

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 19, 2016

Auditor Information			
Auditor name: Susan Heck			
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Email: susanheckva@gmail.com			
Telephone number: 757-784-1675			
Date of facility visit: August 15-16, 2016			
Facility Information			
Facility name: Chesapeake Juvenile Services			
Facility physical address: 420 Albemarle Drive, Chesapeake, VA 23322			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 757-382-8748			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Sam Taylor, Superintendent			
Number of staff assigned to the facility in the last 12 months: 147			
Designed facility capacity: 100			
Current population of facility: 53			
Facility security levels/inmate custody levels: Medium, Resident Custody Levels, 1, 2, 3 & 4 Behavioral Level System			
Age range of the population: 10-19			
Name of PREA Compliance Manager: Daniel Moore		Title: CJS PREA Coordinator	
Email address: dwmoore@cityofchesapeake.net		Telephone number: 77-382-8748	
Agency Information			
Name of agency: Chesapeake Juvenile Services			
Governing authority or parent agency: <i>(if applicable)</i> City of Chesapeake Human Services Department			
Physical address: 420 Albemarle Drive, Chesapeake, VA 23322			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 757-382-8748			
Agency Chief Executive Officer			
Name: Click here to enter text.		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	
Agency-Wide PREA Coordinator			
Name: same as Facility/		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	

AUDIT FINDINGS

NARRATIVE

Chesapeake Juvenile Services received an onsite PREA audit on August 15-16, 2016. A meeting was held on August 15, 2016 with this auditor and Sam Taylor, Superintendent; Beth Blount, Assistant Superintendent; Kenneth Gallop, Team Leader; and Daniel Moore, PREA Coordinator/PREA Compliance Manager.

The facility is a 100-bed regional juvenile detention facility located in Chesapeake, Virginia. Chesapeake Juvenile Services (CJS) is a division of the Department of Human Services of the City of Chesapeake. Chesapeake Juvenile Services is responsible for providing quality safe and secure detention services to residents detained by the courts for the cities of Chesapeake, Suffolk, Portsmouth, and the counties of Isle of Wight and Southampton. Programming includes educational services, medical services, mental health services, individual counseling, group counseling, mentorship, recreational activities and behavior management.

There are four programs housed in Chesapeake Juvenile Services; programs include Pre-Disposition; Post-Disposition (for youth who are serving a longer detention time for more intensive services); Community Placement Program (for committed youth to serve commitments closer to home) and a Re-entry Program (a "step-down" program for youth returning to the community from the state juvenile correctional centers). The mission of the facility is to provide quality detention services in a safe and secure environment to the youth detained at the facility to assist them in developing positive and productive behaviors, value themselves, their families and their communities. The facility assists residents in learning to make appropriate decisions, increasing the likelihood of their of their future success.

The facility was toured by this auditor on August 15, 2016; the tour was provided by Mr. Gallop with Ms. Blount and Mr. Moore also attending. The facility is primarily cinderblock with a brick facing, built in 1961 and renovated in 1995. There are two entrances to the facility; one entrance is for the Administrative Offices and one entrance is into the secure detention area which houses residents and resident services.

The secure entrance to the Administrative area is covered by an outside camera. It opens into a receptionist area with the administrative offices of the superintendent, assistant superintendent, along with a conference room, and copy room to the left of the reception area. A hallway to the right of the reception area leads to additional offices and file rooms and a set of secure doors which lead into the detention facility's resident dining room. There are cameras in the dining room on each side, each with a cross room view. Mr. Gallop pointed out that smaller, more vulnerable youth are seated under the camera on one side and the female residents are seated under the camera on the other side. The kitchen area is not accessible to residents; they form a line and get their trays through an aluminum shade that secures the kitchen when meals are not being served. The door from the kitchen leads into the main part of the detention facility; leading into a wide hallway with the kitchen door behind and the control room at the end of the hall. The central hall has windows and is well lit. Housing units lead off this main hall along with a teacher work room, the gym, and the Team Leader office. At the end of the hall is the master control room; to the left of master control is the intake area which houses intake offices, and the medical area. To the right of master control is the lobby for the secure entrance to the detention facility used by staff, probation officers, family members, attorneys, etc. This entrance is also secure with camera coverage.

