# PREA Facility Audit Report: Final

**Name of Facility:** Morningstar Youth Academy
**Facility Type:** Juvenile
**Date Interim Report Submitted:** 04/30/2026
**Date Final Report Submitted:** 07/03/2026

| Auditor Certification | |
|---|---|
| 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. | ☑ |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | ☑ |
| **Auditor Full Name as Signed:** Tammy A. Hardy-Kesler | **Date of Signature:** 07/03/2026 |

| AUDITOR INFORMATION | |
|---|---|
| **Auditor name:** | Hardy-Kesler, Tammy |
| **Email:** | codyemomma@msn.com |
| **Start Date of On-Site Audit:** | 03/09/2026 |
| **End Date of On-Site Audit:** | 03/12/2026 |

| FACILITY INFORMATION | |
|---|---|
| **Facility name:** | Morningstar Youth Academy |
| **Facility physical address:** | 1441 Taylors Island Road, Madison, Maryland - 21648 |
| **Facility mailing address:** | PO Box 130 , Woolford , Maryland - 21677 |

## Primary Contact

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|---|---|
| **Name:** | Kristine Nossick |
| **Email Address:** | kristine.nossick@vq.com |
| **Telephone Number:** | 443-521-0076 |

| **Superintendent/Director/Administrator** | |
|---|---|
| **Name:** | Emma Diaz |
| **Email Address:** | emma.diaz@vq.com |
| **Telephone Number:** | 443-521-4512 |

| **Facility PREA Compliance Manager** | |
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| **Name:** | Kristine Nossick |
| **Email Address:** | kristine.nossick@vq.com |
| **Telephone Number:** | 443-521-0076 |

| **Facility Health Service Administrator On-Site** | |
|---|---|
| **Name:** | Amy Sareen |
| **Email Address:** | amy.sareen@vq.com |
| **Telephone Number:** | 301-639-2433 |

| **Facility Characteristics** | |
|---|---|
| **Designed facility capacity:** | 24 |
| **Current population of facility:** | 8 |
| **Average daily population for the past 12 months:** | 8 |
| **Has the facility been over capacity at any point in the past 12 months?** | No |
| **What is the facility's population designation?** | Men/boys |

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| **Age range of population:** | 14-18 |
| **Facility security levels/resident custody levels:** | Staff Secure |
| **Number of staff currently employed at the facility who may have contact with residents:** | 27 |
| **Number of individual contractors who have contact with residents, currently authorized to enter the facility:** | 2 |
| **Number of volunteers who have contact with residents, currently authorized to enter the facility:** | 0 |

| **AGENCY INFORMATION** | |
|---|---|
| **Name of agency:** | VisionQuest National, Ltd. |
| **Governing authority or parent agency (if applicable):** | |
| **Physical Address:** | 2942 North 24th Street, Suite 115 PMB 46980, Phoenix, Arizona - 85016 |
| **Mailing Address:** | |
| **Telephone number:** | 18004170662 |

| **Agency Chief Executive Officer Information:** | |
|---|---|
| **Name:** | Yousef Awwad |
| **Email Address:** | yousef.awwad@vq.com |
| **Telephone Number:** | 5203512325 |

| **Agency-Wide PREA Coordinator Information** | | | |
|---|---|---|---|
| **Name:** | Shelia Garcia | **Email Address:** | shelia.garcia@vq.com |

# Facility AUDIT FINDINGS

## Summary of Audit Findings

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

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

| **Number of standards exceeded:** | |
|---|---|
| 0 | |
| **Number of standards met:** | |
| 43 | |
| **Number of standards not met:** | |
| 0 | |

## POST-AUDIT REPORTING INFORMATION

**Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.**

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

| | |
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| **1. Start date of the onsite portion of the audit:** | 2026-03-09 |
| **2. End date of the onsite portion of the audit:** | 2026-03-12 |

### Outreach

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| **10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?** | (●) Yes<br>( ) No |
| **a. Identify the community-based organization(s) or victim advocates with whom you communicated:** | Just Detention International<br>All Seasons Behavioral Health & Rape Crisis Center<br>Dorchester Sheriff's Department |

## AUDITED FACILITY INFORMATION

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|---|---|
| **14. Designated facility capacity:** | 24 |
| **15. Average daily population for the past 12 months:** | 8 |
| **16. Number of inmate/resident/detainee housing units:** | 2 |
| **17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?** | ( ) Yes<br>( ) No<br>(●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

| Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit | |
|---|---|
| **Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit** | |
| **23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:** | 6 |
| **25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:** | 0 |

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| **31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):** | The facility is a private therapeutic community. Students are screened for appropriateness for treatment prior to admission. |
| **Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit** | |
| **36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:** | 27 |
| **37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:** | 0 |

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| **38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:** | 3 |
| **39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:** | As of the first day of the onsite PREA audit, there were no significant population characteristics to report for staff, volunteers, and contractors. |

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

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| **40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:** | 7 |
| **41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)** | ☑ Age<br>☑ Race<br>☑ Ethnicity (e.g., Hispanic, Non-Hispanic)<br>☑ Length of time in the facility<br>☑ Housing assignment<br>☑ Gender<br>☐ Other<br>☐ None |
| **42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?** | Due to the facility population being below the minimum residents required to interview, the auditor interviewed all residents residing at the facility. |
| **43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?** | ○ Yes<br>◉ No |

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| **a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:** | During onsite PREA audit, the facility did not house the minimum number of random residents required for interview. |
| **44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):** | There were no residents identified by the auditor that received special education services (IEP) or a 504 Plan. |
| **Targeted Inmate/Resident/Detainee Interviews** | |
| **45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:** | 0 |
| As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0". | |
| **47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | The auditor inquired directly to all residents if they identified in any targeted category. |
| **48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | The auditor inquired directly to all residents if they identified in any targeted category. Further the auditor interviewed the facility's education program to identify any residents that were receiving special education services (IEP) or 504 Plan. |
| **49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |

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|---|---|
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | The auditor inquired directly to all residents if they identified in any targeted category. |
| **50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | The auditor inquired directly to all residents if they identified in any targeted category. |
| **51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |

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| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | The auditor inquired directly to all residents if they identified in any targeted category. |
| **52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | The auditor inquired directly to all residents if they identified in any targeted category. |
| **53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:** | 0 |

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| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | The auditor inquired directly to all residents if they identified in any targeted category. |
| **54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | The auditor inquired directly to all residents if they identified in any targeted category. |
| **55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:** | 0 |

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| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | During the audit process, the auditor reviewed risk assessments in the agency's database, ExtendedReach, and there were no residents that disclosed sexual victimization. Additionally, the auditor inquired directly to all residents if they identified in any targeted category. |
| **56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | VQ MSYA is an unsecured residential therapeutic community. The facility does not practice isolation or segregated housing. During the onsite review, there was no indication of isolation or segregated housing. |

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| **57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):** | At the time of onsite audit, the facility did not have any residents that identified as a targeted resident. |
| **Staff, Volunteer, and Contractor Interviews** | |
| **Random Staff Interviews** | |
| **58. Enter the total number of RANDOM STAFF who were interviewed:** | 12 |
| **59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)** | ☑ Length of tenure in the facility<br>☑ Shift assignment<br>☑ Work assignment<br>☑ Rank (or equivalent)<br>☐ Other (e.g., gender, race, ethnicity, languages spoken)<br>☐ None |
| **60. Were you able to conduct the minimum number of RANDOM STAFF interviews?** | ◉ Yes<br>○ No |
| **61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):** | During the onsite audit, there were no barriers to conducting interviews with random staff. |
| **Specialized Staff, Volunteers, and Contractor Interviews** | |
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. | |
| **62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):** | 35 |

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| **63. Were you able to interview the Agency Head?** | (●) Yes<br>( ) No |
| **64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?** | (●) Yes<br>( ) No |
| **65. Were you able to interview the PREA Coordinator?** | (●) Yes<br>( ) No |
| **66. Were you able to interview the PREA Compliance Manager?** | (●) Yes<br>( ) No<br>( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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| **67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)** | ☐ Agency contract administrator<br><br>☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment<br><br>☐ Line staff who supervise youthful inmates (if applicable)<br><br>☐ Education and program staff who work with youthful inmates (if applicable)<br><br>☑ Medical staff<br><br>☑ Mental health staff<br><br>☐ Non-medical staff involved in cross-gender strip or visual searches<br><br>☑ Administrative (human resources) staff<br><br>☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff<br><br>☑ Investigative staff responsible for conducting administrative investigations<br><br>☑ Investigative staff responsible for conducting criminal investigations<br><br>☑ Staff who perform screening for risk of victimization and abusiveness<br><br>☐ Staff who supervise inmates in segregated housing/residents in isolation<br><br>☑ Staff on the sexual abuse incident review team<br><br>☑ Designated staff member charged with monitoring retaliation<br><br>☑ First responders, both security and non-security staff<br><br>☑ Intake staff |

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| | ☐ Other |
| **68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?** | ○ Yes<br>◉ No |
| **69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?** | ◉ Yes<br>○ No |
| **a. Enter the total number of CONTRACTORS who were interviewed:** | 1 |
| **b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)** | ☐ Security/detention<br>☐ Education/programming<br>☒ Medical/dental<br>☐ Food service<br>☐ Maintenance/construction<br>☐ Other |
| **70. Provide any additional comments regarding selecting or interviewing specialized staff.** | The auditor interviewed a member of the education department and line staff that supervise residents. |

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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|---|---|
| **71. Did you have access to all areas of the facility?** | (●) Yes<br>( ) No |
| **Was the site review an active, inquiring process that included the following:** | |
| **72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?** | (●) Yes<br>( ) No |
| **73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?** | (●) Yes<br>( ) No |
| **74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |
| **75. Informal conversations with staff during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |

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| **76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).** | No text provided. |

### Documentation Sampling

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

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| **77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?** | (●) Yes<br>( ) No |
| **78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).** | Prior to onsite audit, the facility provided staff and resident rosters to the auditor. The pre-selected items to be uploaded to the supplemental files of the OAS to review prior to onsite audit. Also, the facility was required to complete the issue log process prior to onsite audit. |

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|---|---|---|
| **Inmate-on-inmate sexual abuse** | 0 | 0 | 0 | 0 |
| **Staff-on-inmate sexual abuse** | 1 | 0 | 1 | 0 |
| **Total** | 1 | 0 | 1 | 0 |

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---|---|---|---|
| **Inmate-on-inmate sexual abuse** | 0 | 0 | 0 | 0 |
| **Staff-on-inmate sexual abuse** | 0 | 0 | 1 | 0 |
| **Total** | 0 | 0 | 1 | 0 |

