posted in staff offices

The staff at Crisis Intervention Home wear many hats. Staff were asked first responder questions in addition to random staff questions and were aware of their responsibilities and where the protocol was posted.

Crisis Intervention Home plan clearly indicated " Crisis Intervention " on the plan.

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

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

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

This standard is non-applicable.

### Standard 115.367 Agency protection against retaliation

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

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

#### Evidence

TYSC PREA Policy 1.7.6

TYSC PREA Policy 1.7.6, #3-Program Director monitors for retaliation against residents

TYSC PREA Policy 1.7.6, #4-HR monitors for retaliation against staff

Interview with HR and Program Director

Job description reviewed/Program Director

Facility Program Director will monitor for retaliation against residents and Deputy Director for agency will monitor for retaliation against staff member. Job description of Program Director clearly lists this duty as a job function. There were no allegations of sexual abuse over the past 12 months.

### **Standard 115.368 Post-allegation protective custody**

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

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

This standard is NA. This facility does not use isolation for any reason.

### **Standard 115.371 Criminal and administrative agency investigations**

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

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

### **Evidence**

TYSC PREA Policy 1.8.6

Staff interviews

This facility refers all allegations to Virginia Beach Police Department. The MOU between the agency and the Virginia Beach Police asserts (Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting". The agency policy indicates that investigations are not terminated based on the victim recanting the allegation. The Agency head, Deputy Agency head and Program Director have completed PREA investigator training.

### Standard 115.372 Evidentiary standard for administrative investigations

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

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

#### Evidence

TYSC PREA Policy 1.8.6, #3

Agency head interview

MOU between TYSC and Virginia Beach Police Department

This facility refers all allegations to Virginia Beach Police Department. The MOU between the agency and the Virginia Beach Police asserts (Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting".

Agency policy imposes no standard higher than preponderance determining substantiated allegations of sexual harassment.

### Standard 115.373 Reporting to residents

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

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

#### Evidence

TYSC PREA Policy 1.8.7

Agency head interview

This facility refers all allegations to Virginia Beach Police Department. The MOU between the agency and the Virginia Beach Police asserts (Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting".

Agency policy indicates that outside investigating authority will be requested to provide information so that the resident will be informed.

### **Standard 115.376 Disciplinary sanctions for staff**

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

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

#### **Evidence**

TYSC PREA Policy 1.9.1  
Agency Head interview

This agency has resources to place staff on paid leave pending outcome of investigation. Policy clearly defines possible sanctions for staff who violate agency sexual abuse or sexual harassment policy.

### **Standard 115.377 Corrective action for contractors and volunteers**

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

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

#### **Evidence**

TYSC PREA Policy 1.9.2  
Volunteer interview

Agency policy clearly articulates corrective action for contractors (not used in this agency) or volunteers who violate agency policy against sexual abuse or sexual harassment. No volunteers were reported to have violated agency policy.

### Standard 115.378 Disciplinary sanctions for residents

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

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

#### Evidence

TYSC PREA Policy 1.9.3  
Program director interview  
Resident manual

Facility does not use isolation for disciplinary sanction. Agency policy prohibits sexual activity between residents. Consequences could include being moved to maintain safety, loss of points or privileges. If the case is referred for prosecution because the activity is coerced, criminal charges could result.

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

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

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

#### Evidence

TYSC PREA Policy 1.7.3  
Vulnerability assessment  
Resident intake file review

The residents of this facility receive medical and mental health treatment in the community. Records not available. Agency policy mirrors standard; there are no medical or mental health providers on staff, so residents referred out to community resources within timeframe required under standard (as part of intake process). Deputy Director of agency is QMHP to fill role should resident request her specifically. No current residents reported sexual victimization at intake.

### **Standard 115.382 Access to emergency medical and mental health services**

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

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

#### **Evidence**

TYSC PREA Policy 1.8.3  
QMHP Interview  
PREA Response Protocol  
Resident interviews

Facility will use Children's Hospital of Kings Daughters with state of the art CAC and treatment services for all emergency medical and mental health services. Agency policy mirrors standard. All treatment services provided in community. Deputy Director of agency is QMHP to fill role should resident request her specifically. No current residents reported sexual abuse.

