

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report April 9, 2019

Auditor Information

Name: Vernon Harry	Email: vernonharryandassociates@comcast.net
Company Name: Vernon Harry and Associates, LLC	
Mailing Address: PO BOX 6032	City, State, Williamsburg, VA 23188
Telephone: 540-455-1095	Date of Facility Visit: 2/22-23/2019

Agency Information

Name of Agency Tidewater Youth Services Commission	Governing Authority or Parent Agency (If Applicable) Tidewater Youth Services Commission
Physical Address: 2404 Airline Boulevard	City, State, Zip: Portsmouth, Va. 23701
Mailing Address: 2404 Airline Boulevard	City, State, Zip: Portsmouth, Va. 23701
Telephone: 757-488-9161	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal

Agency mission: : The Tidewater Youth Services Commission operates community-based programs for children who are at risk of involvement with the Juvenile and Domestic Relations District Court. Its mission statement states, "The Tidewater Youth Services Commission operates community-based programs for children who are at risk of coming or have already come before the juvenile and domestic relations district court. Recognizing that our clients often need assistance in several aspects of their lives, we operate as part of a continuum of care and seek opportunities to collaborate with other service providing agencies. Our programs are designed to help our clients develop the skills necessary to lead productive, law-abiding lives. An integral part of that process is to hold our clients responsible for their choices and for them to experience the logical consequences of their actions.

Agency Website with PREA Information: www.Tyscommission.org

Agency Chief Executive Officer

Name: Shawn F. Sawyer	Title: Executive Director
Email: Ssawyer@tyscommission.org	Telephone: 757-488-9161

Agency-Wide PREA Coordinator

Name: Ginger M. Ploeger	Title: Deputy Director
Email: Gploeger@tyscommission.org <small>Click or tap here to enter text.</small>	Telephone: 757-488-9161
PREA Coordinator Reports to: Executive Director	Number of Compliance Managers who report to the PREA Coordinator 4

Facility Information

Name of Facility: Crisis Intervention House								
Physical Address: 811 13 th Street Virginia Beach, Va 23451								
Mailing Address (if different than above): <small>Click or tap here to enter text.</small>								
Telephone Number: 757-422-4521								
<table border="1" style="width: 100%;"> <tr> <td>The Facility Is:</td> <td><input type="checkbox"/> Military</td> <td><input type="checkbox"/> Private for Profit</td> <td><input type="checkbox"/> Private not for Profit</td> </tr> <tr> <td><input checked="" type="checkbox"/> Municipal</td> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Federal</td> </tr> </table>	The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input checked="" type="checkbox"/> Other				

Facility Mission: Sometimes it is necessary for children to be removed from their homes for a short period — a time during which both the youth and the family can refocus and determine both their goals and their strengths — together. The Crisis Intervention Home provides a safe and structured environment for these children while they are awaiting return to their own home or to an alternative placement.

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.

To achieve these objectives, the Crisis Intervention Home offers the following services:

- Coordination of community service opportunities;
- [Aggression Replacement Training](#), an evidence-based model program that addresses social skills, anger control, and moral reasoning;
- Individual and group counseling;
- Optional health education training on a bi-weekly basis;
- Utilization of community resources to educate residents on health, nutrition and personal safety;
- Recreation and pro-social activities, including participation in the Commission’s Outdoor Adventure Program.

Facility Website with PREA Information: www.Tyscommission.org

Is this facility accredited by any other organization? Yes No

Facility Administrator/Superintendent

Name: Thomasine Norfleet	Title: Program Director
Email: tnorfleet@tyscommission.org	Telephone (757) 785-0024

Facility PREA Compliance Manager

Name: Thomasine Norfleet	Title: Program Director
Email: tnorfleet@tyscommission.org	Telephone: (757)785-0024

Facility Health Service Administrator

Name: NA	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity: 12	Current Population of Facility: 12
Number of residents admitted to facility during the past 12 months	152
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	150
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	149
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	13-17
Average length of stay or time under supervision:	18.2
Facility Security Level:	Non secure group home
Resident Custody Levels:	All residents in custody of their parents or legal guardian.
Number of staff currently employed by the facility who may have contact with residents:	16
Number of staff hired by the facility during the past 12 months who may have contact with residents:	7
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	NA

Physical Plant

Number of Buildings: Click or tap here to enter text. one building	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	6
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	0

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

video and audio recording capability in all areas except resident living areas and perimeter area outside of facility

Medical

Type of Medical Facility:	NA
Forensic sexual assault medical exams are conducted at:	Sentara Virginia Beach General Hospital

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	0
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Number of investigators the agency currently employs to investigate allegations of sexual abuse:	
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Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Crisis Intervention Home (CIH) received an on-site PREA audit February 22-23, 2019. This facility is a non-secure group home is one of the four residential programs administered by the Tidewater Youth Services Commission and is located in Virginia Beach, VA. This audit began at the CIH on February 22, 2019 and concluded on February 23, 2019. PREA auditors Vernon Harry and Susan Heck conducted the audit. The auditors conducted interviews of the executive staff at the Tidewater Youth Commission central office on the first day. Vernon Harry conducted resident's interviews and reviewed files at CIH on both the first and second day.

This program has a maximum occupancy of 12 residents, two residents maximum in each of the four bedrooms and two bedrooms that can house 4 residents each. There is one bathroom in each room; residents have the ability to shower and bathe without being viewed by each other or staff.

In order to comply with auditing standards relating to the minimum number of residents who should be interviewed during a PREA audit, all current residents (12) of the program were interviewed as part of this audit. All reported receiving vulnerability assessments and PREA education at intake. All residents interviewed knew how to report any victimization and articulated multiple ways to make a report. All residents confirmed that staff knock on their room doors and announce themselves (opposite and same gender) before entering for required bed checks. No residents reported any instances of sexual abuse or sexual harassment.

A total of thirteen staff members at the program and central office were interviewed in order to comply with auditing standards relating to the minimum number of staff who should be interviewed during an audit. Depending on their job duties, staff were given multiple interview forms. Most of the staff members can perform intake duties and administer vulnerability screenings. All staff members were able to describe the steps to take should they receive a report of sexual abuse or sexual harassment.

There have been no instances of sexual abuse or sexual harassment reported by the facility since the last PREA audit. No residents or staff reported knowledge of any sexual abuse or sexual harassment report since the last PREA audit. None of the residents interviewed indicated any feelings of concern about their personal safety at the CIH.

The 150 files of all residents who have been in the program in the past 12 months were reviewed. This review indicated that CIH is very consistent in conducting vulnerability assessments with residents on the day of intake and that PREA education is conducted on the same day. This file audit also confirmed that residents who report prior sexual victimization or having been sexual predators are offered appointments and follow-up within the timeframes designated by the standards.

Interviews of the Executive Director, PREA Coordinator, HR administrator, were conducted at the Tidewater Youth Services agency office in Portsmouth, VA. The employee background records and training records of all staff were reviewed. The staff had received initial PREA training in the appropriate timeframe and all had received appropriate subsequent training. Subsequent background checks for any staff who have been with the agency for longer than five years were also reviewed. The HR Administrator described the process for making sure five-year backgrounds are conducted for all staff in this category. Employees sign their performance evaluation forms indicating they have not engaged in sexual abuse in a prison,

jail, lockup, community confinement facility, juvenile facility or other institution, they do not have any convictions of engaging or attempting to engage in sexual activity in the community, been civilly or administratively adjudicated to have engaged in such activity.

There are cameras to provide coverage of exterior areas of the buildings as well other rooms used by the residents and staff. The cameras do not provide coverage in the bathroom areas or where residents dress or bathe. The cameras can be viewed by administrative staff remotely on their cell phones. The facility also has audio recording capability on both sides of the staff's desk and in the dining area. There are notices indicating that audio and video recordings are being made in the facility. This facility does not do pat down searches of any of their residents for any reason at any time. Residents are not touched by any staff members. If there is a concern that a resident may have a weapon, police are called to the facility to do any pat down or search of the resident. Wands are used; wands do not touch the residents' bodies. Agency and facility policies and procedures along with interviews of staff members and residents confirm this information.

Any forensic examinations would be conducted at Sentara Virginia Beach General Hospital, which has a child advocacy center and 24/7 safe/sane nurses. The telephones for the residents are located in a common area and numbers for making reports were posted on a bulletin board beside the phone. PREA posters were evident as well as the auditor's notice.

The Executive Director of the YWCA, which provides 24- hour sexual assault hotline services and is the advocacy program identified by the CIP to respond to any allegation from an CIP resident, was interviewed prior to beginning onsite. She advised that there had been no instances of sexual abuse or sexual harassment reported to the YWCA.

The agency has an excellent relationship with the Virginia Beach Police Department and they respond to the facility if they need assistance. There is a MOU in place indicating their knowledge of the PREA standards and their willingness to comply with the standards.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

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.

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- Target specific behavioral goals.

To achieve these objectives, the Crisis Intervention Home offers the following services:

- Coordination of community service opportunities;
- Aggression Replacement Training, an evidence-based model program that addresses social skills, anger control, and moral reasoning;
- Individual and group counseling;
- Optional health education training on a bi-weekly basis;
- Utilization of community resources to educate residents on health, nutrition and personal safety;
- Recreation and pro-social activities, including participation in the Commission’s Outdoor Adventure Program.