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

### Sexual Abuse Investigation Files Selected for Review

| | |
|---|---|
| **85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:** | 1 |

| | |
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| **86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any sexual abuse investigation files) |
| **Inmate-on-inmate sexual abuse investigation files** | |
| **87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:** | 0 |
| **88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| **89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| **Staff-on-inmate sexual abuse investigation files** | |
| **90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:** | 1 |
| **91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |

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| **92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| **Sexual Harassment Investigation Files Selected for Review** | |
| **93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:** | 0 |
| **a. Explain why you were unable to review any sexual harassment investigation files:** | Within the prior 12 months, there were no allegations of sexual harassment reported or investigated. |
| **94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any sexual harassment investigation files) |
| **Inmate-on-inmate sexual harassment investigation files** | |
| **95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** | 0 |
| **96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

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| **97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| **Staff-on-inmate sexual harassment investigation files** | |
| **98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** | 0 |
| **99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.** | There are no additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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| **102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.** | ○ Yes<br>◉ No |

### Non-certified Support Staff

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|---|---|
| **103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.** | ◉ Yes<br>○ No |
| **a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:** | 2 |

## AUDITING ARRANGEMENTS AND COMPENSATION

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| **108. Who paid you to conduct this audit?** | ◉ The audited facility or its parent agency<br>○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)<br>○ A third-party auditing entity (e.g., accreditation body, consulting firm)<br>○ Other |

| Standards |
|---|
| **Auditor Overall Determination Definitions** |
| • Exceeds Standard<br>(Substantially exceeds requirement of standard)<br><br>• Meets Standard<br>(substantial compliance; complies in all material ways with the stand for the relevant review period)<br><br>• Does Not Meet Standard<br>(requires corrective actions) |
| **Auditor Discussion Instructions** |
| Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. |

| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire (PAQ)<br>2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024)<br>3. VisionQuest Zero Tolerance for Sexual Misconduct Staff Acknowledgement (Updated 7/2022)<br>4. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>5. Prison Rape Elimination Act Juvenile Facility Standards: United States Department of Justice Final Rule.<br>6. VisionQuest (VQ) Agency-Wide Organizational Chart<br>7. Morning Star Youth Academy (MSYA) Organizational Chart<br>8. PREA Coordinator-Director of Compliance Job Description<br>9. PREA Compliance-Assistant Director Job Description |

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager

Findings (by Provision):

115.311(a):

Morning Star Youth Academy (MSYA) reported in the Pre-Audit Questionnaire (PAQ) that the agency maintained a written policy mandating the agency's zero-tolerance policy toward all forms of sexual abuse and sexual harassment in facilities mandated by the Prison Rape Elimination Act.

Cited in the VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024), At VisionQuest, we are committed to providing a safe and nurturing environment for all children, youth, families, and staff under our care. Our Zero Tolerance Policy reflects our unwavering commitment to safeguarding the physical, emotional, and psychological well-being of every child, family, youth, and staff entrusted to our care.

In sections VQ.NATL.HR.4.1-4.2.7.3., the policy outlined the implementation of the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Included in the policy are the following:

- Employee Screening and Background Checks
- Conditions for Employment
- Employee Training
- Contractor and Volunteer Training
- Child, Youth, and Family Education
- Reporting
- Disciplinary Actions

Further in the policy, the agency lists the scope of the individuals that the policy applies. The policy continues with the definitions of acts of prohibited behaviors of sexual abuse and sexual harassment. The definitions are within VQ.NATL.HR.4.3.1-3.8. The definitions are substantially in alignment with the description in the Prison Rape Elimination Act Juvenile Facility Standards: United States Department of Justice Final Rule.

Within the Vision Quest's Zero Tolerance Policy VQ.NATL.HR.4.2.7.1 Disciplinary Actions, there are descriptions of sanctions for individuals that have participated in prohibited behaviors. Listed sanctions are as follows:

- Verbal/Written Warning
- Write Up

- Note to File (NTF)
- Suspension
- Termination
- Prosecution

VisionQuest Zero Tolerance Policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The agency strategies include PREA training to employees, contractors/ volunteers, children, youth, and family. In section VQ.NATL.HR.4.2.3-4.2.3.3.12, the agency lists the specifics of the training provided to employees. Referred further along in the policy are the particulars pertaining to the contractor and volunteer training. In section VQ.NATL.HR.4.2.5-4.2.5.3.2., there are details of the PREA training provided to children, youth and family.

As it relates to response to sexual abuse and sexual harassment, the agency details in VQ.NATL.HR.4.2.6.1 that employees, contractors, and volunteers are mandatory reporters. Further, the policy outlines the initial response, and that designated staff are to contact the local police department, and other pertinent entities as stated in the program's internal procedure.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.311(b):

Within the PAQ, the agency responded that it employs or designates an upper-level, agency-wide PREA coordinator. Uploaded to the PAQ was the VisionQuest Organizational Chart. The director of compliance is the PREA coordinator for the agency.

On the VisionQuest Agency's Organizational Chart, the position of Director of Compliance TX & PREA is within the upper-level of the agency. Based on the position on the organizational chart, the position has the authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its PREA mandated facilities.

Upon request of the issue log VisionQuest provided the job description for the director of compliance in the supplemental files of the Online Automated System (OAS). The responsibilities of the PREA coordinator were a part of the job description provided. The job description provided the outlined responsibilities and duties as it pertained to the Prison Rape Elimination Act. One of the bullets detailed the Agency-Wide Regulatory Oversight for Assigned Frameworks (PREA or CARF): Provide upper-level oversight of assigned regulatory and accreditation frameworks, including serving as the agency-wide PREA Coordinator in accordance with Prison Rape Elimination Act (PREA) Standards or as the organizational lead for CARF accreditation, as applicable. Develop, implement, and oversee agency efforts to ensure compliance with assigned standards across all facilities, including monitoring, reporting, training, and continuous quality improvement.

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| | Further, the position is identified in the PREA Policy VQ.D.PREA.01.A.3.7, PREA Coordinator: The National Director of Compliance and Operations or an appointed designee with adequate time and authority, who will be responsible for developing, implementing, and overseeing compliance with the Prison Rape Elimination Act (PREA) standards across all programs.<br><br>Since the initial virtual meetings with the agency, the PREA coordinator has changed. It was disclosed that the position was recently filled. During the virtual interview with the PREA Coordinator, it was stated that there was adequate time to manage all the PREA-related responsibilities. Also, during several logistical meetings with the agency, the PREA coordinator was involved in the pre-onsite preparation and onsite (virtually). Nationally, there are only two facilities operated by VisionQuest that are required to comply with the PREA standards, and they are VisionQuest RAD-Newark, Delaware and MSYA, Maryland.<br><br>Also, it was stated by the PREA coordinator that communication does occur with both facilities in order to assist MSYA with its first PREA audit. The PREA coordinator responded if an issue with compliance with a PREA standard presented, the course action would be to follow internal procedures and discuss with program leadership to work towards getting back into compliance.<br><br>The agency substantially meets this provision and there is no corrective action required at this time.<br><br>115.311(c):<br><br>MSYA reported in the PAQ that the facility has a designated PREA compliance manager. Designated in the MSYA organizational structure is the position of assistant program administrator, which includes the role as the PREA compliance manager for MSYA. As the assistant program administrator, the PREA compliance manager has the authority to coordinate the facility’s efforts to comply with the PREA standards. The position reports to the certified program administrator of MSYA.<br><br>During the interview with the PREA compliance manager, it was confirmed that there was sufficient time to coordinate the facility’s effort to comply with the PREA standards. During interactions pertaining to the logistics of the onsite audit, the auditor found that the PREA compliance manager was copied on all emails, attended all virtual meetings and was given access to the OAS. Both the program administrator and the PREA compliance manager assisted in the completion of the PAQ and uploaded documents requested from the issue log. The PREA compliance manager shared that she was responsible for all PREA training with both residents and staff. The PREA compliance manager was knowledgeable of the PREA standards. An inquiry was made of the actions or process undertaken if an issue of PREA compliance was discuss with program administrator and devise a plan to adhere to the PREA standards.<br><br>The agency is substantially compliant with this provision and there is no corrective action required at this time. |

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| | VisionQuest has a policy mandating zero-tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency's policy includes definitions that are satisfactorily aligned with the US Department of Justice: Final Rule. The documents do include sanctions for prohibited behaviors, description of the agency's strategies and responses to prevent sexual abuse and sexual harassment. Both the PREA coordinator and the PREA compliance manager have sufficient time to complete PREA-related tasks to comply with the standards. Additionally, the positions have the authority to ensure adherence to the PREA standards at both the agency and facility level.<br><br>Based on this analysis, the agency substantially meets the standard and corrective action is not required at this time. |

| **115.312** | **Contracting with other entities for the confinement of residents** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Contract Between VisionQuest and the Maryland Department of Juvenile Services<br><br>Interviews:<br><br>1. Program Administrator<br><br>Findings (by Provision):<br><br>115.312 (a & b):<br><br>VisionQuest MSYA is not a public agency that contracts for the confinement of its residents with private agencies or other entities, including government agencies. Additionally, the agency does not monitor outside entities for compliance of the Prison Rape Elimination Act (PREA). |

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| | VisionQuest is a private agency that operates MSYA in the community of Woolford, Maryland. The facility provides a therapeutic community for juveniles through a contract with the Maryland Department of Juvenile Services. The average length of stay is 6-9 months. According to the executive director, MSYA has been in operation since inception of the PREA mandates, but this is the first time the facility has been assessed by the state agency for compliance to the PREA mandates by requiring a PREA audit be conducted.<br><br>Review of the contract between VisionQuest and the Maryland Department of Juvenile Services there is language referencing the Elimination and Reporting of Sexual Abuse and Harassment -PREA Juvenile Facility Standards Compliance, RF-701-18.<br><br>The agency substantially meets these provisions, and there is no corrective action needed at this time.<br><br>The facility is not a public agency that contracts for the confinement of its residents with private agencies or other entities, including government agencies. Additionally, the agency does not monitor outside entities for compliance of the Prison Rape Elimination Act (PREA).<br><br>Based on this analysis, the agency is substantially compliant with this standard, and there is no corrective action required at this time. |

| **115.313** | **Supervision and monitoring** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire (PAQ)<br>2. VisionQuest Operating Procedure VQ.MSYA.OPS. Video Surveillance, Monitoring and Maintenance (revised and reviewed 12/2023)(updated template 7/30/2025)<br>3. VisionQuest VQ.MSYA.YS.01: Supervision of Youth (effective 12/1/ |

2023)(revised and reviewed 12/2024)(updated template 07/08/2025)
4. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)
5. VisionQuest Morning Star Youth Academy 2026 Staffing Plan
6. Staffing Plan VisionQuest Residential Alternative to Detention Milford Facility Year 2023-2024 signed 12/2/2024
7. Annual Review of Staffing Plan Maryland MSYA 2026
8. Annual Review of Staffing Plan Delaware RAD 2026
9. Annual Review of Staffing Plan Delaware RAD 2023
10. Annual Review of Staffing Plan Delaware-RAD 2022
11. Logs of Requested Dates

Interviews:

1. Superintendent
2. PREA Compliance Manager
3. PREA Coordinator
4. Intermediate or Higher-Level Staff

Site Review:

1. Supervision and Monitoring of Residents

Findings (by Provision):

115.313(a):

According to the Pre-Audit Questionnaire (PAQ), VisionQuest has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. Found in the PAQ was a staffing plan for 2026. The staffing plan met the requirements of the PREA standard as far as the elements required. There were no prior year staffing plans available due to the MSYA being required to be PREA compliant by August 2026. The details of the staffing plan are detailed in VisionQuest Operating Procedure VQ.MSYA.OPS. Video Surveillance, Monitoring and Maintenance and the VisionQuest VQ.MSYA.YS.01: Supervision of Youth.