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

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

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

#### **Evidence**

TYSC PREA Policy 1.8.5  
Staff interviews  
Resident interviews

Facility uses local hospital, Children's Hospital of Kings Daughters which has a complete child advocacy center for emergency services; facility then follows treatment plan with community providers. All treatment is provided by the community at no cost to resident. No current residents reported sexual abuse.

### Standard 115.386 Sexual abuse incident reviews

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

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

#### Evidence

TYSC PREA Policy 1.8.8  
Agency head interview

Facility has a review process in place for all incidents and currently uses the same process for PREA incidents. Agency head has recently been invited to join Tidewater Sexual Assault Review Team. Agency’s policy now mirrors standard and process of incident review will incorporate all required elements of the standard. There have been no sexual abuse incidents to date.

### Standard 115.387 Data collection

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

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

#### Evidence

TYSC PREA Policy 1.10.1  
Agency head interview

Facility does not have any incidents to report at this time; PREA policy mirrors the standard.

**Standard 115.388 Data review for corrective action**

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

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

**Evidence**

TYSC PREA Policy 1.10.1  
Agency head interview

Agency's first report is being compiled and will be on the website in July. There have been no past or current incidents to report; report will talk about prevention efforts, etc.

**Standard 115.389 Data storage, publication, and destruction**

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

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

**Evidence**

TYSC PREA Policy 1.10.3  
PREA Coordinator interview

Agency PREA Policy mirrors standard. This agency has had no incidents of sexual abuse.

**AUDITOR CERTIFICATION**

I certify that:

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

 

Auditor Signature

May 5, 2016

Date

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** May 5, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Vernon Harry; Susan Heck			
<b>Address:</b> PO Box 6032 Williamsburg, VA 23188			
<b>Email:</b> vernonharryandassociates@comcast.net			
<b>Telephone number:</b> 540-455-1095			
<b>Date of facility visit:</b> March 24-March 26, 2016; April 6, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Apartment Living			
<b>Facility physical address:</b> 714 20 <sup>th</sup> Street, Apt #101 Virginia Beach, VA 23451			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 757-965-4551			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other group home
<b>Name of facility's Chief Executive Officer:</b> William Wimbish			
<b>Number of staff assigned to the facility in the last 12 months:</b> 12			
<b>Designed facility capacity:</b> 8			
<b>Current population of facility:</b> 2			
<b>Facility security levels/inmate custody levels:</b> Non-secure facility; group home			
<b>Age range of the population:</b> 17.5 -20			
<b>Name of PREA Compliance Manager:</b> Click here to enter text. William Wimbish		<b>Title:</b> Program Director	
<b>Email address:</b> WWimbish @Tyscommission.org		<b>Telephone number:</b> 757-965-4551	
<b>Agency Information</b>			
<b>Name of agency:</b> Tidewater Youth Services Commission			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 2404 Airline Boulevard, Portsmouth, VA 23701			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 757-488-9161			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Shawn Sawyer		<b>Title:</b> Executive Director	
<b>Email address:</b> SSawyer@Tyscommission.org		<b>Telephone number:</b> 757-488-9161	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Shawn Sawyer		<b>Title:</b> Executive Director	
<b>Email address:</b> SSawyer@Tyscommission.org		<b>Telephone number:</b> 757-488-9161	

## AUDIT FINDINGS

### NARRATIVE

The Apartment Living Home received an on-site PREA audit beginning March 26, 2016. This facility is one of four group homes administered by the Tidewater Youth Services Commission and is located in Virginia Beach, VA. This audit began at the agency administration site with a meeting attended by the PREA Coordinator, Shawn Sawyer, and PREA auditors Vernon Harry and Susan Heck. (Mr. Sawyer was promoted to Executive Director of the agency just before the time of the audit; he continued in his role as PREA Coordinator for the agency for the duration of the audit and assumes Executive Director duties in May, 2016.) Employee background records are maintained at the administrative office and were reviewed. Administrators and human resources for the agency are located here and the specialized interviews for the PREA Coordinator, Agency Head and HR were conducted.