Referrals to the Crisis Intervention Home are made directly through the Juvenile Courts and the Departments of Social Services as well as Family Assessment and Planning Teams throughout Hampton Roads. Referrals are made when it is determined that it is in the best interest of the child to be placed temporarily in a less-secure, community-based residential facility.

This program has a maximum occupancy of 12 residents, two residents maximum in each of the four bedrooms and two bedrooms that can house 4 residents each. CIH houses both male and female residents but has enough bedrooms to allow separation of not only males/females but also if any residents might be screened in as being vulnerable. There is one bathroom in each room; residents have the ability to shower and bathe without being viewed by each other or staff. The facility does not do pat down searches of residents at any time which was confirmed during interview of the staff and residents. There are 17 staff that work at CIH. Some of these staff are relief staff. CIH goal is to maintain a ratio of one to six which exceeds the PREA staffing requirement. Residents must shower alone and are required to wear appropriate clothing when they are sleeping. There are no cameras in the residents sleeping area and no other cameras have coverage of the residents bathing or toileting areas. There are sufficient cameras in the facility to provide coverage of the open areas as well as kitchen and staff offices. The storage closets were locked and secured. The cameras can be viewed by administrative staff remotely on their cell phones.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: (2) (115.318 AND 115:313)

The facility has added additional cameras to augment coverage since last PREA audit. CIH has the ability to record both audio and video conversations between staff and the residents. There is signage

in the facility indicating that there can be audio recording. Executive staff can remotely monitor the camera's video from their cell phones 24/7. Staffing exceeds PREA requirements

Number of Standards Met: 39

Click or tap here to enter text.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

none

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

EVIDENCE

Prison Rape Elimination Act Policy Manual

Review of job descriptions

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 Deputy Director and Program Director. The agency clearly articulates its zero tolerance policy and makes it available to residents and all others in the community.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Type text

This agency does not contract with any other agency or entity for the confinement of its residents and is in compliance with the standard.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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EVIDENCE

Prison Rape Elimination Act Policy Manual

Staff Rosters/Personnel Records

Staffing Plan Review Form

Staff interviews

Unannounced Rounds Log

The agency exceeds the 1:8 staffing ratio. 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. The Program Director has the ability to view and record camera footage from her cell phone 24 hours a day. The facility exceeds the staffing ratio of 1-8 and the goal of the CIH is to be at the 1-6 ratio.

PREA Policy describes staffing plan developed in accordance with standard. Auditors 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. The facility always met staffing ratios with no exceptions. Auditors suggested a more thorough documentation for the annual review of the staffing plan and further

suggested listing each of the items described in the standard as a way to ensure the review is focused on each element of the standard. The revised plan was provided to the auditors.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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EVIDENCE

Prison Rape Elimination Act Policy Manual

Staff interviews

Resident interviews

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 should not have, the police are called and officers from the police department do a pat down search. Staff are allowed to use a wand to check for contraband and the police are called to conduct a pat down search if a resident does not comply. All resident and staff interviews were consistent about this---they do NOT do pat down searches, cross-gender or otherwise.

Residents are allowed to bathe and dress without being viewed by members of the opposite gender. Additionally, all residents interviewed described the staff's method of knocking and announcing that a female/male was in the apartment.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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. All elements required by the standards were included in the training. Training was provided on appropriate grade level, including written materials. Executive Director indicated that based on the population admitted the majority of the residents speak English or Spanish. On one occasion, a resident was from the Philippines that they arranged for a staff member to interpret for the resident. They have language services available if they need them. Resources are available for residents who are low vision and/or hard of hearing/deaf.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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TYSC PREA Policy Manual, 1.15.0, Hiring Policy

Review of personnel records/files

Interviews with Agency Head, Program Director and HR Director

Review of agency employee annual evaluation forms

Agency records indicate that initial 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. Questions about previous misconduct in prison, jails, etc. are part of questions for hiring and part of employee annual evaluation process.

HR Manager indicates that the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee if requested. She has a well thought out and executed method of keeping up to date on background checks for employees who have been with the organization for longer than five years. This is important for this agency since they have excellent retention and have many employees who have been with the agency for many years.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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. Additional cameras were added since the time of the last audit at the suggestion of the auditors at that time. No cameras are in areas where residents may be bathing or toileting. Facility administrators can monitor both video and audio in staff office where staff meet with residents. Program Director can view camera footage from their cell phone 24 hours a day. Notices are posted that audio recording is occurring.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.8.4

Memorandum of Agreement-TYSC and YWCA of Hampton Roads.

MOU between TYSC and Virginia Beach Police Department

Review of Investigator training forms

Resident victims are seen at Sentara Virginia Beach General Hospital which has specialized unit for youth victims and 24/7 safe/SANE staff. YWCA of South Hampton provides the resident with confidential support services and a crisis companion from the YWCA/Sexual Assault services and counseling center will respond to requests to support victim and family. The agency does have a QMHP on staff, however, services are provided in the community and are consistent with the community standard of care. Virginia Beach Police Department investigates allegations of sexual abuse sexual harassment.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Investigations of sexual abuse/sexual harassment 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". CIH does not do criminal investigations and relies on the judgement and expertise of the Virginia Beach Police to conduct appropriate interviews and investigation. The TYSC will be kept apprised of any investigation. Agency staff have attended both investigator training courses and only do administrative investigations. There have been no allegations of sexual abuse or sexual harassment at the CIH.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.5.1, #1

Review of training curriculum

Staff training files

Staff interviews

Staff sign PREA Training Outline Page, which is maintained in their personnel file, indicating that they understand the training they receive. Curriculum and training records of all staff were reviewed and it covers required PREA elements. No issues were noted. Training is conducted more frequently than once per year.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.5.1

Review of training curriculum

Facility does not have any contractors or volunteers.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No

- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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 CIH fill multiple roles. Three of the 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. Residents sign that they received the PREA training. Resident training includes all elements of the standard. Resident interviews indicate that residents understand the PREA education they receive. Posters reinforce PREA education elements.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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

Investigative 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). Deputy Director/PREA Coordinator, Program Director and Assistant Program Director received certificates for both specialized training courses for investigators through PRC and NIC on-line courses. Certificates are on record. They can handle sexual harassment investigations. There have been no reported instances of sexual abuse or sexual harassment.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.7.3

The agency/facility refers residents to community providers for all ongoing treatment services. The assistant director of the agency has the KSAs to meet QMHP need, however, all mental health needs are referred to community provider . Facility practice is to transport to Sentara General Virginia Beach for forensic examinations. Facility has no medical personnel on staff. YWCA can provide staff to accompany victim.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.6.1

TYSC Screening and Vulnerable Population Assessment form

Resident interviews

Staff interviews

Los Angeles Symptom Checklist

TYSC PREA Screening and Vulnerable Population Assessment; PREA Policy 1.6.2, a-k reviewed. Since staff at CIH wear many hats, auditors chose to use the "Staff Responsible for Risk Screening" questionnaire in addition to interview questions in "Random Staff" questionnaire for the three staff who did intake with residents. All staff who conduct intakes were very familiar with the screening tool and stated that they use it at intake. Resident interviews confirmed this. All resident files checked showed that the screening was done the day of intake.

Staff interviewed indicated that information came from multiple sources including parents, community providers, court documents, school, etc. Residents who screen as vulnerable are either receiving services in the community or are offered a meeting with appropriate mental health or medical professional.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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 CIH 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 resident's view of his/her own vulnerability and safety are considered when housing choices are made.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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, whom 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. Facility has MOA with YWCA to provide 24-hour hotline. Residents have multiple ways to report, including verbally and in writing.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.7.1, #1 (a)

Agency allows residents to report using the “grievance” form (something most of the residents in this facility would be familiar with based on local detention programs) however, all residents are informed that a “grievance” alleging sexual abuse or sexual harassment immediately moves outside the grievance procedure and is referred to the Program Director, Assistant Program Director or designee for referral for investigation.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.8.4

Staff interviews

Resident interviews

TYSC Memorandum of Agreement with YWCA

Interview with Executive Director of YWCA

Facility tour—numbers posted to telephone used by residents and on information posted on bulletin board

Deputy 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 and parents. Interviews with Program Director; PREA Compliance Manager (Deputy Agency Head) indicated that some 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). YWCA provides 24 hour hotline for reporting allegations of sexual abuse and sexual harassment.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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. Facility has MOA with YWCA to have 24-hour hotline to report sexual abuse. Reporters are directed to CPS or Virginia Beach Police Department depending on the age of the resident who is subject of the report.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?
 Yes No

- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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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. All staff understood mandatory reporting responsibilities including reporting any staff neglect which may have contributed to any sexual abuse or sexual harassment.

This facility does not employ medical or mental health practitioners.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.8.2

Staff interviews

Agency Head interview

Program Director (Superintendent) interview

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.” Agency Head and Program Director (Superintendent) indicated they expected staff to take immediate action based on threats 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.7.5

Staff interviews

Agency Head interview

Program Director (Superintendent) interview

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 CIH from another facility. Policy also states that reports will be made to appropriate authorities in the locality where the other facility is located, including CPS and/or police.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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

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. The facility's Sexual Abuse Immediate Response Protocol is specific to the CIH which is part of the title.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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.