Unit Two is to the right off the main hall just after you enter the hallway from the kitchen. A sign outside the door to the unit prompts staff to announce their presence if they were of the opposite gender. This unit houses the female population and consists of a tv room, staff office, sleeping rooms and a large classroom area. The area has excellent camera coverage. PREA posters in English and Spanish were in evidence along with the Notice for Audit. The bulletin board held additional information such as brochures for the YWCA and How to Report Sexual Abuse and grievance forms. Residents ask to use the phone in the staff office to make calls. There is a phone in the classroom but only makes collect call to approved numbers. Residents shower one at a time. Residents are able to shower, use the toilet, and dress without being viewed by anyone.

A teacher workroom is on the left after exiting the kitchen. It is a secure door and has one wall with windows showing the hallway. This room is used for teachers to train and store supplies. The gym also opens off the main hallway on the left. There are cameras covering the gym in opposite corners. Mr. Gallop pointed out where staff sit while supervising residents, one on each side of the gym close to bathroom doors which are monitored closely. Only one resident at a time is allowed in the bathroom. There were several storage doors off the gym for equipment, etc., and all were secured.

Entrances to additional housing units are at the approximate mid-point down the main hallway. To the right is the entrance to Units 4 (Post-Dispositional Program) and Unit 5 (Community Placement Program). A sign outside the door to the unit prompts staff to announce their presence if they were of the opposite gender. These units house males and consist of a tv room, staff office, sleeping rooms and shower area. The area has good camera coverage. Most shower areas provided privacy---all residents shower one at a time. These units had shower areas with two shower stalls with shower curtains. They only use one of the stalls. In Unit 5, the shower stall being used was visible to the resident in the sleeping room across the hall. The facility changed which shower stall to use to rectify this. PREA posters in English and Spanish were in evidence along with the Notice for Audit. The bulletin board held additional information such as brochures for the YWCA and How to Report Sexual Abuse and grievance forms. Unit 5 also had a large "group" room used for counseling and other

activities. There was good camera coverage in these areas.

To the left of the main hallway at the mid point is the hall to Units 6 & 7, which open on opposite sides of the hall. Signs outside the door to both these units prompts staff to announce their presence if they are of the opposite gender. These units have a very similar design; upon going through the secure door there is a small office on the right (or left) and the staff office (with windows along one side) and a large open area with sleeping rooms along the sides with two showers. There are windows along the ceiling providing natural light. There are cameras at ceiling height on opposite sides of the room. The showers are behind a secure door; residents shower one at a time and are secured in the shower; they come out dressed. There are also two rooms off to the side that were designed with cameras in them to provide more intensive supervision for any residents requiring this level of observation. The monitor in the staff office was reviewed and the toilet area was not visible to the camera. Residents use the phone from the staff office. There is also a large tv room that is part of the overall unit and it has good camera coverage. PREA posters in English and Spanish were in evidence along with the Notice for Audit. The bulletin board held additional information such as brochures for the YWCA and How to Report Sexual Abuse and grievance forms. Unit 7 was set up in the same way with the same sleeping room/shower/tv room/staff office setup and again, there was good camera coverage and PREA information available to residents.

Additional offices are along the main hall for the Leadership Team. Team Leaders use this area and it has a wall with windows as well. It is a secure door.

This auditor reviewed the cameras from the control room and no cameras compromised the residents' ability to bathe, toilet, and change without being viewed by staff monitoring the cameras either in the unit or in the control room.

The intake unit (and sally port) is beside the control room and houses the intake staff with areas to administer vulnerability assessments and provide information to residents at intake. The medical unit is housed in this area also and has a small room housing the medicine cart and nurse desk and a small examination room. This area also contains the mental health provider office. There are two showers for use by residents at intake. This area is also well covered with cameras which allow residents to bathe, toilet, and change without being viewed by staff. There is no camera in the exam room. Posters were evident in this area.

The facility has nurses at the facility seven days a week. In the event of a sexual assault, residents are transported to Chesapeake General Hospital or to Children's Hospital of The Kings's Daughters, both of which have SANE staff 24/7. No forensic exams or body cavity searches are performed at the facility.

MOUs are in place with Chesapeake Integrated Behavioral Healthcare (CIBH) to provide mental health services and support onsite at the facility. All allegations of sexual abuse are investigated (there have been no allegations); facility has investigator to handle beginning inquiries before all allegations of sexual abuse and sexual harassment are referred to Chesapeake Police Department (CPD). Investigative staff took online training through NIC/PRC. There is a MOU with CPD in place. All MOUs were reviewed by this auditor. Victim services are available 24/7 through Victim Services of CPD and also through MOU with CIBH and agreement with local YWCA.