During the first day of onsite audit, the facility serviced seven residents. According to information provided on the PAQ, the facility has the capacity to house 24 residents. According to the PAQ, the average daily number of residents on which the staffing plan was predicated was eight residents.

During the onsite audit, the facility was within the ratios according to PREA mandates.

During the site review, the staff line of sight was adequate in all buildings serving residents including the housing, multipurpose building, education building/housing

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| | second floor, and the recreational building. There were cameras throughout the facility both internally and externally. The cameras being utilized at this time are not of the correctional standard. Auditor reviewed cameras from cell phone of the maintenance worker while completing the site review. The quality was clear, the cameras have the ability to zoom in and pan. There were 38 cameras which captured the exterior and interior areas of the facility. Cameras are not continuously monitored, but cameras can be accessed remotely by administration and maintenance. The camera footage is cloud based so the footage is archived and accessible. During onsite audit, all cameras were operable except one that was repaired the same day. There are areas that contain blind spots that are well documented on the staffing plan. During site review, there were no staff or residents found in those areas.<br><br>Informal conversation with staff did not reveal any concerns surrounding overcrowding or failure to meet staffing ratios. Residents did not identify any lack of supervision, and they maintained that they felt safe. Staff were able to identify areas such as the basketball court, computer usage, and shower process that require closer supervision to maintain safety and security.<br><br>The superintendent confirmed that the facility regularly develops a staffing plan, and the plans are to ensure adequate staffing levels and video monitoring is a part of the plan.<br><br>The PREA compliance manager confirmed the facility has a staffing plan, and the criteria that are required by the PREA mandates are considered. It was disclosed that the facility had a finding of inadequacy from internal and external oversight bodies, and the corrective action plans to address concerns were accepted, monitored, and resolved. Staffing levels are mandated by licensing agencies, local laws, regulations, and PREA standards. It was determined that the licensing agencies' ratio guidelines are much more stringent than PREA mandated ratio guidelines. The adherence to staffing and the specifics of schedules is documented, and daily adherence is checked by supervisory staff.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.313(b):<br><br>According to the Pre-Audit Questionnaire (PAQ), the facility documented that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The facility answered incorrectly and should have checked N/A. Further, the facility commented that there were no exigent circumstances requiring such action. During interview, the superintendent stated that there were no circumstances where the facility has been unable to meet the requirements of the staffing plan. The auditor requested specific dates to determine staff to resident ratios based on the census. Review of the documentation, there were no instances that staff to resident ratio was not maintained.<br><br>The facility is substantially compliant with this provision and corrective action is not |

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| | required at this time.<br><br>115.313(c):<br><br>Found in the VisionQuest Operating Procedure VQ.MSYA.OPS. Video Surveillance, Monitoring and Maintenance 4.1.3 is the staff to youth ratio requirement. According to the SOP, at a minimum per COMAR, the program maintains a staff to youth ratio of 1:8. The Program has a Class II Rate. This rate determines that the program maintains a minimum of 1:3 and a rover during daytime hours and 1:4 during sleeping hours. The ratios mandated by PREA are less than the ratios operated by the facility. In the PAQ, the facility documented there were no times the facility deviated from the PREA staffing ratios of 1:8 during wake hours, and there were no times documented of deviating from the PREA staffing ratio of 1:16 during sleeping hours.<br><br>Review of the requested dates by the auditor, there were no instances of deviation from the required staff to resident ratios in the prior 12 months.<br><br>During the interview the superintendent confirmed that the facility was required to maintain staffing ratios. In accordance with the PREA mandates it was 1:8 wake hours and 1:16 sleeping hours. It was reiterated that due to licensing the ratios were 1:3 and 1:4.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.313(d):<br><br>MSYA confirmed on the PAQ that at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.<br><br>Provided in the PAQ in the supplemental files was the Annual Staffing Plan Review dated February 27, 2026. In attendance was the superintendent, PREA coordinator, and the PREA compliance manager. The document referenced the components of the staffing plan in detail. It was confirmed by the PREA compliance manager that there is an annual consultation regarding any assessments of, or adjustments to, the staffing plan for MSYA.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.313(e):<br><br>Reported on the PAQ MSYA requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. MSYA is not a secured facility, and this provision is not applicable, but it |

should be notated that the facility conducts unannounced documented rounds. Further, the practice is required in the agency's standard operating procedures. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.6.1-.2. requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Specifically stated, "Program Administrators, Supervisors, Compliance Manager and PREA Coordinator will conduct and document unannounced rounds to identify and deter staff sexual abuse or sexual harassment. Staff are prohibited from alerting other staff members that such supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."

Located in the PAQ was the VisionQuest Unannounced Visits Log. The auditor requested specific dates through the issue log. The documentation ranged from 12/24/25-3/3/26. The documentation provided the date, time, location, number of residents, number of staff, supervisors available, discrepancies/findings, immediate corrective action taken, additional action taken, and the signature of person conducting the rounds. The documentation of unannounced rounds was taken from all three shifts. Review of records provided; it appears that the program administrators conduct the unannounced rounds, as well as documents unannounced rounds.

Informal conversation with supervisory staff, it was determined that they conduct unannounced rounds, but they are not necessarily documented as PREA unannounced rounds. The rounds are documented as regular rounds.

The agency is substantially compliant with this provision and corrective action is not required at this time.

VisionQuest does have a staffing plan that adheres to the staff to resident ratios required by the PREA mandates, but the implementation of this staffing plan occurred this year due to the requirement of being PREA compliant by August 2026. Based on the review of the staffing plan provided, the facility-maintained staff to resident ratios without a deviation so there was no need to document. The agency does have policies that outline ratios, the ratios documented exceed the requirements of the PREA mandates. The agency conducted an annual review recently. Though the facility is not a secured facility, MSYA has demonstrated completing documented unannounced rounds without alerting staff.

Based on this analysis, the agency is substantially compliant with this standard and corrective action is not needed at this time.

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| 115.315 | Limits to cross-gender viewing and searches |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01)<br>2. (Effective 06/01/2025)<br>3. VisionQuest Training Policy VQ.MSYA.OPS.07 (effective 05/01/2006)(Revised and Reviewed 12/2024)(Updated Template 07/07/2025)<br>4. VisionQuest Youth Searches Policy VQ.MSYA.YS.03 (effective 07/01/ 2006)(revised and reviewed 12/2024)(updated template (07/08/2025)<br>5. Pre-audit Questionnaire (PAQ)<br><br>Interviews:<br><br>1. Random Staff<br>2. Random Resident<br><br>Site Review:<br><br>1. Review of Showering Procedures<br><br>Findings (by Provision):<br><br>115.315(a):<br><br>According to the information reported on the PAQ, MSYA refrains from conducting cross-gender strip searches and cross-gender visual body cavity searches. Within the Pre-audit questionnaire (PAQ), the facility reported there were no cross-gender strip searches or cross-gender cavity searches within the prior 12 months.<br><br>Based on the policy provided in the pre-audit questionnaire (PAQ), cross-gender strip searches and cross-gender visual cavity searches are prohibited. According to VisionQuest Youth Searches Policy VQ.MSYA.YS.03.4.2.2 VisionQuest MSYA program does not conduct intrusive body cavity searches under any circumstances. The policy lists the following trained searches: |

- Clothing Exchange Search
- Facial Feature Cavity Search
- Fully Clothed pat down search

During informal conversations with random staff, the auditor inquired about circumstances that would require cross-gender strip searches and visual body cavity searches. It was maintained that they were prohibited. Further, during the interview of all seven male residents it was confirmed there were no pat-down and visual body cavity searches conducted by female staff. During the site review, the auditor did not observe any cross-gender strip searches or cross-gender body searches being conducted.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.315(b):

The facility confirmed in the PAQ that the facility does not permit cross-gender pat down searches of residents, absent exigent circumstances. In the PAQ, there were no documented cross-gender pat-down searches of residents absent exigent circumstances within the past 12 months. Also, there were no exigent circumstances documented requiring cross-gender pat-down searches within the prior 12 months. According to VisionQuest Youth Searches Policy VQ.MSYA.YS.03.4.2.2, VisionQuest MSYA program does not conduct intrusive body cavity searches under any circumstances. The policy list the following trained searches:

- Clothing Exchange Search
- Facial Feature Cavity Search
- Fully Clothed pat down search

Eleven of the twelve random staff interviewed maintained that they were prohibited from conducting cross-gender pat-down searches, and they were able to detail an exigent circumstance in which they were able to complete a cross-gender pat-down search. The auditor did not observe any type of search while at the facility. During the onsite audit, seven male residents stated female staff had not conducted pat-down searches. There were no logs or documentation provided of cross-gender pat-down searches in the prior 12 months. Additionally, there was no documentation provided or reported to the PAQ indicating an exigent circumstance.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.315(c)

The facility affirmed that Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. Cited in the VisionQuest Youth Searches Policy