Staff were asked first responder questions in addition to random staff questions and were aware of their responsibilities and where the protocol was posted. The Program Director articulated the facility's coordinated response. This facility is a group home and does not have medical or mental health practitioners on site. The facility's PREA Response Protocol clearly articulates actions to be taken as a coordinated response. All investigations are done by Virginia Beach Police Department. The YWCA provides sexual assault victim advocates.

CIH plan clearly indicated "Crisis Intervention House" on the plan.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Collective bargaining is not allowed.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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 Human Resources and PREA Coordinator 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. Policy states this as well. No reported incidents. Monitoring will continue for as long as it is deemed necessary, beyond 90 days if required.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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This facility does not use isolation for any reason. This was substantiated by interviews of staff and residents. All staff clearly responded they do not use isolation.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.8.6

Staff interviews

Review of Certificates for Investigator Training

Investigator interviews

PREA Compliance Manager 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".) The agency policy indicates that investigations are not terminated based on the victim recanting the allegation or leaving CIH. The Deputy Agency Director, Program Director and Assistant Program Director have completed both PREA investigator-training courses.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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". Facility Investigators have completed both of the PREA investigator training courses.

Agency policy imposes no standard higher than preponderance determining substantiated allegations of sexual harassment. Interviews with facility director indicated knowledge of this.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation, that he or she suffered sexual abuse in an agency facility; does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.8.7

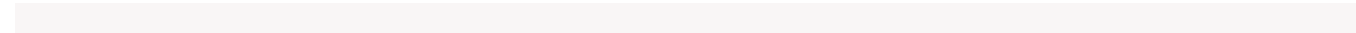
Agency head interview

Program Director (Superintendent) interview

Investigator 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".

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



DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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 up to and including termination. There have been no allegations during the past 12 months and there were no records to review. There have been no disciplinary actions taken against staff in the past 12 months relating to sexual abuse or sexual harassment misconduct.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.9.2

Agency policy clearly articulates corrective action for contractors (none used in this agency at time of the audit) or volunteers (none at time of audit) who violate agency policy against sexual abuse or sexual harassment up to an including banning from facility. No volunteers or contractors were reported to have violated agency policy.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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. If the case is referred for prosecution because the activity is coerced, criminal charges could result. Residents may be subject to disciplinary sanctions only following a substantiated administrative investigation or a criminal finding of guilt for resident-on-resident sexual abuse. There have been no allegations of sexual abuse of any type in this facility during the past 12 months; no disciplinary actions have been taken



MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.7.3

Vulnerability assessment

Current and past 12 months Resident intake files reviewed

Los Angeles Symptom Checklist form

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). There is one qualified QMHP in agency to fill this role, however, the use of community mental health providers is the preferred process for residents that need these types of services.

In addition to using the agency's form, the agency also uses the Los Angeles Symptom Checklist to assess the residents in its care. This instrument is a validated tool and used extensively to determine overall status of adolescents. Residents in this facility do not have long lengths of stay. Given the use of the Los Angeles Symptom Checklist in conjunction with the agency generated vulnerability assessment form, residents in this group home are carefully monitored for anything that might make them more susceptible to sexual abuse or sexual harassment or for being a threat to other residents

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.8.3
 PREA Response Protocol
 Resident interviews

Facility will use Sentara Virginia Beach General Hospital for all emergency medical services. Agency policy mirrors standard. All treatment services provided in community. No current residents reported sexual abuse and the facility reported there were no instances of sexual abuse or sexual harassment.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.8.5

Staff interviews

Resident interviews

Facility uses local hospital, Sentara Virginia Beach General Hospital that has 24/7 safe/sane staff for emergency services; facility then follows treatment plan with community providers. All services are provided at no cost to residents. No current residents reported sexual abuse.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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's policy mirrors standard and process of incident review will incorporate all required elements of the standard. There have been no sexual abuse incidents to date. The agency's PREA Coordinator serves on the local SART team. Being a member of the team strengthens her review of her own agency's policies and practices as she looks for any possible gaps or improvements in Tidewater Youth Services Commission's efforts to prevent, detect and respond to incidents of sexual abuse or sexual harassment.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 1.10.2

Agency Head interview

Deputy Director interview

There have been no past or current incidents to report on agency's website. Website reflects no incidents for 2016, 2017 and 2018. Annual report details efforts to become PREA compliant and ongoing efforts to prevent sexual abuse.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor interviewed all staff and residents. Auditor was given private space to conduct interviews. This is the second year of the audit cycle. Auditor was given all relevant documents in paper or electronic form.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Type text here...

Audit reports were added to website to reflect audits that have been conducted as required.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Vernon Harry

April 11, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report April 9, 2019

Auditor Information

Name: Vernon Harry	Email: vernonharryandassociates@comcast.net
Company Name: Vernon Harry and Associates, LLC	
Mailing Address: PO BOX 6032	City, State Williamsburg, VA 23188
Telephone: 540-455-1095	Date of Facility Visit: 2/22/19-2/23/19

Agency Information

Name of Agency Tidewater Youth Services Commission		Governing Authority or Parent Agency (If Applicable) Tidewater Youth Services Commission	
Physical Address: 2404 Airline Boulevard		City, State, Zip: Portsmouth, Va. 23701	
Mailing Address: 2404 Airline Boulevard		City, State, Zip: Portsmouth, Va. 23701	
Telephone: 757-488-9161		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The Tidewater Youth Services Commission operates community-based programs for children who are at risk of involvement with the Juvenile and Domestic Relations District Court. Its mission statement states, "The Tidewater Youth Services Commission operates community-based programs for children who are at risk of coming or have already come before the juvenile and domestic relations district court. Recognizing that our clients often need assistance in several aspects of their lives, we operate as part of a continuum of care and seek opportunities to collaborate with other service providing agencies. Our programs are designed to help our clients develop the skills necessary to lead productive, law-abiding lives. An integral part of that process is to hold our clients responsible for their choices and for them to experience the logical consequences of their actions.

Agency Website with PREA Information: www.Tyscommission.org

Agency Chief Executive Officer

Name: Shawn F. Sawyer	Title: Executive Director
Email: Ssawyer@tyscommission.org	Telephone: 757-488-9161

Agency-Wide PREA Coordinator

Name: Ginger M. Ploeger	Title: Deputy Director
Email: Gploeger@tyscommission.org	Telephone: 757-488-9161
PREA Coordinator Reports to: Executive Director	Number of Compliance Managers who report to the PREA Coordinator 4

Facility Information

Name of Facility: Westhaven Boys Home								
Physical Address: 3515 Race Street, Portsmouth, VA 23707								
Mailing Address (if different than above): Click or tap here to enter text.								
Telephone Number: 757-397-6690								
<table border="1" style="width: 100%;"> <tr> <td>The Facility Is:</td> <td><input type="checkbox"/> Military</td> <td><input type="checkbox"/> Private for Profit</td> <td><input type="checkbox"/> Private not for Profit</td> </tr> <tr> <td><input checked="" type="checkbox"/> Municipal</td> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Federal</td> </tr> </table>	The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input checked="" type="checkbox"/> Other				
Facility Mission: The facility is a residential group home for males aged 12-17. The program has a dual function serving as both post-dispositional/longer term treatment center and a pre-dispositional detention alternative/emergency shelter for foster children or teens in crisis. With a capacity of thirteen, the Westhaven Boys Home provides the supervision and treatment needed to foster positive attitudinal and behavioral changes.								
Facility Website with PREA Information: www.Tyscommission.org								
Is this facility accredited by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

Facility Administrator/Superintendent

Name: Carlos Hooker	Title: Program Director
Email: Chooker@tyscommission.org	Telephone: 757-617-5933

Facility PREA Compliance Manager

Name: Carlos Hooker	Title: Program Director
Email: Chooker@tyscommission.org Click or tap here to enter text.	Telephone: 757-617-5933

Facility Health Service Administrator

Name: NA	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity: 14	Current Population of Facility: 12
Number of residents admitted to facility during the past 12 months	59
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	47
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	54
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population: 12-17	
Average length of stay or time under supervision:	41.3
Facility Security Level:	Non secure group home
Resident Custody Levels:	All residents under are in custody of their parents/legal guardians.
Number of staff currently employed by the facility who may have contact with residents:	17
Number of staff hired by the facility during the past 12 months who may have contact with residents:	6
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	NA

Physical Plant

Number of Buildings: 1	Number of Single Cell Housing Units: NA/Group Home/multiple bedrooms with no single rooms
Number of Multiple Occupancy Cell Housing Units:	Group Home with three bedrooms and one open area that serves as bedroom.
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	0

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

There is video recording capability throughout the downstairs of the house, including the laundry room (a new camera there since the facility's last audit), the staff outer office, the main living room of the house, the game room of the house, the dining room, and kitchen. There are also cameras that cover the hallway/stairwell going to the second-floor bedrooms, both from the bottom looking up and the top looking down. In addition, there is audio capability for several of the cameras. There are signs clearly posted letting residents know that audio recording is happening.