Required PREA notices were evident throughout the facility. Other PREA posters were also in evidence, both in English and in Spanish. All residents interviewed knew about the Zero Tolerance Policy, that they had the right to be free from sexual abuse and sexual harassment, how to report and that they could not be retaliated against for reporting.

This facility has six units (active) and a maximum of 100 residents; there were 53 residents on the first day of the audit. A total of thirteen residents (at least one from each active unit) were interviewed. Residents were extremely respectful, and engaged well with this auditor. They expressed respect for the staff.

Staff members engaged easily with residents and were respectful in the way they spoke with and interacted with them. The behavior of the residents clearly reflected the way they are treated at CJS.

Of the total 107 staff, 15 secure staff were interviewed (of the 30 available over all three shifts for the two days of the onsite audit) covering all shifts and all units and 17 speciality interviews were conducted; total of 32 staff interviews were conducted. Some staff took part in more than one interview since staff often perform more than on "PREA" role. The training records and background check information of all staff interviewed were reviewed.

DESCRIPTION OF FACILITY CHARACTERISTICS

Chesapeake Juvenile Services is a secure detention facility for males and females from 10-19 serving the cities of Chesapeake, Suffolk, and Portsmouth, and the counties of Isle of Wight and Southampton . Average length of stay is 31 days.

Staffing ratios meet and exceed the standard (which has an implementation date of 2017). Staffing plans add additional staff based on the population; extra staff are called in when the population includes residents who have negative relationships with each other in the community, if the composition of residents in population call for extra attention or supervision, or if special programs require additional staff.

Education of residents is provided through the City of Chesapeake and is provided on site.

All residents shower separately and sleep in single occupancy rooms. Residents are allowed to bathe, shower, toilet without being viewed by the opposite gender.

SUMMARY OF AUDIT FINDINGS

The on-site audit of Chesapeake Juvenile Services (CJS) was completed on August 16, 2016.

Compliance with the PREA standards and a true commitment to keep residents in their care safe and free from sexual abuse and sexual harassment is evident in everything that happens at CJS. Although not specifically addressed in the PREA standards, the number of five year background checks that needed to be done for staff at this facility speaks to the facility's staff retention rates and the strength of its leadership team. All staff encountered expressed faith in their administrative team and a genuine concern for the residents.

Sincere thanks to Kenneth Gallop, Team Leader, and Daniel Moore, PREA Coordinator/PREA Compliance Manager, for their help throughout the onsite audit process. The responsiveness of the entire administrative team and all members of CJS staff to questions and the quick turnaround on any needed changes contributed greatly to the ability to provide this report in less than the thirty days allowed.

The commitment of this staff was tangible and clearly reflected in the way they interacted with each other and with the residents. The residents at this facility were the most respectful and the most willing to engage of any residents this auditor has ever had the pleasure to meet while doing audits. Their way of communicating had to be a reflection of the way they are talked with and treated at this facility. One resident, who was going to court for possible release, told this auditor that he would be back when he was 21. When questioned further, he stated that he wanted to come back as a staff member and help. There is no truer testimony to the caliber of staff at this facility than that.

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Evidence:

CJS PREA-Zero Tolerance of Sexual Abuse and Sexual Harassment, pg. 1
Reviewed Organizational Chart
Interview with PREA Coordinator/Compliance Manager

Policy is thorough and covers all elements of the standard; the policy does an excellent job with its definitions. PREA coordinator position noted on organizational chart; falls under Operations. Facility has a PREA Coordinator/Compliance Manager (both interviews conducted with this staff member to ensure everything was covered) who states he has enough time to perform his duties. PREA Coordinator states that he meets with the leadership team regularly and has strong support from all departments and areas impacted within the facility. It is clear to this auditor that the entire Administrative Team has been very involved in working toward full compliance with all standards and is committed to keeping its residents safe from sexual abuse and sexual harassment. All Administrative Team members were actively engaged.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

Evidence:

This standard does not apply to this facility. It does not contract with any other agency for the confinement of its residents.