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| | VQ.MSYA.YS.03 4.5.2.1.3. the search will be documented on the search log, to include but not limited to location, date, time, reason for search and the recovery and destruction of any contraband. Upon request of the issue log, the auditor was provided copy of search log. Information list above was located on the search log.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.315(d)<br><br>MSYA documented on the PAQ that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks including viewing via video camera. The facility implemented VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.2.3.1.4 that provides the above rights for residents.<br><br>During the onsite review of the facility, the auditor observed that all bathrooms had doors for privacy. The auditor and auditor's assistant observed the facility during showering procedures, and it was further determined that residents were able to shower, perform bodily functions, and change clothing without the staff of the opposite gender viewing. Residents were observed during showers, they entered and left bathroom fully dressed.<br><br>Also, none of the cameras were capable of viewing residents while utilizing the toilets or showers. Eleven out of twelve random staff responded that residents were able to shower, perform bodily functions, and change clothing without the staff of the opposite gender viewing. During random interviews, all seven male residents confirmed the ability to shower, perform bodily functions, and change clothes without being viewed by the opposite gender.<br><br>MSYA documented on the PAQ that the facility has implemented policies and procedures requiring staff of the opposite gender to announce their presence when entering a resident housing unit/area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility implemented VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.2.3.1.4.1 that provides the above rights for residents.<br><br>During interviews with 11 out of 12 random staff, the 11 staff confirmed that they announce themselves prior to entering the housing areas of the opposite gender. Seven male residents disclosed that female staff would announce themselves when entering housing.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.315(e)<br><br>This provision is no longer applicable to the compliance finding. |

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| | 115.315(f)<br><br>This provision is no longer applicable to the compliance finding.<br><br>MSYA refrains from conducting cross-gender strip searches, cross-gender cavity searches, and cross-gender pat-down searches and the staff maintains that they are prohibited from doing the above searches, and staff are trained to document searches on the search log. The auditor confirmed the use of a search log to document searches. The facility has a policy and procedure to prohibit opposite gender viewing of residents when showering, performing bodily functions, or changing clothes, and there are policies and procedures pertaining to opposite gender announcements when entering a housing unit. The facility demonstrated the practice of opposite gender staff not viewing residents during showering, performing bodily functions, and changing clothes. Also, it was confirmed through observation that the opposite gender staff announce when entering housing units.<br><br>The facility is substantially compliant with this standard and corrective action is not required at this time. |

| **115.316** | **Residents with disabilities and residents who are limited English proficient** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act Domestic VQ.D.PREA.01.A (effective 06/01/2025)<br>2. VisionQuest Communicating with Limited English Proficient Persons VQ.MSYA.OPS.18 (effective 12/01/2010)(revised and reviewed 12/2024)(updated template 07/22/2025)<br>3. VisionQuest Zero Tolerance Policy VQ.NATL.HR.4 (effective 10/10/2024)(approved 09/05/2024)<br>4. Issue Log<br><br>Interviews:<br><br>1. Agency Head |

2. Random Staff

Site Review:

1. Observation of Intake

Findings (by Provision):

115.316(a):

VisionQuest has established a policy for disabled residents to obtain 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. VisionQuest Prison Rape Elimination Act Domestic VQ.D.PREA.01.A.3.2.4-4.1 VisionQuest will ensure that appropriate provisions shall be made as necessary for youth not fluent in English, and youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) so that all youth have an equal opportunity to participate in or benefit from all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and harassment. VisionQuest will have these documents and information in the language the child understands.

According to the agency head, the agency had not established procedures to provide residents with disabilities and residents who are limited English proficient 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.

At the time of the onsite, there were no residents identified as disabled. Also, the auditor inquired of the teacher and all the students regarding special education accommodation during the random interviews. It was determined that there were no residents that received special education accommodation.

The auditor inquired in the issue log regarding the procedures established to ensure disabled residents receive 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. During the onsite audit, the inquiry was presented again, and it was disclosed that residents are screened for appropriateness for education and programming.

During the intake process, all orientation materials were verbally delivered to the resident including the PREA video, PREA Brochure, and Youth Rights/Grievance Procedure.

Review of the VQ PREA Orientation and Annual Staff Training Plan, there is documentation of a training titled Special Needs of the Population Served. The facility practices reading aloud the information to all residents. Observation of the intake confirmed that staff read aloud the training materials. Reading aloud assists students with limited reading skills and low vision. Based on the observed delivery

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| | of sexual abuse and sexual harassment information and the site review, disabled residents may have some difficulty in understanding and comprehending, but there are posters, video, and the information is read to resident. The video has closed caption capability for residents that are hearing impaired, and the facility has a copy machine to enlarge printed items for residents who are vision impaired. Also, electronic devices can enlarge items. It should be noted that MSYA does have a screening process for admission, and some residents may not be accepted due to appropriateness.<br><br>At the time of onsite audit, there were no residents that were identified as disabled for the auditor to interview.<br><br>According to a response from the superintendent in the issue log, the Maryland Department of Juvenile Services (DJS) provides translators and interpreters when necessary. For residents that are hearing impaired, the facility would have to obtain the services from the DJS. Additionally, it was detailed that the agency was looking into an agency-wide service for the language line. There was no information for the language line and the services that are provided through DJS such as sign language for the hearing impaired.<br><br>The agency is not substantially compliant with this provision and corrective action is required at this time.<br><br>115.316(b):<br><br>VisionQuest has established a policy for limited English proficient residents to obtain 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. In VisionQuest Communicating with Limited English Proficient Persons VQ.MSYA.OPS.18.4.1.5-4.2.1 Monitor the provision of language services to LEP youth and parents of youth to ensure that reasonable steps are being taken to achieve equal access to program services. Program staff shall understand the limited English proficiency Policy and shall inform any LEP youth or parents of the availability of language services at no cost to youth or parents.<br><br>Throughout the building, there were some bilingual materials, and during the resident education the auditor was provided a pamphlet in Spanish.<br><br>Review of the Orientation and Annual Staff Training, there was no specific training related to utilizing interpretation or translation services or communication with limited English proficient residents. The auditor located a training titled Communication and another titled Special Needs of the Population Served.<br><br>It should be noted that MSYA does have a screening process for admission, and some residents may not be accepted due to appropriateness.<br><br>In the issue log, there was a request for a copy of language line interpretation and translation services. The facility responded when needed DJS provides interpreter services. The agency is currently looking for an agency-wide service for the |

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| | language line.<br><br>A request for bilingual materials was made through the issue log provided was the VQ Grievance Form in Spanish. During resident training, there was a sexual safety pamphlet available in Spanish, but there was no VQ Youth Handbook available in Spanish.<br><br>At the time of onsite audit, there were no residents that were identified as limited English proficient for auditor to interview.<br><br>The facility has access to a language line service through DJS. According to superintendent, the language line service was provided for a parent of a resident.<br><br>The agency is not substantially compliant with this provision, and corrective action is required at this time.<br><br>115.316(c)<br><br>VisionQuest reported in the PAQ that the agency's policy prohibits use of 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.<br><br>VisionQuest Communicating with Limited English Proficient Persons VQ.MSYA.OPS.18.4.4.1 states that program staff may not use minor children to serve as interpreters for Morning Star Youth Academy, except in extremely limited or emergency situations. For instance, minor children in residential placements may be asked to interpret during basic functions, such as meals and exercise. However, they may not be used as interpreters in any medical treatment, evaluation, education, therapy, hearing, or disciplinary setting.<br><br>According to information provided in the pre-audit questionnaire (PAQ), the facility had no instances of utilizing resident interpreters, resident readers, or other types of resident assistants in the prior 12 months.<br><br>During the onsite audit, there were no limited English proficient residents to interview to inquire about facility's practice with limited English proficient residents.<br><br>During the interview, eleven random staff confirmed that no resident interpreters, resident readers, or other types of resident assistants were provided in the prior 12 months.<br><br>The agency substantially meets compliance with this provision and corrective action is not required at this time.<br><br>VisionQuest has established policy language addressing disability and language access; however, the agency has limited procedures in place to ensure that residents with disabilities receive an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual |

abuse and sexual harassment. The agency has also developed limited bilingual PREA materials, which restricts the ability of limited English proficient (LEP) residents to fully access PREA education, reporting mechanisms, and protective services. Through policy, the agency appropriately prohibits the use of resident interpreters, readers, or assistants, except in narrowly defined exigent circumstances, consistent with PREA requirements.

Based on this analysis, the agency is not substantially compliant with this standard, and corrective action is required at this time.

**Corrective Action:**

1. The agency shall provide all PREA training materials—including the resident handbook, PREA education resources, and posters with support-service information—in formats accessible to residents with limited English proficiency. These materials must ensure that LEP residents have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
2. The agency shall obtain and provide qualified interpretation and translation services for residents who are limited English proficient or who have disabilities. These services must ensure equal access to all PREA-related information, reporting mechanisms, protections, and response processes.
3. The facility shall maintain accessible, reliable means for residents to obtain interpretation and translation services at any time. Admission counselors and case managers shall receive training on how to access and properly use the agency's approved interpretation and translation resources, including telephonic or virtual language-line services.

**Verification of Corrective Action since the onsite PREA audit:**

In response to the corrective action, the facility submitted documentation via OAS on 6/26/2026. The following documents were submitted:

- Summary of Actions Taken to Comply with Corrective Action
- Spanish/French PO Forms
- Spanish/French Medical Forms
- Spanish/French Youth Admission Forms
- Spanish/French Resident Handbooks
- Spanish/French Youth Guidebooks
- Spanish/French Resident Training Acknowledgement Forms
- Language Line Services Documents including List of Services Provided
- Curriculum for Language Line Training
- Seven Signed Acknowledgement Forms of Participation in Language Line Training
- VQ Translation Services Procedure VQDM.YS.26.A (effective 6/1/2026)

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| | **Corrective Action Intent:**<br><br>The intent of this corrective action was to ensure that, consistent with PREA requirements, VQ MSYA provides residents with limited English proficiency (LEP) and residents with disabilities, specifically those who are hearing impaired, an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.<br><br>The facility obtained language line services including American Sign Language (ASL) video services. Staff responsible for the admissions process were trained in how to access and use these services. The facility also translated all admission materials and acknowledgement forms into both Spanish and French, which is appropriate given that the facility serves a community with a significant concentration of Spanish and French speaking. In addition, the agency implemented a policy addressing procedures for translation and interpretation services. Based on the auditor's review of the information received, the facility is found to be substantially compliant with PREA Standard 115.316. |

| **115.317** | **Hiring and promotion decisions** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. VisionQuest Employee Background Screening VQ.MSYA.HR.11 (effective 05/01/2006) (Revised 07/18/2025)(updated template 07/08/2025)<br>3. Prison Rape Elimination Act (PREA) Acknowledgement Form<br>4. VisionQuest Employee Disclosure Statement Maryland (revised 07/2012)<br>5. Staff Files<br>6. Contractors (provider) files<br><br>Interviews:<br><br>1. Human Resources<br><br>Findings (by Provision):<br><br>115.317(a):<br><br>VisionQuest responded that the Agency policy prohibits hiring or promoting anyone |

who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph

VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.1.4 was provided as evidence that the agency prohibits the hiring, promoting, or contracting of individuals who have engaged in prohibited behaviors outlined in 115.317(a). In VisionQuest VQ.MSYA.HR.11 Employee Background Screening it specifically states that VisionQuest may not employ an individual who has committed the above outlined actions in PREA standard 115.317(a).