The facility audit began on March 26, 2016. A brief meeting was held with the facility Program Director, William Wimbish. Mr. Wimbish had just been appointed Program Director and took over duties from Joe Lloyd who was acting Program Director. This facility is a non-secure group home with a maximum capacity of 8 residents.

The Apartment Living Program works with males (17.5 to 20 years of age) that have been involved with the Juvenile Justice System who are returning back into the local community. The majority of our residents will be returning to the community with minimal family support or resources. Our clients are in need of independent living skills and some of the program services offered to them are as follows: Individualized serviced plans, individualized counseling, Independent Living Workshop Groups, Education Placement Support, Vocational/Employment Placements support, Money Management, etc. Clients are expected to complete an independent living workshop curriculum which covers the listed topics as well as an array of other topics.

The program consists of five (two bed-room) apartments, one of which is utilized as a staff office which provides 24-hour on-site supervision. The other four apartments house two clients each for a total population of 8. The apartments are located next to the Virginia Beach Convention Center with easy access to public transportation, employment opportunities, and local schools. Our clients are expected to attend school if they do not already have a high school diploma or GED. Our clients are also expected to obtain and sustain employment with the goal of saving money so they can move out on their own.

The ultimate goal of our program is to provide the support necessary for our young adults to be able to live independently as law abiding citizen upon completion of our program.

At the time of the audit there were no cameras located in the staff offices however cameras were installed during the 30-day period as a recommendation following the audit field work. There were cameras to provide coverage of exterior areas of the apartment buildings and interior hallways leading to apartments. The cameras do not provide coverage in the bathroom areas or where residents do bathing. The telephone for the residents is located in their apartments and numbers for making reports were posted above the phone. PREA posters were evident and in multiple places throughout the home. The notice of audit was also posted.

Only certain staff members perform multiple job functions including doing intake and vulnerability screenings. Apartment Living does not take placement of residents after normal working hours. To ensure that all interview areas were covered adequately and in consideration of the auditor mandate to conduct at least ten interviews (the group home only has 8 staff) auditors began interviews by asking staff members if they were involved in intake or vulnerability assessments and added those questions to the random staff questions accordingly.

William Wimbash, Program Director was interviewed. All current residents were interviewed and all reported receiving vulnerability assessments and PREA education at intake. A review of resident files confirmed that residents are given vulnerability assessments on the day of intake and receive their PREA education on the same day. Residents knew how to report any victimization and articulated multiple ways to make a report. Staff members were able to describe the steps to take should they receive a report of sexual abuse or sexual harassment. Forensic examinations are conducted at Children's Hospital of the Kings Daughters which has a child advocacy center.

The agency has an excellent relationship with the Virginia Beach Police Department and they respond to the facility if they need assistance.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Apartment Living is located in Virginia Beach, VA in a primarily residential area of the city. The facility is a non-secure group home administered by the Tidewater Youth Services Commission that houses males from 17.5-20; the population on the day of the audit was 2. The facility reports the average length of stay for residents is 4 months but can be extended an additional two months. The facility just became operational this year and residents were placed a short time before the audit was conducted. All current residents are over 18. One resident attends school. Both are seeking employment to help become self-sufficient. Treatment services are provided in the community and supported with facility groups. The facility does not use isolation in any form. Behavior management is a point based reward system. The Tidewater Youth Services Commission enjoys an excellent relationship with local law enforcement and its community.

## **SUMMARY OF AUDIT FINDINGS**

[Click here to enter text.](#)

Number of standards exceeded: 1

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

**Evidence**

TYSC Prison Rape Elimination Act Policy Manual, 1.4.1 Zero Tolerance Policy  
Job Descriptions  
Organizational Chart

The agency has a policy mandating zero tolerance of any form of sexual abuse or sexual harassment which includes definitions. The positions of PREA Coordinator and Compliance Managers are not on the organizational chart but are clearly articulated in the job descriptions for the Executive Director, Deputy Director (PREA Coordinator) and the Program Director (facility based PREA Compliance Manager).