Medical	
Type of Medical Facility:	NA
Forensic sexual assault medical exams are conducted at:	Maryview Hospital
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	9

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Westhaven Boys Home (WBH) took part in a two-day on-site PREA audit February 22-23, 2019. WBH is one of three group homes and one independent living program administered by the Tidewater Youth Services Commission (TYSC) and is located in Portsmouth, VA in a mixed use residential/business community. This facility is a non-secure group home with a maximum capacity of 14 residents. Vernon Harry and Associates, LLC conducted the audit; PREA auditor Vernon Harry partnered with PREA auditor Susan Heck on the audit. This is the second PREA audit for this facility.

WBH provided all requested policies/procedures along with the pre-audit questionnaire thirty days prior to the onsite portion of the audit. (The TYSC has an overarching PREA Policy for all of the group homes it manages. Any reference to the WBH's PREA Policy refers to this TYSC policy.) This information was reviewed and this auditor was in touch with Carlos Hooker, WBH Program Director, during the thirty days before the onsite audit with requests for clarification, information about what would be needed at the time of the on-site and to plan for the actual on-site in order to minimize disruption to the facility and its residents and staff. This auditor utilizes a spreadsheet to help plan staff interviews so that they can be interviewed during the times of their shifts. This has been very important during audits of small facilities when almost all staff will need to be interviewed to meet the PREA minimum requirements for interviews.

Notices of Audit were provided to the facility and were posted appropriately in the timeframes required by the PREA standard in several locations in the facility. The Notice was provided in English and in Spanish. The auditors did not receive any communication from anyone prior to the start of the audit or in the time since. Pictures of the Notices were taken and were on file for the auditor to review. The Notices were still posted throughout the facility at the time of the start of the on-site audit.

The onsite portion of the WBH audit began at 7:00 am on February 22, 2019 when an interview with one of its staff members who works the overnight shift and would be leaving by 8:00 am was conducted. After this interview at WBH, both auditors went to TYSC's main office for interviews and employee personnel and training record reviews. Interviews conducted included the Agency Head, PREA Coordinator, the agency's human resources manager, and one of the agency's designated investigators. (Note that all sexual abuse allegations are referred to local police for investigation, however, the Deputy Director of the agency and the Program Directors and Assistant Program Directors of the agency's four facilities have completed both trainings for investigating sexual abuse and sexual harassment for administrative investigations.)

Personnel files are maintained at the agency's main office and were reviewed there. This agency's personnel records contain each employee's initial background check information along with annual performance review information and any subsequent background checks. A review of the files of all WBH's 17 staff indicated that all staff members' background checks were in compliance with the standard, including subsequent background checks on staff who have been with the agency for five years or longer. Personnel records also contained employee performance evaluations which included each employee's continuing duty to report. Employees sign their performance evaluation forms indicating they have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution, they do not have any convictions of engaging or attempting to engage in sexual activity in the community, been civilly or administratively adjudicated to have engaged in such activity.

Training records kept at the main office were reviewed and confirmed that all 17 staff had received PREA education that included all elements listed in the standard. All staff sign that they have received and understand their PREA education. Both auditors conducted interviews and reviewed files at the agency's main office.

Susan Heck served as lead auditor for the WBH audit. After the interviews and file review at the agency's main office, she returned to the WBH and continued with the on-site portion of the audit by conducting interviews with staff and residents, touring the facility and conducting resident file reviews.

The facility tour was conducted on February 22, 2019. Carlos Hooker, Program Director facilitated the tour with this auditor. The facility is a two-story house; the ground floor has a dining room, kitchen/pantry/staff restroom area, two resident gathering rooms (a living room and a game room), a resident restroom, a laundry room, and two areas used as staff offices. There are cameras located throughout this part of the house showing rooms from different angles. A camera has been placed in the laundry room since the date of the last audit. Two of the cameras also have audio capability and there are signs noting this under the cameras. PREA posters are evident in the living room and game room along with a bulletin board which holds additional PREA information, including information on local resources. The residents' telephone is in the dining room; numbers for making reports of sexual abuse or sexual harassment are posted beside the phone. There are no PREA posters in the dining room. The kitchen has camera coverage; residents are not allowed in this area without staff supervision. There is a large room used as a pantry behind the kitchen; no residents are allowed in this room. It is covered with a camera.

Upstairs there are four major sleeping areas. There are two sleeping areas on the right of the open stairway (these are bedrooms, but the doors have been removed) with bunk beds for four residents in one and a bunkbed for two residents in the other. A large window allows staff to monitor activity in the back bedroom from the staff office across the stairwell area. There is also a bathroom in the front sleeping areas. A PREA Notice of Audit is at the top of the stairs.

The area to the left of the stairwell includes a staff office with a glass window to facilitate oversight of all sleeping areas. This area includes a large open area with two bunk beds and one single bed. In addition, there is a single bed under the window of the staff office where residents considered to be vulnerable or in need of extra supervision are placed. There is an additional bedroom with one bunkbed directly across from the staff office; one wall of this room has an internal window allowing supervision by the staff across the hall.

This side of the upstairs also has a full bathroom. Note that residents in this facility are required to dress in the bathrooms and are not naked or unclothed in view of the staff (confirmed in all resident interviews). All residents sleep in pajama type bottoms and tee-shirts. (Residents are not upstairs during waking hours unless they ask permission, which was confirmed by all resident interviews).

The staff office has two large interior windows which allow for supervision from within the office. There is a camera monitor in the staff office showing all the cameras located throughout the building. There is a First Responder poster in the staff office that is specific to WBH.

The facility has an outside recreation area behind the house with an area for basketball and a picnic table. There are cameras on the corners of the building and one on a pole in the yard which covers the back of the building. Dust to dawn lights have been added to the outside of the house.

The camera system includes a total of 10 cameras. There are two monitors for the camera system; one is in the staff office upstairs and the other is in the Director's office downstairs; both are on all the time. There are no cameras in the bathrooms and all residents use the bathrooms for both toileting and dressing. There are few spots in the facility not covered with cameras and storage closets are adequately locked and secured. The camera coverage is very good; an additional camera was added in the laundry room since the time of the last audit. The camera system also has audio capability in certain areas and there are signs noting this below the cameras. This auditor observed the monitors showing the camera feeds and confirmed that no cameras were in places where residents would be using the toilet, bathing or changing clothes.

The Notice of Audit was posted at the time of the audit in an area where it would be seen by residents, visitors and other professionals who might enter the facility. The Notice was evident in the front entrance area and on the bulletin board. Pictures were taken at the time the Notices were posted and were sent to this auditor.

Auditing standards relating to the minimum number of residents who should be interviewed during a PREA audit is ten; 12 of the facility's thirteen residents were interviewed (one resident was on a home pass for the weekend which started right after school on the first day of the two-day onsite making him unavailable). Since only two residents would have been left out of the interview process, this auditor interviewed all to keep from having any resident feel excluded or possibly targeted in any way. All residents engaged with this auditor willingly and openly. File reviews were conducted on all of the facility's current residents to document training and vulnerability assessments.

All residents interviewed except two reported receiving vulnerability assessments at intake (file reviews of these residents indicated that both did receive a vulnerability assessment on the day of intake). All residents interviewed knew how to report any victimization and articulated multiple ways to make a report. All reported receiving PREA education on the day of intake and file reviews confirmed this information (facility has residents sign indicating understanding of the information they received that includes a brief outline that covers all topics required by the standard). All residents indicated they could talk with their attorney/family and could do so privately. The only area of weakness shown through resident interviews was in having knowledge about resources available in the community. Residents indicated they knew the resources were there, but were somewhat vague in terms of stating/listing what they were. None of the residents interviewed indicated any feelings of concern about their personal safety at the WBH.

This facility's process for assessing those residents who may be vulnerable to sexual abuse or sexual harassment uses an agency created vulnerability assessment form that covers all elements of the standard and includes the staff member's personal assessment/opinion as well as asking the resident directly about his perception of his own vulnerability. The facility uses information gathered from other sources when it is available (court records, school assessments, etc.) which was confirmed through staff interviews and resident file reviews. The form includes a reminder for the staff member conducting the assessment to offer the resident a follow-up appointment with a medical or mental health professional if they disclose prior sexual abuse or that they previously perpetrated sexual abuse. Two of the current residents indicated that they had been prior victims of/perpetrators of sexual abuse and had been offered follow-up appointments. This auditor talked with the PREA Coordinator and the Program Director about ways ensure this aspect of the assessment form is consistently used. A review of the files of 68 residents over the past 12 months showed that this part of the form was used incorrectly twice; in one file it was not filled in at all and in one file it didn't have a date. Of the current residents who were interviewed, the two who should have offered follow-up meetings had received them and were receiving treatment by community providers.

In addition to using the agency's form, the agency also uses the Los Angeles Symptom Checklist to assess the residents in its care. This instrument is a validated tool and used extensively to determine overall status of adolescents. Residents in this facility do not have long lengths of stay, so the agency's form is not re-administered to residents unless they leave the facility and are readmitted. Given the use of the Los Angeles Symptom Checklist in conjunction with the agency generated vulnerability assessment form, residents in this group home are carefully monitored for anything that might make them more susceptible to sexual abuse or sexual harassment or for being a threat to other residents.