Employee files contained the Prison Rape Elimination Act (PREA) Acknowledgement Form and the VisionQuest Employee Disclosure Statement – Maryland which includes screening questions related to prior sexual misconduct, sexual harassment, or other PREA-related prohibitions.

The facility provided 10 employee files, and the auditor determined that all files contained criminal background checks and child abuse registry.

The facility is substantially compliant with this standard and no corrective action is required at this time.

115.317(b):

MSYA confirmed that agency policy requires the consideration of 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. Located in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.1.4, there is reference that VisionQuest considers any incidents of sexual abuse and sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with youth.

The review of 10 staff files, the auditor was able to determine background checks and child registry were completed for staff as well as required reference checks. VisionQuest completes criminal background checks and child registry through the Maryland Department of Juvenile Services (DJS). Once checks are completed, DJS sends a copy of the eligibility form to VisionQuest.

Based upon information obtained from the agency’s human resource representative, the agency does consider prior incidents of sexual harassment in determining whether to hire or promote or to enlist the services of any contractor who may have

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| | contact with residents. Prior to hiring new employees, the facility consults the child abuse registry and criminal background check both SBI and FBI. The State of Maryland Department of Juvenile Services conducts criminal background checks for the facility. Both the auditor and assistant were required to complete the required criminal background checks.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.317(c):<br><br>According to the information provided on the Pre-Audit Questionnaire (PAQ), the agency's policy requires that prior to employment, a criminal background record check is completed, and a child abuse registry consult is completed, and the agency makes effort 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. In the VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.1.1-.2.1, it states all candidates for employment complete a comprehensive background analysis that is verified by the State of Maryland Department of Juvenile Services (DJS). The criminal history unit informs VQ of the candidate's eligibility status prior to any job offer. Human Resources will make diligent efforts to contact all prior employers to determine whether the prospective employee has any history of substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse.<br><br>At the time of the PAQ submission, there were ten employee files reviewed. All employee files contained required background checks and the child abuse registry consult from DJS.<br><br>During the interview with the human resources department, it was corroborated that criminal record background checks and pertinent civil or administrative adjudications are considered for all newly hired employees, promotions, and contractors who may have contact with residents. Also, the auditor was informed that both the criminal history background check and the child abuse registry consult is completed by DJS. It was also disclosed that reference checks are conducted for all prior employment, including institutional employment. In VQ.MSYA.HR.11.4.3.1.1.4.1, VisionQuest requires applicants provide the contact information of the current employer, all former employers, and all former employers of the applicant in which the applicant was employed in a position involving direct contact with minors.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.317(d)<br><br>Documented in the PAQ, the Agency confirmed that policy requires that a criminal background records check be completed and applicable child abuse registries |

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| | consulted before enlisting the services of any contractor who may have contact with residents.<br><br>VisionQuest Employee Background Screening VQ.MSYA.HR.11.2.1 states that this policy applies to all prospective and active employees, contractors and volunteers at VisionQuest Morning Star Youth Academy. Further in the policy it states that A Child Protective Services Background Clearance is required under Family Law Article, Title 5, Subtitle 5, Part VI, and Annotated Code of Maryland to determine whether an applicant for employment to a licensed childcare facility is the subject of a child abuse neglect report as stated on the Statewide Central Register. Also, in the policy it states A Criminal Background Clearance is required by Family Law Article, Title 5, Subtitle 5, Part VI, and Annotated Code of Maryland to determine whether an applicant for employment has a criminal history which would prohibit his/her employment by a licensed childcare facility.<br><br>The two contractor's criminal records background check and child registry consult were uploaded to the supplemental files of the OAS.<br><br>The agency is substantially compliant with this provision and there are no corrective actions required at this time.<br><br>115.317(e)<br><br>In the PAQ, VisionQuest responded that the Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. VisionQuest Employee Background Screening VQ.MSYA.HR.11.4.2.9 states that FBI and state background checks must be conducted/updated every 2 years.<br><br>Reviewing of staff files that have been employed for over five years, the auditor did locate in the staff files evidence of a recent criminal background check and child protective services checks completed.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.317(f)<br><br>The PREA standards mandate that an agency shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) in either applications, interviews, promotions, or written self-evaluations conduct as part of reviews of current employees. Additionally, the agency shall impose upon employees a continuing affirmative duty to disclose any such misconduct.<br><br>Located separately from the VisionQuest Employment Application is the PREA Acknowledgement Form that lists the questions required by provision 115.317(a). The form has a check-off for applicant, contractor, volunteer, promotion, or annual affirmation. It asks have you been subject to any misconduct allegations including |

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| | the following:<br><br>1. Any civil or criminal convictions, charges, arrests, investigations, or adjudications?<br>2. Having engaged in or attempted to engage in sexual abuse, sexual harassment or inappropriate sexual behavior, a crime involving a minor, or any violent crime?<br>3. Having been civilly or administratively adjudicated having engaged in or attempted to engage in any of the activities listed above?<br><br>The first question does not align with provision 115.317(a) that addresses engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.<br><br>The employees continuing affirmative duty to disclose any such misconduct is located on the Employee Disclosure Form. The form has to be completed annually by employees. It references that the employee has not been the subject of any criminal conviction, probation before judgement disposition, not criminally responsible disposition, or pending charges without a final disposition within the last year.<br><br>The auditor reviewed 10 staff files and determined that the acknowledgements were completed. Also, the practice of disclosure was evident in a promoted employee's file located in the supplemental files of the OAS. The auditor completed an employment application online but did not locate questions on the application, but they were located on the VisionQuest PREA Acknowledgment Form.<br><br>The human resource representative informed the auditor of the practice of requiring employment candidates to answer the questions referred to in provision 115.317(a) on the employment application. The auditor was informed by human resources that employees have a continuing affirmative duty to disclose any such previous misconduct.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.317(g)<br><br>VisionQuest confirmed in the PAQ that the agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. On the VisionQuest Prison Rape Elimination Act (PREA) Acknowledgement Form it is stated prospective and current employees have an ongoing obligation to disclose any misconduct described below and omission of facts or providing false information shall be grounds for discipline up to and including dismissal. The statement is not written in policy but rather in an acknowledgement form that is required to be signed. The auditor requested the list of terminated employees for the prior 12 months. During the interview with the PREA compliance manager and the superintendent, there were no employees listed |

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| | that were terminated due to material omission regarding sexual misconduct, or the provision of materially false information.<br><br>The agency is substantially compliant with this provision and corrective action is not needed at this time.<br><br>115.317(h)<br><br>Unless prohibited by law, the agency shall 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. According to VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.1.5, VisionQuest shall 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.<br><br>The human resources department confirmed that the agency would 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.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>VisionQuest prohibits through policy the hiring, promoting or enlisting the services of a contractor who may have contact with residents that have engaged in the conduct in provision 115.317(a). Agency policy requires the consideration of sexual harassment in determining hiring, promoting or enlisting services of a contractor who may have contact with residents. Agency policy requires prior to hiring a criminal background records check is conducted and a child abuse registry consult be completed. Additionally, the agency makes an effort to contact prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse. Agency policy requires that criminal background records checks be conducted at least every two years. The agency provided documentation of annual continuing affirmative duty to disclose for current employees through written self-evaluations. VisionQuest’s acknowledgment documentation references that material omissions regarding misconduct or materially false information shall be grounds for termination. Agency policy and the human resources department confirm the practice of providing 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.<br><br>The agency is substantially compliant with this standard and no corrective action is required at this time.<br><br>Recommendations: |

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| | 1. PREA Acknowledgement Form Amend the first question to explicitly reference engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, ensuring full alignment with PREA Standard 115.317(a).<br>2. Policy revision for ongoing disclosure incorporate the following statement directly into agency policy: “Prospective and current employees have an ongoing obligation to disclose any misconduct described below. Omission of facts or providing false information shall be grounds for discipline, up to and including dismissal.” |

| **115.318** | **Upgrades to facilities and technologies** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire (PAQ)<br>2. Schematic of Facility including camera locations<br>3. Security System Invoices<br><br>Interviews:<br><br>1. Agency Head<br>2. Superintendent- Assistant Program Administrator<br><br>Site Review:<br><br>1. 55 Acre Property<br>2. Interior and Exterior of Housing Units, Recreation Hall, Administrative Offices, Education Building, and Multi-Purpose/Dining Hall<br><br>Findings (by Provision):<br><br>115.318(a):<br><br>According to information in the Pre-Audit Questionnaire (PAQ), MSYA has not acquired a new facility or made substantial expansion or modification to existing facilities. This is the facility’s initial PREA audit. The facility is a contracted provider for the Maryland Department of Juvenile Services. The Morning Star Youth Academy |

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| | provides residential substance abuse services and alternative high school education for youth aged 14-19. MSYA is located in Dorchester County, Maryland.<br><br>The auditor conducted a cursory tour of the facility on 3/9/2026 and on 3/10/2026, the auditor completed a comprehensive site review. Through informal conversation, it was determined that the facility was a summer camp with several cottages. The facility had recently completed renovations to one of its cottages, and the residents were relocated. The previous housing unit was in the same building as the school. The auditor reviewed all housing units including the ones no longer utilized for housing residents.<br><br>When the agency head was asked when designing, acquiring, or planning substantial modifications to facilities, how does the agency consider the effects of such changes on its ability to protect residents from sexual abuse, the response was that considerations were for safety precautions, appropriate number of staffing, as well as updating technology to make certain it is current. During interview, the superintendent responded that the facility had undergone cosmetic upgrades only and there have been no additions to the facility. Presently, the facility is considering the demolition or removal of some of the old trailers on the premises.<br><br>The facility is substantially compliant with this provision and there is no corrective action required at this time.<br><br>115.318(b):<br><br>According to the PAQ, MSYA has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. According to the comments in the PAQ, the facility changed from the outdated Alibi system that was inconsistent in coverage to Ring cameras, currently sourcing additional contractors for quotes of new systems. Due to the facility being in the wilderness, there are many obstacles, including squirrels chewing through soy-covered wires. Though not the correctional standard, the Ring cameras are able to retain and capture footage throughout the facility both internally and externally. The auditor was able to view footage of all cameras via cell phone and desktop. The facility provided several quotes in the attempts to obtain industry standard equipment.<br><br>MSYA has 38 cameras in the interior and exterior of the facility. There was a camera that was down, but it was repaired during onsite audit. There is remote access, but there is no continuous monitoring of the system. For the vastness of the area, there were very good sightlines. The camera coverage was able to capture all areas where residents were active.<br><br>During interview the agency head responded that the agency uses modern technology to minimize blind spots, enhance site lines while maximizing security and control efforts to enhance the protection of residents from incidents of sexual abuse. The superintendent responded that when replacing video monitoring systems, placement and coverage of areas used by residents are considered. |