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

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

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

NA

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

### Standard 115.313 Supervision and monitoring

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

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

#### Evidence

TYSC Prison Rape Elimination Act Policy Manual  
Staff Rosters/Personnel Records  
Staffing Plan Review Form  
Staff interviews  
Unannounced Rounds Log

The agency has chosen to move to the 1:8 staffing ratio ahead of the 2017 deadline and will often exceeds the 1:8 staffing standards. This agency has an excellent retention rate and has dedicated staff who often cover for each other. They have both solid permanent staff and a cadre of part-time staff to help fill in when necessary. The facility is properly performing and documenting its unannounced rounds.

PREA Policy describes staffing plan developed in accordance with standard. Reviewed Staffing Plan Review Form. Interview with agency head/PREA compliance manager indicates that this is a carefully developed plan that allows for multiple contingencies in its effort to stay compliant with staffing ratios.

Program Directors make unannounced rounds and staff utilize video monitoring.

### Standard 115.315 Limits to cross-gender viewing and searches

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

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

In consultation with PRC's Auditor Helpline, this standard does not apply to this facility. This agency/facility does not do pat down searches at all, not of any type. If there is a concern about a resident having contraband or something that they shouldn't have, the police are called and do a pat down search. All resident and staff interviews were consistent about this---they do NOT do pat down searches, cross-gender or otherwise.

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

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

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

#### Evidence

TYSC PREA Policy Manual 1.5.2

Staff interviews

Resident interviews

Training outline for residents provided in Spanish and English; posters in English and Spanish. Written on appropriate grade level. Residents and staff interviews confirm that residents are not used to translate for other residents. The YWCA would provide translation services if required. Spanish speaking staff available to ensure intake clarification for residents.

### Standard 115.317 Hiring and promotion decisions

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

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

#### Evidence

TYSC PREA Policy Manual, 1.15.0, Hiring Policy

Review of personnel records/files

Interviews with Agency Head and HR Director

Agency records indicate that initial background records checks were done before hire, along with CPS checks. Agency conducted new background checks of all employees who had been with the agency over five years starting in March, 2016. These were finished in April, 2016. Questions about previous misconduct in prison, jails, etc. were added to interviews starting in March, 2016. Questions also added to employee evaluation process. Backgrounds also done with volunteers

### Standard 115.318 Upgrades to facilities and technologies

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

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

#### Evidence

TYSC PREA Policy 1.4.3  
Review of camera system

Facility has done a good job of maintaining its camera system and uses it as part of its supervision of residents. No cameras are in areas where residents may be bathing or toileting.

### Standard 115.321 Evidence protocol and forensic medical examinations

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

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

#### Evidence

TYSC PREA Policy 1.8.4  
Memorandum of Agreement-TYSC and YWCA of Hampton Roads.  
Reviewed Resume and background of Deputy Director Ginger Ploeger  
MOU between TYSC and Virginia Beach Police Department

Policies and procedures clearly identify the protocols to be followed when an abuse takes place. Resident victims are seen at the Children's Hospital of Kings Daughters (CHKD) which has specialized unit for youth victims. This hospital provides pediatric forensic nurse examiners 24/7 for the community and has a child advocacy center internal to the hospital.

Interview with Deputy Director Ginger Ploeger found her to be aware of and willing to fill the role of victim advocate should a resident request her services.

Investigations of sexual abuse referred to Virginia Beach Police Department. MOU Virginia Beach Police asserts (see Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting". This facility does not do criminal investigations and relies on the judgement and expertise of the Virginia Beach Police to conduct appropriate interviews.

### **Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

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

#### **Evidence**

TYSC PREA Policy 1.5.4; 1.8.6  
Staff interviews  
Agency Head interview

Agency has had no allegations of sexual abuse and no investigations. All interviews with staff reinforce the agency's intent to refer to appropriate law enforcement agency.

Its policy indicates that allegations will be referred to appropriate law enforcement agency for investigation. Agency has communicated clearly with its local police department in terms of its expectations that the investigation follows PREA standards.

### **Standard 115.331 Employee training**

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

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

#### **Evidence**

TYSC PREA Policy 1.5.1, #1  
Review of training curriculum  
Staff training files  
Staff interviews

PREA Training Outline Signature Page for Staff (personnel records). Curriculum and training records of all staff were reviewed. No compliance issues were noted.