Ten of 17 total staff members of the facility were interviewed (this number excludes the interviews conducted with the agency leaders) including relief staff and overnight staff. Staff members from each of the facility's shifts were interviewed. Staff members to be interviewed were chosen randomly based primarily on who would be on shift, however, additional staff came in for interviews held outside of their shifts.

In this small group home staff often perform multiple jobs and may have multiple PREA related duties. Some of the staff members took part in multiple interviews relating to specific PREA functions. In total, 30 interviews were conducted with staff during the course of this audit (this number is inclusive of the interviews at the agency's main office and the YWCA which is designated to receive reports of sexual abuse from the facility).

All staff members who took part in Random Staff interviews were able to describe the steps to take should they receive a report of sexual abuse or sexual harassment. Staff members involved with conducting assessments of vulnerable youth were

able to clearly articulate measures that would be taken to protect vulnerable youth and all staff indicated that measures to protect a resident in danger of imminent sexual abuse would be taken immediately. All staff members indicated their PREA education included all required elements. Staff members are required by agency/facility policy to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; this was confirmed in staff interviews and staff interviewed were able to articulate how to make a report.

The training records of all 17 staff were reviewed and all had received initial PREA training in the appropriate timeframe and all had received appropriate subsequent training. Staff members sign training documents indicating they understand the training they have received. Staff members who conduct administrative investigations of sexual abuse and sexual harassment have taken both trainings for investigators on the NIC website; training certificates were reviewed by the auditors.

This facility does not do pat down searches of any of their residents for any reason at any time. Residents are not touched by any staff members. If there is a concern that a resident may have a weapon, police are called to the facility to do any pat down or search of the resident. Wands are used; wands do not touch the residents' bodies. Agency and facility policies and procedures along with interviews of staff members and residents confirm this information.

There have been no instances of sexual abuse or sexual harassment reported by the facility since the last PREA audit. No residents or staff reported knowledge of any sexual abuse or sexual harassment report since the last PREA audit.

The files of all residents who have been in the program over the past 12 months were reviewed, a total of 68 files. This review indicated that the program is very consistent in conducting vulnerability assessments with residents on the day of intake and that PREA education is usually conducted on the same day. For the residents who did not get their PREA education on the day of intake, all received the education within the 10-day timeframe required by the standard. This file audit also confirmed that residents who report prior sexual victimization or having been sexual predators are offered appointments and follow-up within the timeframes designated by the standards even when the vulnerability assessment forms do not indicate the dates.

Interviews of the agency's Executive Director, PREA Coordinator, and HR administrator were conducted at the Tidewater Youth Services agency office in Portsmouth, VA. The employee background records and training records of all facility staff were reviewed. Subsequent background checks for any staff members who have been with the agency for longer than five years were also reviewed. The HR Administrator described the process for making sure five-year backgrounds are conducted for all staff in this category. She also described how the agency includes questions listed in §115.317 Hiring and promotion decisions, (a), (1), (2), and (3) in all employee self-evaluation documents which employees are required to sign during annual reviews. File reviews of current employees confirmed this process.

Interviews with direct care staff, the Program Director, staff who conduct assessments of vulnerable youth, staff who monitor retaliation against residents, staff who do intakes with residents, and staff who would act as first responders (this facility has not had an allegation of sexual abuse or sexual harassment) were conducted at the facility. The Program Director and Assistant Program Director are two of the staff designated as investigators and took part in the investigator interview along with the Deputy Director of the agency.

Any forensic examinations would be conducted at Maryview Hospital which has 24/7 safe/sane nurses.

The Executive Director of the YWCA, which provides 24-hour sexual assault hotline services and is the advocacy program identified by the WBH to respond to any allegation from an WBH resident, was interviewed prior to beginning onsite. She advised that there had been no instances of sexual abuse or sexual harassment reported to the YWCA.

The agency has an excellent relationship with the Virginia Beach Police Department and a good relationship with the Portsmouth Police Department. Portsmouth Police Department responds to WBH if they need assistance.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility is a two-story house; the ground floor has a dining room, kitchen/pantry/staff restroom area, two resident gathering rooms (a living room and a game room), a resident restroom, a laundry room, and two areas used as staff offices. There are cameras located throughout this part of the house showing rooms from different angles. A camera has been placed in the laundry room since the date of the last audit. Two of the cameras also have audio capability and there are signs noting this under the cameras. PREA posters are evident in the living room and game room including a bulletin board with additional PREA information including local resources. The residents' telephone is in the dining room; numbers for making reports of sexual abuse or sexual harassment are posted beside the phone. There are no PREA posters in the dining room. The kitchen has camera coverage; residents are not allowed in this area without staff supervision. There is a large room used as a pantry behind the kitchen; no residents are allowed in this room. It is covered with a camera.

Upstairs there are four major sleeping areas. There are two sleeping areas on the right of the open stairway (these are bedrooms, but the doors have been removed) with bunk beds for four residents in one and a bunkbed for two residents in the other. A large window allows staff to monitor activity in the back room from the staff office across the stairwell area. There is also a bathroom in the front sleeping areas. A PREA Notice of Audit is at the top of the stairs. The area to the left of the stairwell includes a staff office with a glass window to facilitate oversight of all sleeping areas. This area includes a large open area with two bunk beds and one single bed. In addition, there is a single bed under the window of the staff office where residents considered to be vulnerable or in need of extra supervision are placed. There is another "bedroom" with one bunkbed; one wall of this room has an internal window allowing supervision by the staff. This area also has a full bathroom. Note that residents in this facility are required to dress in the bathrooms and are not naked or unclothed in view of the staff (confirmed in all resident interviews). All residents sleep in pajama type bottoms and tee-shirts. (Residents are not upstairs during waking hours unless they ask permission, which was confirmed by all resident interviews).

The staff office has a large interior window which allows for supervision from within the office. There is a camera monitor in the staff office showing all the cameras located throughout the building. There is a First Responder poster in the staff office that is specific to WBH.

The facility also has an outside recreation area behind the house with an area for basketball and a picnic table. There are cameras on the corners of the building and one on a pole in the yard which covers the back of the building. Dust to dawn lights have been added to the outside of the house.

The camera system includes a total of 10 cameras. There are two monitors for the camera system; one is in the staff office upstairs and the other is in the Director's office downstairs; both are on all the time. There are 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 very good; an additional camera was added in the laundry room since the time of the last audit. The camera system also has audio capability in certain areas and there are signs noting this below the cameras. This auditor observed the monitors showing the camera feeds and confirmed that no cameras were in places where residents would be using the toilet, bathing or changing clothes.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special

housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Westhaven Boys Home is one of 4 residential programs administered by the Tidewater Youth Services Commission (TYSC) and is located in Portsmouth, VA in a mixed use residential/business community. This facility is a non-secure group home with a maximum capacity of 14 residents. The age of the residents is from 12-17 and it is a male only facility. All residents are in the custody of their parents or DSS. Many are involved with the juvenile justice system (have probation officers or are deemed children in need of services). The average length of stay is 41.3 days. On the day of this audit the population of the facility was 13.

Residents are provided breakfast, lunch (if not in school) and dinner at the group home. The facility has a cook and back-up meal preparation is provided by food service handlers from other facilities within the Commission or by the facility's staff. Cameras cover the kitchen, although residents are not allowed in the kitchen without supervision.

Residents are allowed outside for recreation which is unstructured, supervised by a staff member. There is a camera covering the outside recreation area to help prevent sexual assault. Dust to dawn lights have been added to this area as well.

Residents receive therapy and professional services in the community. All residents attend school in the community, with the group home providing transportation to each resident's home school (the school the resident attends from his home) if possible. The facility uses information about the residents' vulnerability to determine placement in the van for transportation to help prevent sexual abuse and sexual harassment.

The facility has 17 staff, including relief staff. The facility has a Program Director and Assistant Program Director who provide direct supervision for residents and the rest of the staff. All staff perform multiple job duties as required on any given shift. All staff are able to run non-therapeutic (behavioral modification) groups, most do intake with new residents. Most of the vulnerable population assessments are handled by the Program Director and Assistant Program Director. Ten staff members were interviewed; five took part in multiple interviews given job duties. In total, 21 interviews were conducted with the group home staff and eight were conducted with the TYSC staff. Interviews conducted with the TYSC agency staff included agency head, PREA coordinator, monitoring for retaliation against residents, monitoring for retaliation against staff, human resources (which is handled at the agency level for initial interviews, applications, background checks, etc.), and incident review team member. The agency's Deputy Director (who also serves as the agency's PREA Coordinator) supervises the facility's Program Director. The Executive Director of the YWCA, the organization tasked with receiving reports of sexual abuse from this facility was interviewed and reported receiving no calls from the facility.