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| | The facility is substantially compliant with this provision, and there is no corrective action required at this time.<br><br>MSYA has not acquired a new facility or made a substantial expansion or modification to the existing facility. There has been some cosmetic rehabilitation. The facility has made significant changes to the monitoring equipment due to the age and destruction by squirrels. The facility has installed 38 Ring cameras which are not the industry standard, but they have captured quality footage until the facility can purchase and install industry standard equipment.<br><br>Based on this analysis, the facility is substantially compliant with this standard and there is no corrective action required at this time.<br><br>Recommendation:<br><br>Purchase and install an industry-standard video monitoring system designed to withstand outdoor and wilderness environments. |

| **115.321** | **Evidence protocol and forensic medical examinations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire (PAQ)<br>2. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>3. VisionQuest Morning Star Youth Academy Key Components of a Uniform Evidence Protocol<br>4. Proposed Memorandum of Understanding Between VisionQuest- Morning Star Youth Academy and the Dorchester County Sheriff’s Department<br>5. Email VisionQuest Correspondence Dorchester County Sheriff’s Department<br>6. Proposed Memorandum of Understanding Between VisionQuest- Morning Star Youth Academy and Maryland State Police<br>7. Proposed Memorandum of Understanding Between VisionQuest and the University of Maryland Shore Regional Medical Center<br>8. Email VisionQuest Correspondence with University of Maryland Shore Regional Medical Center<br>9. Maryland State Police General Order |

10. Memorandum of Understanding with VisionQuest- Morning Star Youth Academy and For All Seasons Behavioral Health & Rape Crisis Center (RCC).
11. SART Memorandum of Understanding
12. VisionQuest PREA Investigation Template
13. Issue Log

Interviews:

1. Random Staff
2. SAFE/SANE Coordinator
3. Program Administrator
4. Dorchester Sheriff's Department

Findings (by Provision):

115.321(a):

According to agency policy, MSYA is responsible for conducting administrative allegations of sexual abuse investigations of both resident-on-resident and staff-on-resident sexual abuse investigations. It should be noted that Maryland Department of Juvenile Services (DJS) and the Dorchester County Child Protective Services(CPS) are also involved in the administrative investigation at the facility. Referenced in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.-16, it cites that all reports of sexual abuse or sexual harassment, sexual contact or sexual abuse must be considered credible and promptly investigated criminally and/or administratively and further it states that the program initiates an administrative investigation of an allegation of sexual misconduct immediately following the report to determine the immediate measures that need to be taken for the safety of the alleged victim and/or other residents.

In the pre-audit questionnaire (PAQ), the agency responded that criminal investigations including resident-on-resident and staff-on-resident are not conducted by the facility. Criminal investigations of sexual abuse are conducted by either the Maryland State Police (MSP) and the Dorchester Sheriff's Department (DSD). The auditor was able to interview the DSD but not MSP. The auditor attempted to interview the department by email, and the department did not respond for interview. There are no existing memorandums of understanding between the law enforcement agencies, but there is a Maryland State Police General Order. All calls for law enforcement agencies are dispatched through 911. Due to facility being set in a rural community, either MSP or DSD would be the responding department based on availability. The facility provided the drafts and correspondence to obtain a memorandum of understanding from the departments but were denied due to department practices.

When conducting a sexual abuse investigation, the facility provided in the PAQ the VisionQuest Uniform Evidence Protocol. This document was created, because the facility was unaware of the existence of the Maryland State Police Order and

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| | existence of the uniform evidence protocol established by the State of Maryland for incidents of sexual abuse specifically in facilities of confinement. Clarification was made that the responsibility of the facility was to preserve evidence but not to collect, and evidence collection is the responsibility of law enforcement. The document provided an outline of uniform evidence protocol.<br><br>The existing Maryland State Police Order has technical details to aid responders in obtaining usable physical evidence. Within the document, there is reference to the U.S. Department of Justice's Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations. PREA Lockup Standards (2012). It does not specifically cite "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." It is within mandate, because it falls in alignment with similarly comprehensive and authoritative protocols developed after 2011.<br><br>There were 11 staff out of 12 that were able to identify the steps for obtaining usable physical evidence if a resident alleges sexual abuse. Those staff responded to separate victim and perpetrator, as well as to preserve and secure area of incident. Out of the 12 staff, all were able to identify who administratively was responsible for investigating allegations of sexual abuse at the facility.<br><br>The agency is substantially compliant with this provision and there is no corrective action required at this time.<br><br>115.321(b):<br><br>The existing Maryland State Police Order has technical details to aid responders in obtaining usable physical evidence. Within the document, there is reference to the U.S. Department of Justice's Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations. PREA Lockup Standards (2012). It does not specifically cite "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." It is within mandate, because it falls in alignment with similarly comprehensive and authoritative protocols developed after 2011. The order was provided by the Maryland Department Juvenile Services as the protocol used for juvenile facilities. The documents appeared to be based on U.S. Department of Justice's Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents."<br><br>The agency is substantially compliant with this provision and there is no corrective action required at this time.<br><br>115.321(c):<br><br>Based on response on the PAQ, MSYA offers all residents who experience sexual abuse access to forensic medical examinations. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.12.3 The program offers medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual acts. Treatment services are provided to the alleged victim |

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| | without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Community based programs will work in collaboration with the youth's placing agency to coordinate treatment services.<br><br>VisionQuest does not offer onsite forensic examinations for residents who experience sexual abuse. The facility has attempted to establish a memorandum of understanding with University of Maryland Shore Regional Medical Center in Cambridge, Maryland. The auditor reviewed the MOU draft document, correspondences, as well as interviewed the SANE/SAFE Coordinator of the hospital. The facility is the closest facility that has the certified staff to complete a forensic examination.<br><br>During the interview with the SANE/SAFE coordinator, the auditor confirmed that forensic medical examinations are offered without financial cost to the victim at the hospital.<br><br>In the memorandum of understanding (MOU), examinations would be conducted by sexual assault forensic examiners or sexual assault nurse examiners. The SANE/ SAFE coordinator informed the auditor that the SANE/SAFE covers four counties including Dorchester County where MSYA is located. In the event of a sexual abuse incident needing a forensic examination, a SANE/SAFE would be directed to the University of Maryland Shore Regional Medical Center in Cambridge, Maryland. In the event that there is no SANE/SAFE available, the facility would be directed to go to Tidal Health in Salisbury, Maryland. Also, the auditor was informed that in the state of Maryland an emergency room physician can also perform a forensic examination.<br><br>In the prior 12 months, there have been no sexual abuse allegations requiring a forensic examination be conducted. It was further confirmed with the SANE/SAFE coordinator and the Dorchester Sheriff's Department that there were no sexual abuse allegations that required forensic examination.<br><br>The agency is substantially compliant with this provision and there is no corrective action required at this time.<br><br>115.321(d):<br><br>MSYA responded that it has attempted to make a victim advocate from a rape crisis center available to the victim, in person or by other means. The facility has established a Memorandum of Understanding with For All Seasons Behavioral Health & Rape Crisis Center (RCC). The memorandum provides victim support during forensic examinations, investigatory interviews, emotional support, crisis intervention, information, and referrals.<br><br>Review of the MOU it was confirmed there was an existing memorandum of understanding with For All Seasons Behavioral Health & Rape Crisis Center.<br><br>During the onsite audit, there were no residents who reported sexual abuse for the |

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| | auditor to interview to confirm the services provided by the rape crisis agency. The PREA compliance manager confirmed the establishment of a MOU with All Four Seasons as well as qualifications for victim advocacy is ensured by the MOU.<br><br>The agency is substantially compliant with this provision and there is no corrective action required at this time.<br><br>115.321(e):<br><br>MSYA affirmed in the PAQ that If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.<br><br>In the VQ.D.PREA.01.A.3.14, it states If requested by a victim of alleged sexual abuse, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals.<br><br>The agency is substantially compliant with this provision and there is no corrective action required at this time.<br><br>115.321(f):<br><br>Criminal Allegations of sexual abuse are conducted by Dorchester Sheriff's Department and the Maryland State Police (MSP). MSYA has attempted to obtain memorandums of understanding with both departments. The auditor has reviewed both draft MOUs and email correspondence between MSYA and the departments.<br><br>Further research the auditor located the Maryland State Police General Order that details the responsibility of the MSP pertaining to the Prison Rape Elimination Act. The document is comprehensive and contains authoritative protocols. Within the document, there is a reference to the use of a uniform evidence protocol based on the "A National Protocol for Sexual Assault Medical Forensic Examinations, PREA Lockup Standards (2012)." Or similar comprehensive and authoritative protocols developed after 2011. There was an attempt by the auditor to interview MSP.<br><br>Additionally, the auditor located the SART Memorandum of Understanding. The county SART, is a multi-disciplinary collaborative to uphold countywide standards in responding to victim of sexual assault. The participants in this understanding include the following Shore Regional Health, For All Seasons, Inc., local Law Enforcement agencies and State's Attorney's Offices, Department of Social Services, Maryland Coalition Against Sexual Assault (MCASA), Sexual Assault Legal Institute (SALI), and the Mid-Shore Council on Family Violence (MSCFV).<br><br>Review of the documentation submitted in the PAQ for Dorchester Sheriff's Department, it was determined that the department would not establish a MOU, because there was no precedent of a MOU established. In speaking with a |

representative of the department, the department would respond to any emergency that would occur at the facility as well as follow all established protocols established by the department for incidences of sexual assault.

The agency is substantially compliant with this provision and there is no corrective action required at this time.

115.321(g):

The auditor is not required to audit this provision.

The agency is substantially compliant with this provision and there is no corrective action required at this time.

115.321(h):

According to a representative from For All Seasons Behavioral Health & Rape Crisis Center, individuals that provide advocacy and support services have been screened for appropriateness to serve and has received education concerning sexual assault and forensic examination issues in general. According to the MOU that was provided by MSYA, individuals involved with services shall be a certified rape crisis advocate as well as ensure advocates are cleared to enter facility to meet with residents.