Standard 115.313 Supervision and monitoring

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

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

Evidence:

CJS 115.313 PREA-Supervision and Monitoring, 3, a), xiv., pg. 2

Interview with Superintendent

Interview with administrative staff who conduct unannounced rounds

Review of Unannounced Rounds log

PREA Coordinator and Superintendent indicated that they will designate a specific supervisors' meeting to do the formal annual review of the staffing plan. Superintendent noted that he meets at least monthly with his supervisors and that staffing is always discussed in these meetings. This auditor suggested that he put staffing on his agenda so that the discussion is documented. Superintendent stated that he personally reviews the schedule for each shift to ensure coverage.

Interview with PREA Coordinator and Superintendent indicate that close attention is given to each element of the standard, especially since this facility houses both male and female residents and does not allow males to supervise female units. They noted that intake staff is well versed in keeping the ratio at 1:8 and considers this when making housing assignments to new intake----will consider if the new intake is the "9th" resident in a unit requiring an additional staff. Staffing levels are also predicated on what activities are taking place in the facility.

The facility has a strong relief staff roster and also an emphasis on team that keeps call outs manageable.

Facility does unannounced rounds two times a day per shift and documents these rounds in a log. This auditor suggested that this frequency may be diluting the intent of the unannounced rounds to maintain a PREA focus.

This facility falls under the Department of Juvenile Justice's regulations which sets the staffing levels at 1:10. CJS has moved to 1:8 to meet the PREA standards ahead of 10/1/2017.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

Evidence:

CJS 115.315 PREA-Limits to Cross-Gender Viewing and Searches, 1. Purpose.

Interviews with secure staff

Interviews with residents

Interview with medical staff

Resident and staff interviews confirm the facility's policy that cross gender pat searches are not done at this facility. (Residents and staff noted that after intake, no pat down searches are done at all.) All resident and staff interviews confirmed the facility's policy that residents may bathe, toilet, and change clothing without being viewed by staff of opposite gender. All staff interviewed indicated they have been trained on cross-gender pat-down searches.

During facility tour, this auditor noted one shower that could be viewed from the window of one of the rooms. Facility stated they would use the other shower from this point on (they only shower one resident at a time and there are two shower stalls in this area).

All staff and resident interviews confirm that staff of the opposite gender announce their presence when entering housing units of opposite gender.

Resident and staff interviews confirm that staff announce their presence when they enter the housing unit of opposite gender; there are laminated signs reminding staff to do this posted at the entrance of every housing unit.

There have been no cross-gender body cavity searches performed by medical or anyone else at this facility. If a body cavity search were indicated, resident would be transported to the hospital for this procedure.

There are no transgender or intersex residents currently in the population. Facility uses training on PRC website for cross-gender searches

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

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

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

Evidence:

CJS 115.315 PREA-Resident with Disabilities and Residents who are Limited English Proficient,
Interview with superintendent as Agency Head designee
Interviews with residents
Interviews with secure staff
Review of resident brochure in Spanish

Posters and brochures are available in Spanish (the language represented most often other than English) and posted throughout the facility. Residents and staff all report that the facility does not use residents to interpret. The interview with the facility's superintendent confirmed that services are available for residents who are not English speaking.

Standard 115.317 Hiring and promotion decisions

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

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

Evidence:

CJS 115.315 PREA-Hiring and Promotion Decisions, 3, a, i-iii, pp. 1-2

Review of HR policy

Interviews with HR hiring managers at facility

Review of facility personnel files (reviewed files of all staff interviewed during on-site audit)

The facility's policy is consistent with all elements of the standard. All required background checks are conducted. The City of Chesapeake has hiring practices and procedures in place for all city departments/agencies which require background checks consistent with PREA standards. The hiring manager at CJS has gotten additional PREA related questions, indicated in (a) of the standard, added to the interview process and to the annual review of employees; these questions are on a form that is included in the application/interview process for new employees and as part of annual review of employees (this part is a new practice for the facility).

This facility's mental health service providers are part of another agency within the city; files were reviewed by this auditor and background checks are in compliance with PREA standards.

All files reviewed (this auditor reviewed files of all staff who took part in an interview) had required background checks along with an annual refresher background check. Agency conducts background checks annually-exceeds the standard. Files of new hires were reviewed as part of staff interview process.

Standard 115.318 Upgrades to facilities and technologies

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

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Evidence:

Interview with PREA coordinator

Interview with superintendent

Review of control room monitors showing feed from all cameras

The facility has an extensive camera system with cameras covering housing and general purpose areas within the facility. Reviewed the control room monitor which displayed feeds from all facility cameras; no cameras were positioned in a way that showed residents as they bathed, showered or used the toilet, including rooms used for isolation or constant supervision of residents. Superintendent indicated that they walk through facility to identify blind spots and any area that would benefit residents by having a camera.