### Standard 115.332 Volunteer and contractor training

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

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

#### Evidence

TYSC PREA Policy 1.5.1

Review of training curriculum

PREA Training Outline Signature Page for Staff/Volunteers (personnel records). Curriculum and training records of volunteers were reviewed.

### Standard 115.333 Resident education

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

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

#### Evidence

TYSC PREA Policy 1.5.2

Review of TYSC Sexual Abuse, Assault, and Harassment Training for Residents

Review of Resident handbook with PREA info and brochure

Staff interviews

Resident interviews

Staff at Apartment Living program fill multiple roles. The majority of staff interviewed were asked the random staff, intake, and vulnerability screening questions. All indicated that residents receive PREA training on the day of their arrival. Resident interviews along with a review of documentation confirmed this information.

### Standard 115.334 Specialized training: Investigations

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

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

#### Evidence

TYSC PREA Policy 1.8.6

Staff interviews

Certificate of completion for NIC training to meet specialized training requirement.

Agency policy indicates that allegations of sexual abuse will be referred to appropriate law enforcement authority (Virginia Beach PD). Agency head, Deputy Director and Program Director received specialized training for investigators through PRC and NIC on-line course. Certificate on record. They can handle sexual harassment investigations.

### Standard 115.335 Specialized training: Medical and mental health care

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

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

#### Evidence

TYSC PREA Policy 1.7.3

Reviewed resume and background of Deputy Director Ginger Ploeger

The agency/facility refers residents to community providers for all ongoing treatment services. Agency does not have QMHP on staff for this purpose at the facility; however, the new Deputy Director Ginger Ploeger has the KSAs to fill this role and has taken the specialized training through NIC/PRC website in the event a resident requests her. QMHP resume provided and reviewed. Facility practice is to transport to CHKD which has a child advocacy center with all necessary resources. Facility has no medical personnel on staff.

### Standard 115.341 Screening for risk of victimization and abusiveness

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

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

#### Evidence

TYSC PREA Policy 1.6.1  
TYSC Screening and Vulnerable Population Assessment form  
Resident interviews  
Staff interviews

TYSC PREA Screening and Vulnerable Population Assessment; PREA Policy 1.6.1,#2 a-k reviewed. Since staff at Apartment Living program wear many hats, auditors chose to use the "Staff Responsible for Risk Screening" questionnaire in addition to interview questions in "Random Staff" questionnaire for any staff who did intake with residents. All staff who conduct intakes were very familiar with the screening tool and stated that they used it at intake. Resident interviews confirmed this. All resident files checked showed that the screening was done the day of intake.

Staff interviewed indicated that information came from multiple sources including parents, community providers, court documents, school, etc.

### Standard 115.342 Use of screening information

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

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

TYSC PREA Policy 1.6.1  
Staff interviews  
Resident interviews

This facility is a non-secure group home and has clear policies prohibiting the use of isolation in any way, for any reason. Auditor reviewed Apartment Living Program Policy on Management of Resident Behavior provides guidance on management of resident behavior and states, "At no time will a resident be locked in their rooms." All staff and resident interviews confirmed that the facility does not use isolation.

All residents are allowed to shower separately.

This agency does extensive review and assessment of all residents prior to acceptance. If a resident's needs cannot be met, another placement is found.

The facility's population does not have any residents who identify as LGBTI at this time, so no interviews with this segment of the population could be conducted.

### **Standard 115.351 Resident reporting**

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

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

### **Evidence**

TYSC PREA Policy 1.7.1  
Resident Training Handout  
Facility tour/bulletin board information  
Resident Training outline  
Posters  
Reporting Sexual Abuse brochure  
Resident interviews  
Staff interviews

Facility has done a good job letting residents and staff know how to report, who they may report to, that others may report for them and that reports may be made privately. Posters were evident throughout the facility and residents knew where they were. Residents knew they could report outside the facility.