The agency is substantially compliant with this provision and there is no corrective action required at this time.

MSYA is responsible for conducting administrative investigations of alleged sexual abuse, and MSP is responsible for conducting criminal investigations of alleged sexual abuse along with the DJS and CPS. Uniform evidence protocols are followed for both administrative and criminal allegations of sexual abuse through state and local agencies responding to incidents of sexual abuse. The protocols are developmentally appropriate for youth, and they are similarly comprehensive and authoritative protocols developed after 2011. Residents who allege sexual abuse are provided with access to forensic examinations through the local hospital in the emergency room. There is an established memorandum for victim advocacy services and support that provides clinicians that have been screened for appropriateness for the role as victim advocates.

Based on this analysis, the agency is substantially compliant with this standard and there is no corrective action required at this time.

Recommendation:

1. PREA coordinator to educate facility administration on the existing state protocols, local MOU, and state orders in the handling of sexual abuse in confinement settings.

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| 115.322 | Policies to ensure referrals of allegations for investigations |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Sexual Abuse Investigative File<br>3. PREA Master Log<br>4. Maryland State Police General Order<br>5. Sexual Assault Response Team (SARS) Memorandum of Understanding<br>6. Pre-Audit Questionnaire (PAQ)<br><br>Interviews:<br><br>1. Agency Head<br>2. PREA Compliance Manager<br>3. Dorchester Sheriff’s Department Representative<br><br>Findings (by Provision):<br><br>115.322(a):<br><br>According to information provided in the PAQ, VisionQuest ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Embedded in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.1-.7 referenced that all reports of sexual misconduct, sexual contact or sexual abuse must be considered credible and promptly investigated criminally and/or administratively without regard to whether: |

- The youth who are named in the allegation are in custody or not.
- Staff members named in the allegation are currently employed or not.
- The report of the allegation was made in a timely manner or not.
- The youth reporting the allegation is known to have made past false allegations.
- The source of the allegation recants the allegation.
- The employee receiving the complaint believes or does not believe the allegations.
- The source of the report is from a third-party or anonymous source.

For the prior 12 months, there was one criminally referred investigative file of alleged sexual abuse submitted to the pre-audit questionnaire (PAQ). The allegation was referred to the Dorchester Sheriff's Department. Located in the investigative file, there was case number provided by the department, but there was no report received from the department regarding the outcome of the case. Review of the investigative file, there was information that demonstrated that the facility had completed an administrative investigation of the incident.

During interview with the agency head, it was confirmed that the agency ensures that administrative and criminal investigations are completed for all allegations of sexual abuse or sexual harassment in accordance with state licensing agency and the state contract with Maryland Department of Juvenile Services. Further, it was stated that once the report is received it is sent to the Director of Compliance. In turn, compliance would follow up within 48 hours. All information would be given to administration.

Though there is no MOU between Maryland State Police and the Dorchester Sheriff's Department and VisionQuest, there is the Maryland State Police General Order and the Sexual Assault Response Team (SARS) Memorandum of Understanding that details the responsibility of the two entities when conducting investigations of allegations of sexual abuse and sexual harassment.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.322(b):

VisionQuest responded in the PAQ that the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. In

In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.6 VisionQuest cites that the facility will also contact law enforcement to report all allegations of sexual abuse or sexual harassment so that a criminal investigation can be conducted (unless the allegation does not involve potentially criminal behavior). The policy is published on the agency's website regarding the referral of

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| | allegations of sexual abuse or sexual harassment for a criminal investigation. The facility demonstrated on the PREA Master Log the documenting of the criminal investigation of the allegation of the sexual abuse.<br><br>During interviews with both the facility PREA investigator and the Dorchester County Sheriff's Representative, it was corroborated that the agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.<br><br>Through the PREA Master Log and the investigative file provided in the PAQ, MSYA demonstrated that the facility documents and maintains data of allegations of sexual abuse and sexual harassment.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.322(c):<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A. describes the responsibilities of conducting criminal investigations by the sheriff's department and the Maryland State Police. Specifically, MSYA endeavors to remain informed about the progress of external investigations. There is no MOU between the local law enforcement and VisionQuest but there are the Maryland State Police General Order and the SARS Memorandum of Understanding that details the responsibility of the two entities when conducting investigations of allegations of sexual abuse and sexual harassment.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.322(d):<br><br>The auditor is not required to audit this provision.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.322(e):<br><br>The auditor is not required to audit this provision.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>The agency has demonstrated ensuring that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The agency has a policy requiring allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The policy is readily accessible to the public on the agency's website. |

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| | The agency is substantially compliant with this standard and no corrective action is required at this time. |

| 115.331 | Employee training |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire (PAQ)<br>2. Zero Tolerance for Sexual Misconduct Acknowledgement Checklist<br>3. VisionQuest.MSYA.OPS.07 (rev. No.1)(Effective 05/01/2006)<br>4. VisionQuest Orientation and Annual Staff Training Plan<br>5. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024)<br>6. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>7. PREA Resource Center Unit 3 Part 1: Prevention and Detection of Sexual Abuse and Sexual Harassment PowerPoint<br>8. VisionQuest Employee Disclosure Statement Maryland (Revised 07/12)<br>9. VisionQuest Prison Rape Elimination Act (PREA) Acknowledgement Form<br>10. VisionQuest PREA Training Acknowledgement Form<br>11. PREA Training Resource Links<br>12. VisionQuest Training and Development Individual Lesson Plan (Revised 9/19/2006)<br>13. VisionQuest Employee Handbook<br>14. Unit 1: The Prison Rape Elimination Act (PREA) Overview of the Law and Your Role PowerPoint |

Interviews:

1. Random Staff

Findings (by Provision):

115.331(a):

According to the pre-audit questionnaire (PAQ), the agency responded that it trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency established the requirement for its training in agency policy and requires a signed acknowledgement document and a checklist with acknowledgement of PREA training.

In accordance with VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.3.1 states the new hires will receive training prior to being allowed to work with children, youth, and their families. Further the policy states new hires shall not have either supervised or unsupervised contact with minors prior to completing the training.

VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.3.2-4.2.3.3.1 states that all VisionQuest employees will receive upon hire a copy of Zero Tolerance for Sexual Misconduct of a Minor and Code of Conduct documents during their new hire and orientation process.

Further it details that employees will be required to sign a form to be kept in the HR file to ensure the safety and security of the minors of VisionQuest.

Located in 13 staff files were the Zero Tolerance for Sexual Misconduct Acknowledgement Checklist for staff to confirm by signature participation and understanding of the agency's Zero Tolerance Policy. On the checklist, staff also sign and initial that they have been made aware of each prohibited behavior.

The agency specifies in VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.3.3—4.2.3.3.12, VisionQuest employees will be trained in the following:

1. The right of children and staff to be free from sexual abuse, sexual harassment, and inappropriate sexual behavior
2. Definitions and examples of prohibited and illegal sexual behavior
3. Recognition of situations where sexual abuse, sexual harassment, and inappropriate sexual behavior may occur
4. Recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrences
5. How to avoid inappropriate relationships with children
6. How to communicate effectively and professionally with children, including children who are lesbian, gay, bisexual, transgender, questioning, or

intersex. Procedures for reporting knowledge or suspicion of sexual abuse, sexual harassment, or inappropriate behavior, as well as how to comply with relevant laws related to mandatory reporting

7. The requirement to limit disclosing of sexual abuse, sexual harassment, and inappropriate sexual behavior to staff on a need-to-know basis, in order to make decisions concerning the victim’s welfare and for law enforcement, investigative, or prosecutorial purpose.
8. Cultural sensitivity toward diverse understanding of acceptable and unacceptable sexual behavior and appropriate terms and concepts to use when discussing sex, sexual abuse, sexual harassment, and inappropriate sexual behavior with a culturally diverse population. Sensitivity regarding trauma commonly experienced by children
9. Knowledge of existing resources for children inside and outside the care provider facility, such as trauma-informed treatment, counseling, and legal advocacy for victims.
10. General cultural competency and sensitivity to the culture and age of children

For each mandated PREA training criteria, the agency provided the curriculum utilized to deliver the training in the PAQ.  Below find the curriculum utilized for training:

| Subject Matter | Instructional Material Utilized |
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| The Agency's Zero Tolerance Policy for Sexual Abuse and Sexual Harassment | VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4<br><br>Zero Tolerance for Sexual Misconduct Acknowledgement Checklist |
| How to Fullfill Their Responsibilities Under Agency Sexual Abuse and Sexual Harassment Prevention, Detection, Reporting and Response Policies and Procedures | VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4<br><br>Your Role in Responding to Sexual Abuse NIC<br><br>Child Abuse and Neglect Training PowerPoint<br><br>VisionQuest Mandated Reporter Training Acknowledgement -Staff File |
| Resident's Rights to be Free from Sexual Abuse and Sexual Harassment | VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 Child Abuse Neglect<br><br>Your Role in Responding to Sexual Abuse NIC |

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| The Right of Residents and Employees to be Free from Retaliation for Reporting Sexual Abuse and Sexual Harassment | VisionQuest Zero Tolerance Policy National VQ.NATL. HR.4<br><br>Your Role in Responding to Sexual Abuse NIC<br><br>Child Abuse and Neglect Training PowerPoint |
| The Dynamics of Sexual Abuse and Sexual Harassment in Juvenile Facilities | PREA Resource Center Unit 3 Part 1 Prevention and Detection of Sexual Abuse and Sexual Harassment PowerPoint<br><br>Your Role in Responding to Sexual Abuse NIC |
| The Common Reactions of Juvenile Victims of Sexual Abuse and Sexual Harassment | PREA Resource Center Unit 3 Part 1 Prevention and Detection of Sexual Abuse and Sexual Harassment PowerPoint<br><br>Your Role in Responding to Sexual Abuse |
| 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 | PREA Resource Center Unit 3 Part 1 Prevention and Detection of Sexual Abuse and Sexual Harassment PowerPoint<br><br>Your Role in Responding to Sexual Abuse NIC<br><br>VisionQuest Employee Handbook |
| How to Avoid Inappropriate Relationship with Residents | VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 Child Abuse and Neglect Training PowerPoint |
| How to Communicate Effectively and Professionally with Residents Including Lesbian, Gay, Bisexual, Transgender, Intersex, or Gender Nonconforming Residents | Not Applicable to Compliance Finding |
| How to Comply with Relevant Laws Related to Mandatory Reporting of Sexual Abuse to Outside Authorities | Unit 1: The Prison Rape Elimination Act: (PREA) Overview of the Law and Your Role |

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| Relevant Laws Regarding the Applicable Age of Consent | PREA Resource Center Unit 3 Part 1 Prevention and Detection of Sexual Abuse and Sexual Harassment PowerPoint<br><br>Child Abuse and Neglect Policy<br><br>VisionQuest Mandated Reporter Training Acknowledgement Form |

During interviews with 11 out of 12 random staff, it was stated that they had received the above-listed training during recent training at MSYA. In review of the 13 staff files, the auditor further confirmed that the PREA mandated training occurred for all 13 staff members.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.331(b):

According to the PAQ, the facility reported that the training is tailored to the unique needs and attributes and gender of the residents at the facility. MSYA services only male residents. The facility utilizes the PREA Resource Center Unit 3 Part 1: Prevention and Detection of Sexual Abuse and Sexual Harassment PowerPoint to deliver training to meet this provision. All staff are trained to deliver service to male residents.