Standard 115.321 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

Evidence:

CJS 115.321 PREA-Evidence protocol and forensic medical examinations, pg. 1-2

MOU with Chesapeake Police Department

MOU with Chesapeake Integrated Behavioral Healthcare

MOU with Chesapeake Police Department identifies the recommended protocol as the one that will be used. All forensic exams will be conducted at Chesapeake General Hospital or Children's Hospital of The Kings Daughters. Both facilities have SANE staff available 24/7.

Victim advocate services will be provided by Chesapeake Integrated Behavioral Healthcare; certificates documenting the appropriateness of staff to serve in this role were provided. MOU in place with this agency to provide victim advocate support including support during forensic exam and emotional support services. This agency is NOT part of a law enforcement agency. Residents may also contact the YWCA's rape crisis line or the National Sexual Assault Hotline; information and numbers are provided to residents through brochures and posters in the facility.

No residents who reported sexual abuse were available in current population.

The facility will only conduct initial inquiries for administrative sexual abuse investigations; refer to Chesapeake Police Department (CPD).

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

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Evidence:

CJS 115.322 Policies to ensure Referrals of Allegations for Investigation, 1., pg 1.

MOU with Chesapeake Police Department

Facility policy mirrors standard. There have been no allegations of sexual abuse or sexual harassment. No investigations, either administrative or allegations referred for criminal investigation. MOU in place with Chesapeake Police Department.

Standard 115.331 Employee training

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

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

Evidence:

CJS 115.331 PREA-Employee Training, pg. 1-3

Training records of all staff interviewed were reviewed

Review of curriculum-facility uses training from PRC, The Moss Group

Interviews with secure staff (seven of 20 secure staff on 0700-1500 and 1500-2300 shifts were interviewed on day one; five of 20 secure staff on 0700-1500 and 1500-2300 shifts were interviewed on day two; three overnight staff who worked from 2300-0700 Monday into Tuesday were also interviewed on Tuesday morning before the end of their shifts.)

Policy states that all elements from the standard are covered in employee training. All secure staff interviewed stated that they had been trained on all elements in the standard. Facility houses both male and female residents and training covered both. All staff interviewed stated that they had been trained on all elements in the standard. Training records of all staff interviewed were reviewed (including all staff interviewed using speciality interviews); staff signed that they had received and understood the training. Training tools were from the PRC, developed by the Moss Group.

Standard 115.332 Volunteer and contractor training

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

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

Evidence:

Interview with volunteer

Standard 115.333 Resident education

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

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

corrective actions taken by the facility.

Evidence:

CJS 115.333 PREA-Resident Education, pg 1-2

Reviewed brochure, "Break the Silence" (also in Spanish), intake poster (also in Spanish) and intake information, "What You Need to Know" DVD (also in Spanish), PREA Handbook

Reviewed Resident PREA Education Form

Interviewed Intake Staff (two of three staff who do intake)

Interviewed residents (13 of 53; at least one resident from each housing unit -roughly 25%)

Residents are trained on the date of intake on zero tolerance policy and all elements required by the standard. This process exceeds the 10 days given to provide additional information to residents. Residents sign that they have received and understand the information; review of resident files (reviewed files of all residents interviewed) confirm practice. Resident interviews indicated thorough knowledge of the way to report and of zero tolerance policy. Residents weren't as clear about services available in the community. Intake staff noted that residents are educated each time they come to the facility, whether they came from another facility or had been released for a couple of days and then came back. All residents are educated each time they come through intake at CJS.

Facility has done a good job making multiple types of educational material available to residents including posters, brochures, DVDs, and handbooks. Residents reported frequent groups on PREA related topics.

Standard 115.334 Specialized training: Investigations

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

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

Evidence:

Reviewed certificate of completion from "PREA: Investigating Sexual Abuse in a Confinement Setting" available on PRC

Interview with investigator

Agency identified Operations Team Leader to handle administrative investigations. He received specialized training provided through NIC/PRC, "PREA: Investigating Sexual Abuse in a Confinement Setting". Certificate on file. Investigator indicated he took the training and demonstrated knowledge of elements.