### Standard 115.352 Exhaustion of administrative remedies

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

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

#### Evidence

TYSC PREA Policy 1.7.1, #1 (a)

Agency allows residents to report through grievance process but such a grievance immediately moves outside the grievance procedure and is referred to the agency director for referral for investigation. Residents are instructed what to do with an emergency "grievance".

### Standard 115.353 Resident access to outside confidential support services

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

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

#### Evidence

TYSC PREA Policy 1.8 #4

Staff interviews

Resident interviews

Agency head interview

Information is posted for residents. Residents seemed to understand that they could access outside support services; all confirmed that they were allowed to visit with their attorneys. Interviews with Program Director; PREA Compliance Manager (Agency Head) indicated that most residents were receiving outside support services as part of their overall treatment plans (including mental health treatment for sexual abuse victimization and other mental health issues).

### Standard 115.354 Third-party reporting

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

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

#### Evidence

TYSC PREA Policy 1.7.4  
Website

Posters are in all areas of the facility which might be viewed by parents/guardians, etc. Information on how to report is on the website and on bulletin boards at the facility. Reporters are directed to CPS.

### Standard 115.361 Staff and agency reporting duties

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

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

#### Evidence

TYSC PREA Policy 1.8.1; 1.7.2  
Staff interviews  
Interview with Compliance Managers/Program Director  
Sexual abuse response protocol

Agency refers all sexual abuse allegations to local law enforcement. All staff interviewed understood that allegations were taken seriously and kept confidential. Interviews with PREA Compliance Manager/Program Director indicated clear understanding.

### Standard 115.362 Agency protection duties

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

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

#### Evidence

TYSC PREA Policy 1.8, #2  
Staff interviews

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

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

### Standard 115.363 Reporting to other confinement facilities

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

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

#### Evidence

TYSC PREA Policy 1.7.5  
Staff interviews

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

### Standard 115.364 Staff first responder duties

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

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

#### Evidence

TYSC PREA Policy 1.8.2  
Sexual Abuse Immediate Response Protocol  
Posted protocols  
Staff interviews

Some of the staff at Apartment Living Program wear many hats. These Staff were asked first responder questions in addition to random staff questions and were able to articulate their responsibilities and knew where the protocol was posted. There have been no instances of sexual abuse at the facility.

### Standard 115.365 Coordinated response

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

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

#### Evidence

TYSC PREA Policy 1.8.2  
Staff interviews  
PREA protocols posted in staff offices

Some of the staff at Apartment Living Program wear many hats. Staff were asked first responder questions in addition to random staff questions and were aware of their responsibilities and where the protocol was posted.

Apartment Living Program plan clearly indicated " Apartment Living Program " on the plan.

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

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

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

This standard is non-applicable.

### Standard 115.367 Agency protection against retaliation

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

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

### Evidence

TYSC PREA Policy 1.7.6

TYSC PREA Policy 1.7.6, #3-Program Director monitors for retaliation against residents

TYSC PREA Policy 1.7.6, #4-HR monitors for retaliation against staff

Interview with HR and Program Director

Job description reviewed/Program Director

Facility Program Director will monitor for retaliation against residents and Deputy Director for agency will monitor for retaliation against staff member. Job description of Program Director clearly lists this duty as a job function. There were no allegations of sexual abuse over the past 12 months.

### Standard 115.368 Post-allegation protective custody

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

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

This standard is NA. This facility does not use isolation for any reason.

### Standard 115.371 Criminal and administrative agency investigations

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

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

### Evidence

TYSC PREA Policy 1.8.6  
Staff interviews

This facility refers all allegations to Virginia Beach Police Department. The MOU between the agency and the Virginia Beach Police asserts (Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting". The agency policy indicates that investigations are not terminated based on the victim recanting the allegation. The Agency head, Deputy Agency head and Program Director have completed PREA investigator training.

### Standard 115.372 Evidentiary standard for administrative investigations

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

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

#### Evidence

TYSC PREA Policy 1.8.6, #3  
Agency head interview  
MOU between TYSC and Virginia Beach Police Department

This facility refers all allegations to Virginia Beach Police Department. The MOU between the agency and the Virginia Beach Police asserts (Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting".