The facility is a two-story house; the ground floor has a dining room, kitchen/pantry/staff restroom area, two resident gathering rooms (a living room and a game room), a resident restroom, a laundry room, and two areas used as staff offices. There are cameras located throughout this part of the house showing rooms from different angles. A camera has been placed in the laundry room since the date of the last audit. Two of the cameras also have audio capability and there are signs noting this under the cameras. PREA posters are evident in the living room and game room including a bulletin board with additional PREA information including local resources. The residents' telephone is in the dining room; numbers for making reports of sexual abuse or sexual harassment are posted beside the phone. There are no PREA posters in the dining room. The kitchen has camera coverage; residents are not allowed in this area without staff supervision. There is a large room used as a pantry behind the kitchen; no residents are allowed in this room. It is covered with a camera.

Upstairs there are four major sleeping areas. There are no rooms used as special population units/rooms and isolation is not used in this facility for any reason at any time.

There are two sleeping areas on the right of the open stairway (these are bedrooms, but the doors have been removed) with bunk beds for four residents in one and a bunkbed for two residents in the other. A large window cut into the wall on each side of the stairwell at the upstairs level allows staff to monitor activity in the back room from the staff office across the stairwell area. There is also a bathroom in the front sleeping area to the right of the stairway. A PREA Notice of Audit is at the top of the stairs.

The area to the left of the stairwell includes a staff office with a glass window to facilitate oversight of all sleeping areas. This area includes a large open area with two bunk beds and one single bed. In addition, there is a single bed under the window of the staff office where residents considered to be vulnerable or in need of extra supervision are placed. There is additional room with one bunkbed; one wall of this room has an internal window allowing supervision by the staff. This area also has a full bathroom. Note that residents in this facility are required to dress in the bathrooms and are not naked or unclothed in view of the staff (confirmed in all resident interviews). All residents sleep in pajama type bottoms and tee-shirts. (Residents are not upstairs during waking hours unless they ask permission, which was confirmed by all resident interviews).

The staff office has a large interior window which allows for supervision from within the office. There is a camera monitor in the staff office showing all the cameras located throughout the building. There is a First Responder poster in the staff office that is specific to WBH.

The facility also has an outside recreation area behind the house with an area for basketball and a picnic table. There are cameras on the corners of the building and one on a pole in the yard which covers the back of the building. Dust to dawn lights have been added to the outside of the house.

The camera system includes a total of 10 cameras. There are two monitors for the camera system; one is in the staff office upstairs and the other is in the Director's office downstairs; both are on all the time. There are 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 very good; an additional camera was added in the laundry room since the time of the last audit. The camera system also has audio capability in certain areas and there are signs noting this below the cameras. This auditor observed the monitors showing the camera feeds and confirmed that no cameras were in places where residents would be using the toilet, bathing or changing clothes.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: (2) (115.318 AND 115:313)

The facility has added additional cameras to augment coverage since last PREA audit. CIH has the ability to record both audio and video conversations between staff and the residents. There is signage in the facility indicating that there can be audio recording. Executive staff can remotely monitor the camera's video from their cell phones 24/7. Staffing exceeds PREA requirements

Number of Standards Met:

Click or tap here to enter text.

Click or tap here to enter text.

39

Number of Standards Not Met:

Click or tap here to enter text.

0

Summary of Corrective Action (if any)

none

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

EVIDENCE

Prison Rape Elimination Act Policy Manual

Review of job descriptions (agency Deputy Director and WBH Program Manager)

The agency (Tidewater Youth Services Commission-TYSC) has an overarching PREA Policy (agency has three group homes including Westhaven Boys Home, and an independent living program) which adhere to the same PREA Policy. The PREA Policy has a section on Zero Tolerance which meets the requirement of the standard; it clearly articulates its zero-tolerance policy and makes it available to residents and all others in the community. The PREA Policy Manual's section, 1.1 Purpose, includes descriptions of efforts to prevent, detect and respond to incidences of sexual abuse or sexual harassment. Efforts include initial training of staff (including any volunteers and/or contractors), and residents; use of vulnerable population assessments for housing and programming decisions; reporting options available to residents including the ability to report to outside sources; and descriptions of investigation protocols, etc.

The agency's organizational chart does not show PREA positions, however, the job description for the agency's Deputy Director includes her responsibility as PREA Coordinator for the agency and the job description for the Westhaven Boys Home (WBH) Director includes the PREA Compliance Manager's responsibilities. Both were reviewed by the auditors.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Type text

This agency does not contract with any other agency or entity for the confinement of its residents and is in compliance with the standard.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for

adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

EVIDENCE

Prison Rape Elimination Act Policy Manual

Staff Rosters/Personnel Records

Staffing Plan Review Form

Staff interviews

Unannounced Rounds Log

The facility meets the 1:8 staffing ratio for waking hours and 1:16 for sleeping hours. They have both solid permanent staff and a cadre of part-time staff to help fill in when necessary. The facility had no instances of not meeting staffing plan.

PREA Policy describes staffing plan developed in accordance with standard. Auditors reviewed Staffing Plan Review Form. Interviews with the agency head and PREA compliance manager indicate that this is a carefully developed plan that allows for multiple contingencies in its effort to stay compliant with staffing ratios. With a frequently changing population and multiple programs, this facility reviews its staffing plan on a daily basis. Auditors suggested a more thorough documentation for the annual review of the staffing plan and further suggested

listing each of the items described in the standard as a way to ensure the review is focused on each element of the standard and then documenting this in their meeting minutes.

The facility is properly performing and documenting its unannounced rounds. The Program Director has the ability to view and record camera footage from his cell phone 24 hours a day.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

EVIDENCE

Prison Rape Elimination Act Policy Manual

Staff interviews

Resident interviews

6VAC35-41-500

This agency/facility does not do pat down searches of any type. If there is a concern about a resident having contraband or something that they should not have, the police are called and officers from the police department do a pat down search. Staff are allowed to use a wand to check for contraband and the police are called to conduct a pat down search if a resident does not comply. All resident and staff interviews were consistent ---they do NOT do pat down searches, cross-gender or otherwise.

Residents are allowed to bathe and dress without being viewed by members of the opposite gender. All residents are required to dress in the bathrooms. All residents reported that they are allowed to dress and toilet without being viewed by staff of the opposite gender.

Residents and staff had different descriptions of how female staff announce that they are on the floor. Because of the physical layout of this house, they handle the requirement of announcing by having any female staff who will be supervising showers or bedtime go upstairs first so all residents know she is there. Residents are not allowed upstairs during the day unless accompanied by a staff member who would go upstairs with the resident.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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. All elements required by the standards were included in the training. Training was provided on appropriate grade level, including written materials. Executive Director indicated that based on the population admitted the majority of the residents speak English or Spanish. They have language services available if they need them. Resources are available for residents who are low vision and/or hard of hearing/deaf.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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TYSC PREA Policy Manual, 1.15.0, Hiring Policy

Review of personnel records/files (initial background checks, re-checks for staff who have been with the agency longer than five years)

Interviews with Agency Head, Program Director and HR Manager

Review of agency employee annual evaluation forms

Review of application forms

Agency records indicate that initial records checks (including fingerprint 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. Questions about previous misconduct in prison, jails, etc. are part of questions for hiring and part of employee annual evaluation process.

HR Manager indicates that the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee if requested. She has a well thought out and executed method of keeping up to date on background checks for employees who have been with the organization for longer than five years. This is important for this agency since they have excellent retention and have many employees who have been with the agency for many years.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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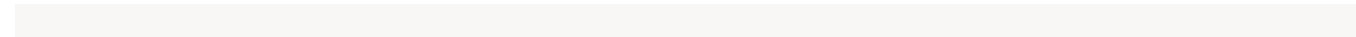
Evidence

TYSC PREA Policy 1.4.3

Review of camera system

Facility has done an excellent job of maintaining its camera system and uses it as part of its supervision of residents. One camera was added in the laundry room since the time of the last audit. No cameras are in areas where residents may be bathing or toileting. Notices are posted that audio recording is occurring. Camera monitors are located in the Program Director’s office and in the staff office upstairs.

This facility (in conjunction with the agency’s other group homes and the independent living program) uses its camera system and the ability it has to monitor another location to ensure good coverage for staff doing overnight shifts. By contacting each other and coordinating room checks, the overnight staff from one group home can watch the camera monitor while the other does room checks to provide even more extensive coverage. This is an excellent safety measure for staff and residents.



RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.8.4

Memorandum of Agreement-TYSC and YWCA of Hampton Roads.

Interview with Executive Director, YWCA

Interviews with agency investigators

Review of Certificates of Training for Investigator training

Policies and procedures clearly identify the protocols to be followed when an abuse takes place. Resident victims are seen at the Maryview Hospital.

Investigations of sexual abuse referred to Portsmouth Police Department. This facility does not do criminal investigations and relies on the judgment and expertise of the Portsmouth Police to conduct appropriate interviews. Nine agency staff, (including two facility staff), have completed approved investigator training but they refer all sexual abuse and harassment allegations to Portsmouth Police department.