Standard 115.335 Specialized training: Medical and mental health care

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

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

corrective actions taken by the facility.

Evidence:

CJS 115.335 PREA-Specialized Training: Medical and Mental Health Care
Certificate of training from "PREA: Medical Care for Sexual Assault Victims in a Confinement Setting"
Certificate of training from "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting"
Interview with medical personnel
Interview with mental health personnel

Policy mirrors standard; states that medical and mental health care staff shall also receive the PREA training mandated for all employees under 115.335. Training records for such staff reviewed and training confirmed. In addition, medical and mental health care staff received "PREA: Medical Care for Sexual Assault Victims in a Confinement Setting" or "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" respectively. Certificates on file. Interviews confirmed knowledge from training.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Evidence:

CJS 115.341 PREA-Obtaining information from residents
Interviews with residents
Interviews with staff who administer Vulnerability Assessment tool
Review of resident files to document administration of assessment using objective screening tool
Interview with mental health practitioner

Facility has been conducting vulnerability assessments for several years, however, some of the PREA elements were missing from the assessment tool the facility had been using. A new assessment tool entitled "PREA Screening Form, Vulnerability Assessment Instrument", was developed which includes all the information required by the standard; new form has been in use for the last three months. Residents are given assessments at intake; information gleaned helps make housing unit decisions.

Standard 115.342 Use of screening information

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

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

Evidence:

CJS 115.342 PREA-Placement of residents in housing, bed, program, education and work assignments
Interviews with staff who conduct risk screening
Interview with PREA coordinator
Interview with residents

Facility policy mirrors standard. No residents have been placed in isolation due to risk of sexual victimization. No residents have made any allegations in the past 12 months.No transgender or intersex residents in population at this time. One resident identifies as bisexual; he has not been placed in isolation or in housing reserved for LGBTI population (no segregated housing for LGBTI residents exists). Population management and security given consideration during placement decisions. All residents at this facility shower separately.

Standard 115.351 Resident reporting

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

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

Evidence:

CJS 115.351 Resident Reporting
Resident brochure "How to Report Sexual Abuse"
Email from YWCA
MOU with Chesapeake Department of Social Services
Resident interviews
Staff interviews
Interview with PREA coordinator

Staff interviewed said they accepted verbal reports, and documented them immediately. Staff knew they could privately report by calling CPS or the YWCA. Residents stated they were given a brochure at intake with information on how to report; brochure includes phone numbers and all residents knew they could ask to use the phone “any time we want”. Posters with this information evident throughout the building and in all areas accessible to residents. PREA Coordinator stated that residents are given tools to write grievances and ability to make calls to outside agencies. brochure includes phone numbers and all residents knew they could ask to use the phone “any time we want”. Posters with this information are evident throughout the building and in all areas accessible to residents.

Standard 115.352 Exhaustion of administrative remedies

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

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

Evidence:

CJS 115.352 Exhaustion of Administrative Remedies
“How to Report Sexual Abuse” brochure
Resident Handbook
Resident interviews

No grievances have been filed alleging sexual abuse. Facility has a policy to address sexual abuse allegations through their grievance process. All elements of the standard are in the facility's policy. Overall, this auditor did not find the grievance process to be well described in any of the material reviewed. Residents knew how to file grievances and that they can be a way to report sexual abuse.

Standard 115.353 Resident access to outside confidential support services

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

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

Evidence:

115.353 PREA-Resident access to outside support services and legal representation
MOU with Chesapeake Integrated Behavioral Health (CIBH)
Email from YWCA
Brochure reviewed

Sexual abuse brochure gives YWCA hotline number and victim advocate number. All residents interviewed stated they have access to their attorneys and parents. Facility has MOU in place with community partner; email with support letter from YWCA. Policy states that residents are not detained solely for civil immigration purposes.

Standard 115.354 Third-party reporting

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

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

Evidence:

Review of letter to sent to parents of residents detained at facility—includes reporting information
Review of facility website.

The facility provides information on its website about how to report sexual abuse and sexual harassment. In addition, letters are sent to parents and guardians of residents detailing ways to report (in addition to other important information).