Agency policy imposes no standard higher than preponderance determining substantiated allegations of sexual harassment.

### Standard 115.373 Reporting to residents

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

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

#### Evidence

TYSC PREA Policy 1.8.7  
Agency head interview

This facility refers all allegations to Virginia Beach Police Department. The MOU between the agency and the Virginia Beach Police asserts (Inner-Office Memorandum dated 2/16/16) that members of their Special Victims Unit have completed "PREA: Investigating Sexual Abuse in a Confinement Setting".

Agency policy indicates that outside investigating authority will be requested to provide information so that the resident will be informed.

### **Standard 115.376 Disciplinary sanctions for staff**

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

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

#### **Evidence**

TYSC PREA Policy 1.9.1  
Agency Head interview

This agency has resources to place staff on paid leave pending outcome of investigation. Policy clearly defines possible sanctions for staff who violate agency sexual abuse or sexual harassment policy.

### **Standard 115.377 Corrective action for contractors and volunteers**

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

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

#### **Evidence**

TYSC PREA Policy 1.9.2  
Volunteer interview

Agency policy clearly articulates corrective action for contractors (not used in this agency) or volunteers who violate agency policy against sexual abuse or sexual harassment. No volunteers were reported to have violated agency policy.

### Standard 115.378 Disciplinary sanctions for residents

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

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

#### Evidence

TYSC PREA Policy 1.9.3  
Program director interview  
Resident manual

Facility does not use isolation for disciplinary sanction. Agency policy prohibits sexual activity between residents. Consequences could include being moved to maintain safety, loss of points or privileges. If the case is referred for prosecution because the activity is coerced, criminal charges could result.

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

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

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

#### Evidence

TYSC PREA Policy 1.7.3  
Vulnerability assessment  
Resident intake file review

The residents of this facility receive medical and mental health treatment in the community. Records not available. Agency policy mirrors standard; there are no medical or mental health providers on staff, so residents referred out to community resources within timeframe required under standard (as part of intake process). Deputy Director of agency is QMHP to fill role should resident request her specifically. No current residents reported sexual victimization at intake.

**Standard 115.382 Access to emergency medical and mental health services**

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

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

**Evidence**

TYSC PREA Policy 1.8.3  
QMHP Interview  
PREA Response Protocol  
Resident interviews

Facility will use Children's Hospital of Kings Daughters with state of the art CAC and treatment services for all emergency medical and mental health services. Agency policy mirrors standard. All treatment services provided in community. Deputy Director of agency is QMHP to fill role should resident request her specifically. No current residents reported sexual abuse.

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

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

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

**Evidence**

TYSC PREA Policy 1.8.5  
Staff interviews  
Resident interviews

Facility uses local hospital, Children's Hospital of Kings Daughters which has a complete child advocacy center for emergency services; facility then follows treatment plan with community providers. All treatment is provided by the community at no cost to resident. No current residents reported sexual abuse.

### Standard 115.386 Sexual abuse incident reviews

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

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

#### Evidence

TYSC PREA Policy 1.8.8  
Agency head interview

Facility has a review process in place for all incidents and currently uses the same process for PREA incidents. Agency head has recently been invited to join Tidewater Sexual Assault Review Team. Agency's policy now mirrors standard and process of incident review will incorporate all required elements of the standard. There have been no sexual abuse incidents to date.

### Standard 115.387 Data collection

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

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

#### Evidence

TYSC PREA Policy 1.10.1  
Agency head interview

Facility does not have any incidents to report at this time; PREA policy mirrors the standard.

### Standard 115.388 Data review for corrective action

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

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

### Evidence

TYSC PREA Policy 1.10.1  
Agency head interview

Agency's first report is being compiled and will be on the website in July. There have been no past or current incidents to report; report will talk about prevention efforts, etc.

### Standard 115.389 Data storage, publication, and destruction

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

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

### Evidence

TYSC PREA Policy 1.10.3  
PREA Coordinator interview

Agency PREA Policy mirrors standard. This agency has had no incidents of sexual abuse.

**AUDITOR CERTIFICATION**

I certify that:

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



Auditor Signature

May 5, 2016

Date