Resident victims are seen at Maryview Hospital which has 24/7 safe/sane staff. YWCA of South Hampton provides the resident with confidential support services and a crisis companion from the YWCA/Sexual Assault services and counseling center will respond to requests to support victim and family. Treatment services are provided in the community and are consistent with the community standard of care.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.5.4

TYSC PREA Policy 1.8.6

Interview with Agency Head

Interviews with investigators

Review of Certificates of Training for Investigator training

Agency/facility policy indicates that allegations will be referred to appropriate law enforcement agency for investigation. Investigations of sexual abuse at WBH will be referred to Portsmouth Police Department. Agency has communicated clearly with its local police department in terms of its expectations that the investigation follows PREA standards.

WBH does not do criminal investigations and relies on the judgement and expertise of the Portsmouth Police to conduct appropriate interviews and investigation. All interviews with staff (Agency Head and Investigators) reinforce the facility's intent to refer to appropriate law enforcement agency.

The TYSC will stay in contact with Portsmouth Police Department to stay apprised of any investigation. Agency staff have attended both investigator training courses; they will only do administrative investigations.

There have been no allegations of sexual abuse or sexual harassment at the WBH.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.5.1, #1

Review of training curriculum

Staff training files

Staff interviews

Training curriculum for the agency's employees addresses all elements listed in the standard. Staff sign PREA Training Outline Page indicating that they understand the training they receive. Documentation is maintained in personnel records. 100% of all staff have received the necessary training in the appropriate timeframes to be compliant with the standard. Curriculum and training records of all staff members were reviewed and all received appropriate training. Training is conducted more frequently than once per year, with different topics chosen for monthly staff meetings. Policy indicates additional training is provided for staff reassigned to facility housing different gender although this facility is all male.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy1.5.1

Review of training curriculum

Facility does not have any contractors or volunteers (no interviews).

Agency does not use contractors. Agency PREA policy requires PREA training for all volunteers; agency requires all interns, regardless of their interaction with residents, to complete PREA training. At this time WBH does not have volunteers at the facility.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No

- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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

Facility tour-observed posters; bulletin board in living room

Staff interviews

Resident interviews (12 of 13 residents interviewed)

Ten staff of WBH were interviewed and all indicated that residents receive PREA training on the day of their arrival. Resident interviews along with a review of current residents files and those who had entered facility within the past 12 months confirm this information. Residents sign that they receive the PREA training, form kept in residents files. Resident training includes all elements of the standard.

Residents' interviews indicate that residents understand the PREA education they receive and all indicated that they had received PREA education on the day of their intakes. Resident interviews noted that PREA education happens regularly at WBH (usually in the form of a group on Saturday if someone is new to the house). Posters reinforce PREA education elements and are located throughout the house. A bulletin board in the living room holds PREA information along with forms and contact information for the YWCA.

Files of all residents who have been admitted to WBH in the past year (68 files) were reviewed and indicated that the facility consistently gives residents their PREA training at intake. Of the 68 files, three PREA Education forms were not dated (and of these, one was released three days from the date of intake).

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]
 Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

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Evidence

TYSC PREA Policy 1.5.4, 1.8.6

Investigative Staff interviews (Deputy Director of agency, Program Director and Assistant Program Director)

Certificates of completion for NIC training to meet specialized training requirement for WBH staff tasked as investigators and agency staff tasked as investigators.

Agency policy clearly indicates that allegations of sexual abuse will be referred to appropriate law enforcement authority (Portsmouth PD for WBH). Deputy Director/PREA Coordinator, Program Director and Assistant Program Director received certificates for both specialized training courses for investigators through PRC on NIC on-line courses. Certificates are on record. They only conduct administrative and sexual harassment investigations. There have been no reported instances of sexual abuse or sexual harassment at WBH. All investigators interviewed were able to articulate what they learned in training.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.5.3, 1.7.3

Interview with Agency Head and PREA Coordinator

This facility is a group home and does not employ medical or mental health professionals. All medical and mental health needs are referred out to the community. Community care is consistent with community standard of care. The assistant director of the agency has the KSAs to meet QMHP need, however, all mental health needs are referred to community providers. The agency/facility refers residents to community providers for all ongoing treatment services. Facility practice is to transport to Maryview Hospital for emergency medical care and to medical practitioners in the community for routine care.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.6.1

TYSC Screening and Vulnerable Population Assessment form

Los Angeles Symptom Checklist

Resident interviews

Staff interviews

Review of resident files (68 past resident files reviewed; 12 current resident files reviewed)

TYSC PREA Screening and Vulnerable Population Assessment; PREA Policy 1.6.2,#1 a-k reviewed. Although staff at WBH program wear many hats, most of the vulnerability assessments are done by the Program Director and Assistant Program Director so they were interviewed with the "Staff Responsible for Risk Screening" questionnaire along with one additional staff member. All staff who conduct intakes were very familiar with the screening tool and stated that they use it at intake. Resident interviews confirmed this. All resident files checked showed that the screening was done the day of intake.

Staff interviewed indicated that information came from multiple sources including parents, community providers, court documents, school, etc. Residents who screen as vulnerable are either receiving services in the community or are offered a meeting with appropriate mental health or medical professional.

While the facility may not use the TYSC PREA Screening and Vulnerable Population Assessment due to shorter LOS, the Agency also uses Los Angeles Symptom Checklist to assess residents throughout their stay.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No

- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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 WBH Policy on Management of Resident Behavior which 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.

Vulnerability assessment forms were reviewed for the 68 residents in the past 12 months as well as the current 12 residents. Notations in the files for residents deemed vulnerable indicated various safety plans for residents. The most frequent was placement of the resident in the bed just outside the staff office window.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?
 Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- 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, whom they may report to, that others may report for them and that reports may be made in writing or verbally, through a third person and anonymously and are kept private. Posters were evident throughout the facility and residents knew where they were. Residents knew they could report outside the facility. Facility has MOA with YWCA to provide 24-hour hotline. Residents have multiple ways to report, including verbally and in writing.

All residents and staff knew they could report outside the facility and how to do that. Residents and staff knew they could make reports without giving their names. Staff members all knew they were to accept verbal reports and that they would document those reports right away.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency’s determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.7.1, #1 (a)

The facility provides multiple ways for a resident to report allegations of sexual abuse or sexual harassment. Residents are educated about them during PREA education done at intake within the first 10 days of being at the facility.

The agency/facility allows residents to report using the “grievance” form if they want to write an allegation instead of calling the YWCA, CPS or telling a staff member or family member. The grievance system is something most of the residents in this facility would be familiar with based on local detention programs, however, all residents are informed that an allegation of sexual abuse or sexual harassment is immediately referred to the Program Director, Assistant Program Director or designee for referral for investigation outside the normal grievance process. The form, the grievance procedure and training handouts all include information that tells residents that all allegations of sexual abuse or sexual harassment are referred to the local police for investigation. Allegations of sexual abuse and sexual harassment are not handled through the facility’s usual grievance program. The agency’s policy clearly informs staff and the grievance form and all information about the grievance process informs residents that these allegations are handled outside the grievance process and are referred to local police for investigation.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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

TYSC Memorandum of Agreement with YWCA

Interview with Executive Director of YWCA

Facility tour—numbers posted to telephone used by residents and on information posted on bulletin board

Staff interviews

Resident interviews

PREA Coordinator interview

Information is posted for residents. Numbers for contacting outside support services are posted near the resident’s telephone. Residents seemed to understand that they could access outside support services; all confirmed that they were allowed to visit with their attorneys and parents. Interviews with Program Director; PREA Coordinator (Deputy 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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

Interviews with staff and residents

Posters are visible in multiple parts of the facility in areas which might be viewed by parents/guardians, etc. Information on how to make a third-party report is on the website and on bulletin boards at the facility. Facility has MOA with YWCA to have 24-hour hotline to report sexual abuse. Reporters are directed to CPS or Portsmouth Police Department depending on the age of the resident who is subject of the report.

In addition to the posters and website information, all residents and staff were aware that third-party reports could be made and that they were considered as seriously as reports made in any other way.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 Manager (Program Director at WBH)

Sexual abuse response protocol

Agency policy closely mirrors the standard and requires all sexual abuse allegations be referred to local law enforcement and to child protective services (all residents in this facility are under 18). Interviewed staff understood that the agency requires all staff to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred and any incident of suspected retaliation and any staff neglect which might have contributed to an incident. All staff interviewed understood that all allegations are taken seriously, that all allegations are to be reported immediately. Interviewed staff articulated the facility's instruction on the process for making a report and all indicated that they were able to make a report directly to the police department and/or CPS if they chose to make the report that way; all indicated that they were prohibited from revealing any information other than to the extent necessary (they understood that the incident was to be treated confidentially).

Interviews with PREA Compliance Manager/Program Director indicated clear understanding of the requirements for making reports including who should receive a report of an incident, including CPS/DSS and juvenile court.

This facility does not employ medical or mental health practitioners.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 1.82

Agency Head interview

Program Director (Superintendent) interview

Staff interviews

Agency Head, Program Director and all staff interviewed 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."

Agency Head and Program Director (Superintendent) indicated they expected staff to take immediate action based on threats of imminent sexual abuse.

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

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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

Agency Head interview

Program Director (Superintendent) interview

Staff interviews

Interviews with the agency head indicated that they have not experienced this situation. Agency policy closely mirrors the standard and provides clear instruction in terms of how reports should be made, to whom they should be made 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, including CPS if the resident is under 18.