Standard 115.361 Staff and agency reporting duties

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

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

Evidence:

115.361 PREA-Staff and agency reporting duties
Secure Staff interviews
Medical staff interview
PREA Coordinator/PREA Compliance Manager interview
Superintendent interview

Staff knew they could report outside the facility. All staff, including medical and mental health staff, were aware of their duties to report and were aware of their obligation to tell residents they were mandated reporters. All staff were aware that allegations of sexual abuse were confidential. Coordinator knew of the duty to report to DSS/court/PO/parent, as appropriate. Superintendent knew of his duty to report to DSS/court/PO/parent as appropriate. There have been no allegations of sexual abuse at this facility.

Standard 115.362 Agency protection duties

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

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

Evidence:

CJS 115.362 PREA-Agency protection duties
Staff interviews
Superintendent interview

Superintendent expectation is that staff respond to threatened sexual abuse immediately. All staff interviewed responded that they would act to protect the resident and that their response to any actual or threatened sexual abuse would be immediate.

Standard 115.363 Reporting to other confinement facilities

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

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

Evidence:

115.363-PREA Reporting to other confinement facilities

The policy mirrors the standard. No reports have been made nor has the facility ever gotten a report from another facility that a resident was abused while housed at CJS. CJS has also never gotten a report from a resident that he/she was abused while at another facility. Interview with superintendent confirmed information. He stated that he would immediately report to the other facility and to CPS/PD. He stated that if he got a report of abuse that happened at CJS he would immediately report to CPS and PD.

Standard 115.364 Staff first responder duties

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

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

Evidence:

CJS 115.364 PREA-Staff first responder duties

Staff interviews

Facility policy mirrors the standard and has all elements. All staff interviewed knew the protocol for protecting a resident who alleges sexual abuse. This auditor suggested that the protocol be posted in the staff offices in the units. Protocol of secure and non-secure staff are the same, to protect the victim first, maintain supervision to protect the crime scene (including the victim). There have been no allegations of sexual abuse at the facility.

Standard 115.365 Coordinated response

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

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

Evidence:

Review of "Chesapeake Juvenile Services Response Team Protocol"

Facility has a clearly defined written protocol entitled "Chesapeake Juvenile Services Response Team Protocol" with steps listed for each department. The protocol is thorough and provides clear instructions to everyone who will be involved in responding to a resident who alleges sexual abuse. This auditor suggested posting or otherwise making it available to staff on each housing unit.

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

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

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

Evidence:

Interview with superintendent

This standard does not apply in Virginia. See The Commonwealth of Virginia CODE 40.1-57.2 Prohibition against collective bargaining.

Standard 115.367 Agency protection against retaliation

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

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

Evidence:

CJS 115.367 PREA-Agency Protection against retaliation

Interview with superintendent

Interview with staff tasked with monitoring retaliation against staff or residents

Facility policy has all elements of the standard. Staff tasked with monitoring retaliation stated during interview that there would not be an end limit on monitoring if there continued to be a need. Superintendent listed measures to protect a resident which included placement in camera room, 10 min. checks, move to another unit. He stated that the facility would do whatever it takes to keep the resident or staff safe.

Standard 115.368 Post-allegation protective custody

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

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

Evidence:

CJS 115.368 PREA-Post Allegation Protective Custody
Interview with medical staff
Interview with superintendent

Facility policy mirrors standard. There have been no allegations of sexual abuse. There have been no instances of isolating a resident for protection after incident of sexual abuse. Nurse stated that medical staff make rounds every shift, and would include any resident placed on isolation for a PREA-related reason. Superintendent said that while it has not happened, a resident would only be isolated for protection as a last resort.

Standard 115.371 Criminal and administrative agency investigations

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

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

Evidence:

Review of training certificates of facility investigators
Review of MOU with DSS/CPS
Interviews with investigators
Interview with PREA Coordinator
Interview with superintendent

Facility policy mirrors the standard. Staff tasked with conducting initial inquiries noted that he would secure the scene, pull video, gather any documentation (shift roster, population report, etc) to facilitate CPD investigation. Facility staff tasked with initial inquiries into allegations completed "PREA: Investigating Sexual Abuse in a Confinement Setting" and demonstrated knowledge and retention of training. The departure of the alleged abuse or victim would not provide basis for terminating investigation. Facility policy notes CPD requirement to also adhere to this element in the standard.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Evidence:

115.372 PREA-Evidentiary Standard for Administrative investigations
Interview with facility investigators

Facility policy mirrors standard. Facility refers allegations to CPD. Staff tasked with investigations are aware of evidentiary standard for administrative investigations. This facility has had no allegations of sexual abuse; there have been no investigations.