Interviews with the Agency Head and Program Director confirm the agency’s reporting policy. There have been no allegations of sexual abuse received from another facility about abuse that happened at WBH and no allegations received at WBH about abuse that happened at other facilities.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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

WBH Sexual Abuse Immediate Response Protocol

Staff interviews

Staff were asked first responder questions in addition to random staff questions and were able to articulate their responsibilities and knew where the protocol was posted. There have been no instances of sexual abuse at the facility. The facility's Sexual Abuse Immediate Response Protocol is specific to WBH which is part of the title. The Protocol is posted in the staff office upstairs.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.8.2

Program Director (Superintendent) interview

PREA protocols posted in staff offices, specific to WBH

The Program Director articulated the facility’s coordinated response. This facility is a group home and does not have medical or mental health practitioners on site. The facility’s PREA Response Protocol clearly articulates actions to be taken as a coordinated response. All investigations are done by Portsmouth Police Department. The YWCA provides sexual assault victim advocates and resident victims would be transported to Maryview Hospital (by ambulance if required) for any medical attention required including SAFE/SANE needs.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Virginia is a non-union state.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the 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 Manager for Agency monitors for retaliation against staff

Interviews with HR Manager and Program Director

Job description reviewed/Program Director

Facility Program Director will monitor for retaliation against residents and HR Manager for agency will monitor for retaliation against staff member. Job description of Program Director clearly lists monitoring retaliation as a job function.

Both Program Director and Manager of Human Resources stated that monitoring for retaliation would continue for as long as it was determined to be necessary, even if that exceeded 90 days. Each articulated the types of situations that would be monitored such as performance reviews, denied leave, etc., for staff and discipline reports, changes in facilities, or restrictions for residents.

There have been no allegations of sexual abuse over the past 12 months.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence

This agency/facility (a group home) does not use isolation for any reason at any time. The facility does not have any type of room which could be used for isolation. This was substantiated by interviews of staff and residents. All staff clearly responded they do not use isolation. There were no records to review.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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

Program Director (Superintendent) interview

PREA Coordinator interview

Investigator interviews

PREA Compliance Manager interview

Review of Certificates of Completion for Investigator Training

This facility refers all allegations to Portsmouth Police Department. At this point in time, there is no MOU with the PD, but the PD is aware of its responsibility to respond to the facility.

The agency/facility policy indicates that investigations are not terminated based on the victim recanting the allegation, the resident leaving the facility, or the staff member resigning/leaving the agency before the investigation is completed. The

Agency head, Deputy Agency Director, Program Director and Assistant Program Director have completed both PREA investigator trainings on NIC’s website. Training certificates were reviewed by this auditor.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (*Substantially exceeds requirement of standards*)
- Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.8.6 #3

Investigator interviews

This facility refers all allegations to Portsmouth Police Department. Facility Investigators have completed both of the PREA investigator training courses on the NIC website.

Agency policy imposes no standard higher than preponderance determining substantiated allegations of sexual harassment. Interviews with facility director and all agency/facility investigators indicated knowledge of standard of evidence for sexual abuse investigations.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation, that he or she suffered sexual abuse in an agency facility; does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.8.7

Program Director (Superintendent) interview

Investigator interviews

This facility refers all allegations to Portsmouth Police Department. At this time, the facility/agency does not have a MOU with the Portsmouth Police Department, but the agency/facility's policy requires the facility to stay in touch with the investigating authority to request they provide information so that the resident will be informed.

Allegations the PPD refers back to the agency/facility get administrative investigation. Agency policy states the responsibility to inform residents in administrative investigations. Agency investigators have taken required training through NIC website and were aware of the duty to keep residents informed when interviewed.

There have been no allegations made during the past 12 months and no investigations to review.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the 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 Executive Director interview

Agency policy clearly defines possible sanctions for staff who violate agency sexual abuse or sexual harassment policy, up to and including termination. During the Agency Head interview, agency head stated that the agency has resources to place staff on paid leave pending outcome of investigation.

There have been no allegations during the past 12 months and there were no records to review. There have been no disciplinary actions taken against staff in the past 12 months relating to sexual abuse or sexual harassment misconduct.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.9.2

Agency policy clearly articulates corrective action for contractors (none used in this agency at time of the audit) or volunteers (none at time of audit) who violate agency policy against sexual abuse or sexual harassment up to an including banning from facility. No volunteers or contractors were reported to have violated agency policy.

Agency policy states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and be reported to law enforcement agencies.

There have been no allegations against contractors or volunteers in the past 12 months; there were no records to review.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No

- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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TYSC PREA Policy 1.9.3

Program Director (Superintendent) interview

Resident manual

Facility does not use isolation for disciplinary sanction or for any other reason.

Agency policy prohibits sexual activity between residents. Residents may be subject to disciplinary sanctions only following a substantiated administrative investigation or a criminal finding of guilt for resident-on-resident sexual abuse. Residents may be disciplined for sexual contact with staff only upon a finding that staff did not consent to such contact. The agency’s policy mirrors the standard in requiring the disciplinary process to consider whether a resident’s mental disabilities or mental illness contributed to his behavior in determining sanctions.

There have been no allegations of sexual abuse of any type in this facility during the past 12 months; no disciplinary actions have been taken.

This facility does not have mental health or medical practitioners on site. Residents are referred to the community for treatment and treatment is not a condition for earning points or participating in programming or education.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence

TYSC PREA Policy 1.7.3

Vulnerability assessment form

Resident intake file review, past twelve months; 68 files reviewed

Resident intake file review, current residents; 13 files reviewed

Los Angeles Symptom Checklist form

Agency policy mirrors standard; there are no medical or mental health providers on staff, so residents are referred out to community resources within timeframe required under standard (as part of intake process). The residents of this facility receive medical and mental health treatment in the community, so records to confirm referrals were not available.

Two current residents reported sexual victimization or being prior perpetrators at intake; both are currently receiving treatment in the community that relate to the report made during the vulnerability assessment.

The facility's vulnerability assessment form has a space to remind the staff doing the intake to offer services/follow-up meetings as necessary. Agency documents offerings of follow-up meetings on residents' vulnerability forms at intake. Of the 81 files reviewed (13 current residents, 68 in the past 12 months), one was missing any notation of required follow-up. This auditor brought this to the attention of the Program Director as an area to put a review process in place to ensure all residents receive follow-up meetings as required by the standard and within the necessary timeframes.

In addition to using the agency's form, the agency also uses the Los Angeles Symptom Checklist to assess the residents in its care. This instrument is a validated tool and used extensively to determine overall status of adolescents. Residents in this facility do not have long lengths of stay, so the agency's form is not re-administered to residents unless they leave the facility and are readmitted. Given the use of the Los Angeles Symptom Checklist in conjunction with the agency generated vulnerability assessment form, residents in this group home are carefully monitored for anything that might make them more susceptible to sexual abuse or sexual harassment or for being a threat to other residents.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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

PREA Response Protocol

Resident interviews

Agency policy mirrors standard. Treatment services are to be provided to victims without financial cost regardless of whether the victim names the abuser or cooperates in any way. All medical and mental health treatment services are provided in community. No current residents reported sexual abuse; the facility does not have mental health or medical practitioners on staff.

Facility uses Maryview Hospital for all emergency medical and mental health services.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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

Facility uses local hospital, Maryview Hospital, 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.

Policy mirrors the standard including offering medical and mental health evaluations to all residents who have been victimized by sexual abuse in a jail, prison, or juvenile facility; providing any required services at no cost to residents, regardless of his participation in an investigation; attempting to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, etc.

No current residents reported sexual abuse. The facility does not have mental health or medical providers on staff; there were no staff to interview and no files to review. This is an all-male facility.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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. Deputy Director is a member of the Tidewater Sexual Assault Review Team. Agency's policy mirrors the standard and the process for reviewing incidents of sexual abuse or sexual harassment incorporates all required elements of the standard.

There have been no sexual abuse incidents to date; there were no reports to review.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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

The agency's PREA policy mirrors the standard. Facility does not have any incidents to report at this time. DOJ has not requested data from this agency/facility.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 1.10.2

Agency Head interview

Deputy Director interview

The agency collects all required data and has a system in place to do so accurately. There have been no past or current incidents to report on agency's website. Website reflects no incidents for 2016, 2017, 2018.

The agency's annual report meets the requirement of the standard. While the agency makes ongoing strides to improve its prevention, detection and response to sexual abuse and sexual harassment, as a group home located in the community it has chosen not to detail those efforts in an annual report to keep from alarming parents and the general population who reside in the neighborhoods where the group homes are located. The agency feels that even talking about its efforts towards the prevention of sexual abuse could be a sensitive issue in the community and the agency is dependent on the good will of the community in its provision of services to residents.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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/facility has had no incidents of sexual abuse.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This auditor interviewed all necessary staff and residents and was given private space to conduct interviews. The auditor was provided access to and observed all areas of the facility. The agency has ensured that ¼ of all its facilities have been audited on schedule. Auditor was given all relevant documents in paper or electronic form as requested.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Audit reports were added to website to reflect audits that have been conducted as required.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Susan Heck/Vernon Harry

April 11, 2019

Auditor Signature

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.