Standard 115.373 Reporting to residents

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

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

Evidence:

CJS 115.373 PREA-reporting to residents
Interview with superintendent
Interview with staff tasked with initial inquiries

Facility policy mirrors standard. There have been no allegations/no investigations. Superintendent and staff tasked with initial inquiries are aware of their responsibility to inform residents of progress in the investigation.

Standard 115.376 Disciplinary sanctions for staff

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

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

corrective actions taken by the facility.

Evidence:

115.376 PREA-Disciplinary sanctions for staff

The facility's policy mirrors the standard. There have been no allegations against staff. No staff have been disciplined; there were no files to review.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Evidence:

115.377 PREA-Action for Contractors and Volunteers

Interview with superintendent

Policy mirrors the standard. There have been no reports against contractors or volunteers. Superintendent stated he would not use a contractor or volunteer who was the subject of an allegation.

Standard 115.378 Disciplinary sanctions for residents

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

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

Evidence:

115.378 PREA-Interventions and disciplinary sanctions for residents

Interview with superintendent

Interview with mental health staff

Facility policy mirrors standard. Residents may not be disciplined for sexual contact with staff unless staff did not consent to such contact. There have been no allegations against residents for perpetrating sexual abuse and no discipline given to a resident for perpetrating sexual abuse. Sexual contact between residents is prohibited by this facility; facility does not deem it sexual abuse if it determines that the activity is not coerced.

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

PREA Audit Report

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

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

Evidence:

CJS 115.381 PREA-Medical and mental health screenings, history of sexual abuse

Demonstration of case management computer system

Interview with intake staff; interview with staff who conduct screening for risk of victimization and abusiveness

Interview with nurse

Interview with mental health provider

Facility policy mirrors standard. Staff who conduct vulnerability assessments use case management system called "SoftTech" to ensure referrals are made. This system allows for a quick referral system and ensuring that referrals get made. The mental health provider demonstrated to this auditor how the system is designed and how referrals get made based on the vulnerability assessment done at intake.

Standard 115.382 Access to emergency medical and mental health services

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

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

Evidence:

CJS 115.382 PREA-Access to emergency medical and mental health services

Interview with nurse

Interview with secure staff

Interview with

Facility policy mirrors standard. Information from the risk assessment is entered into case management system called "SoftTech". Referrals are made from the system for any resident needing them based on intake assessments. All staff knew to separate the victim and seek immediate medical/mental health services.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Evidence:

CJS 115.383 PREA-Ongoing medical and mental health care for sexual abuse victims and abusers

Interview with medical staff

Interview with mental health staff

Facility policy mirrors standard. This facility's mental health providers are on contract from the Chesapeake Integrated Behavioral Healthcare; services are provided both at the facility and in the community by the same organization. Provides for excellent continuity of care for residents. Residents are screened on many elements of the standard at medical intake and provided treatment consistent with the community care level.

Standard 115.386 Sexual abuse incident reviews

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

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

Evidence:

CJS 115.386 PREA-Sexual abuse incident reviews

Interview with superintendent

Interview with PREA Coordinator

Interview with incident review team members (3)

Facility policy mirrors standard. Facility's sexual incident review team incorporates the required staff members, including members from CPS and PD as appropriate. There have been no allegations of sexual abuse at this facility and no incident review team assessments to review. Superintendent and PREA coordinator are knowledgeable about what should happen in a review of an incident. This auditor suggested using a scenario to bring the team together as a team activity.

Standard 115.387 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

Evidence:

115.387 PREA-data collection

Facility policy mirrors standard. DOJ has not requested any data. Facility does not contract with others to house their residents.

Standard 115.388 Data review for corrective action

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

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

Evidence:

Interview with superintendent

Review of annual report

Website review

The facility provided its annual report for review. Superintendent demonstrated knowledge of information gained through data review for corrective action. Interim report on website; indicates that personally identifiable information would be redacted from report.

Standard 115.389 Data storage, publication, and destruction

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

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

Evidence:

CJS 115.389 PREA-Data storage, publication, and destruction

Interview with PREA Coordinator

Facility policy mirrors standard. There have been no incidents of sexual abuse in prior years. There have been no reports published. Interview with PREA Coordinator indicated knowledge of the standard and the requirement to both make information publicly available and to remove personal identifiers.

AUDITOR CERTIFICATION

I certify that:

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



August 19, 2016

Auditor Signature

Date