There were no employees reassigned from facilities housing the opposite gender that were given additional training.

The facility is compliant with this provision and no corrective action is required at this time.

115.331(c):

MSYA reported on the PAQ that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. It should be noted this is the facility’s initial PREA audit. According to PREA Policy VQ.D.PREA.01.A.3.12.3.1.13, all employees will receive refresher training every year as part of their annual training requirements.

The auditor is unable to determine the practice, because the facility was not assessed for compliance until 11/18/2025. Part of the facilities practices as part of its Code of Maryland Regulations (COMAR) requires annual trainings, which are in align in some respects with the PREA mandates.

During review of documentation submitted to the OAS, it was determined the agency’s anticipated practice is to conduct comprehensive refresher training every year. The auditor determined that refresher training would consist of the same

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| | information covered during new hire orientation.<br><br>Provided in the PAQ were blank copies of the Orientation and Annual Training Plan indicating trainings that would be provided. The form contained the subject matter, date completed and test completed. The auditor located on the checklist PREA standard Training and PREA-Your Role in Responding to Sexual Abuse.<br><br>According to the information on the PAQ, the facility reported that between refresher trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.<br><br>This is MSYA's initial audit, the auditor is unable to determine that the facility practices providing refresher information about current policies regarding sexual abuse and harassment between refresher training.<br><br>The facility is not substantially compliant with this provision and corrective action is required at this time.<br><br>115.331(d):<br><br>VisionQuest confirmed in the PAQ that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.<br><br>Provided in the staff files were signed documents verifying comprehension of the training received by staff. The documents included the Zero-Tolerance for Sexual Misconduct, certificates of completion of PREA:Your Role in Responding to Sexual Abuse and the VisionQuest Employee Handbook acknowledgement of receipt.<br><br>The agency is substantially compliant with this provision and no corrective action is needed at this time.<br><br>VisionQuest ensures that staff are trained in the agency's zero tolerance policy. The facility began PREA training initial, orientation, and specialized training for all staff beginning 11/18/2025. Due to this being the initial PREA training for MSYA, the auditor was unable to determine the practice of staff receiving PREA refresher training every year through the annual agency training. This applies as well to the refresher information given between PREA refresher training. The agency documents through employee signatures and electronic signature that employees understand the training they have received.<br><br>Based on this analysis, the agency is not substantially compliant with this standard and corrective action is required.<br><br>**Corrective Action:**<br><br>1. The agency shall create a plan to complete both refresher training biannually and refresher information distribution on the years between |

refresher training. Create necessary acknowledgements that staff have received required training and policy distributions for both the Refresher training and the Refresher information.

**Recommendation:**

1. Create a curriculum that is solely designed to meet compliance required trainings for all stakeholders in order to eliminate redundance in material across.

**Verification of the Corrective Action since the onsite PREA audit:**

In response to the corrective action, VQ MSYA submitted documentation via OAS 6/26/2025 and 7/2/2026. The following documents were submitted:

- Summary of Actions Taken to Comply with Corrective Action
- Employee Training Tracking Document including PREA Related Trainings (Annual and Refresher)
- PREA Training Acknowledgement Form (Orientation, Annual, and Refresher)

**Summarized by the Facility:** The program plans to incorporate all training elements included in the new staff orientation as a mandatory annual training and refresher.

**Corrective Action Intent:**

The intent of this corrective action was to ensure that VQ MSYA had a documented plan/tracking for PREA-related training. Also, the corrective action was to ensure that the facility maintained and documented acknowledgement of staff receiving and understanding training and/or policy distributions.

| 115.332 | Volunteer and contractor training |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024)<br>2. VisionQuest Contractor (Provider) Elimination and Reporting of Sexual Abuse and Harassment Acknowledgment Form<br>3. Pre-Audit Questionnaire (PAQ) |

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| | Findings (by Provision):<br><br>115.332(a):<br><br>According to the response on the pre-audit questionnaire (PAQ), MSYA ensures that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.<br><br>VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.4-4.2.4.2, specifically provides details of the training of volunteers and contractors. Cited in the policy is contractors and volunteers will be trained in their responsibilities under VisionQuest's Zero Tolerance Policy. Prior to access to children, youth, and families, the contractor and/or volunteer will receive a copy of the Zero Tolerance policy and code of conduct documents. The agency will train, document, and maintain signed copies of participation.<br><br>Located in the pre-audit questionnaire (PAQ) is the VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4. This policy is utilized to conduct training. Once the contractor (provider) is completed they sign the Elimination and Reporting of Sexual Abuse and Harassment Form that states they participated and understood the training provided.<br><br>In the pre-audit questionnaire (PAQ), there were two contractors documented as being trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Provided were two signed copies of this form.<br><br>During an interview with the PREA compliance manager, it was further confirmed that there were two contractors and no volunteers.<br><br>The auditor interviewed one contractor virtually, and it was affirmed that the receipt of both PREA training and PREA 201 Specialized Training for Medical and Mental Health Practitioners.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.332(b):<br><br>VisionQuest documented on the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. VisionQuest contracts with medical and mental health services. The scope of the training covered the VisionQuest Zero Tolerance Policy. The training included the agency's zero tolerance for sexual misconduct, and the definitions of sexual misconduct, abuse and harassment. It is documented by signature the completion of the training by the contractors on the Elimination and Reporting of Sexual Abuse and Harassment acknowledgment form. At the bottom of the form, there is a signature line for the acknowledgment of participation and understanding of the agency's zero tolerance policy regarding sexual harassment |

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| | and sexual abuse.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.332(c):<br><br>MSYA maintains documentation of the training with contractors and volunteers. The facility provided copies of the completed Elimination and Reporting of Sexual Abuse and Harassment acknowledgment form. Also, the facility maintains copies of the PREA 201 Specialized Training.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>VisionQuest has trained volunteers and contractors in the agency's zero tolerance policy. The level and the type of training are based on the level of services and the level of contact they have with residents; they are informed that they are mandatory reporters. The facility documents and maintains a copy of the training provided to contractors.<br><br>Based on this analysis, the facility is substantially compliant with this standard and corrective action is not needed at this time. |

| **115.333** | **Resident education** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024)<br>3. PREA Youth Education Pamphlet "Break the Silence"<br>4. VisionQuest PREA Acknowledgement Form- Eliminating and Reporting Sexual Abuse and Harassment<br>5. Maryland Department of Juvenile Services Youth Statement of Receipt Policy and Procedure Acknowledgement<br>6. MSYA Youth Handbook<br>7. Pre-Audit Questionnaire (PAQ)<br>8. Resident Files |

Interviews:

1. Random Residents
2. Intake Staff

Site Review:

1. Accessible PREA Related Information
2. Intake Process

Findings (by Provision):

115.333(a):

According to the VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.5, VisionQuest will provide each minor entering the program with a comprehensive orientation explaining the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Residents have recently been receiving PREA education with MSYA due to the facility being required to be PREA compliant by August 2026. Prior to the facility providing training, the facility was reliant upon the Maryland Department of Juvenile Services (DJS) advocate to provide PREA training. Found in resident files were copies of the Maryland Department of Juvenile Services Youth Statement of Receipt Policy and Procedure acknowledging training from the DJS advocate.

During the auditor's observation of the admission process both PREA orientation training and PREA comprehensive training were conducted at the same time. MSYA provided residents information at time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the resident's files the auditor located education about the agency's zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The facility utilizes the agency's PREA video and PREA Youth Education Pamphlet "Break the Silence." Resident was also given the MSYA Youth Handbook.

The auditor observed the PREA education conducted verbally and documented by signature by youth on the VisionQuest PREA Acknowledgement Form- Eliminating and Reporting Sexual Abuse and Harassment. Case Managers and counselors are tasked to facilitate PREA training and vulnerability(risk) assessment. Residents are told verbally about the agency's zero tolerance policy and how to report sexual abuse, sexual harassment, and retaliation. During the training, the staff checked for youth understanding of the PREA training. The resident was shown a PREA video. Resident reviewed the PREA Youth Pamphlet Break the Silence. Information pertaining to reporting incidents of sexual abuse and sexual harassment was located on the PREA pamphlet.

Intake staff corroborated that residents are provided with information about the

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| | agency’s zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PREA video was a tool mentioned to deliver PREA information.<br><br>All seven random residents confirmed the receipt of receiving PREA related information on the facility’s rules against sexual abuse and sexual harassment. The residents did acknowledge that they had recently received the training, and it was not provided during admission to the facility.<br><br>Based on the observation of the admissions process, the PREA information was delivered verbally and, in an age-appropriate manner.<br><br>There were no residents that were identified in targeted populations to confirm that PREA information could be delivered in other formats.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.333(b):<br><br>MSYA combines both the PREA orientation and the PREA comprehensive at the time of intake. The facility does provide comprehensive training, but simultaneously with orientation training. The training at intake includes the mandated training of the rights to be free from sexual abuse, sexual harassment and retaliation and for reporting such incidents, as well as the agency’s policies and procedures for responding to such incidents. The documents utilized to facilitate the trainings are found in the VQ PREA Policy, PREA Youth Pamphlet Break the Silence, and the MSYA Youth Handbook. The auditor contacted the DJS, it was determined that the training provided by the DJS advocate was not the PREA comprehensive training.<br><br>Though the delivery is not within the 10 days of intake, the elements of the PREA comprehensive training are delivered during the orientation process.<br><br>The facility is not substantially compliant with this provision and corrective action is needed at this time.<br><br>115.333(c):<br><br>During the onsite audit, all residents had received both PREA orientation and PREA comprehensive training. Review of eight resident files, all eight files contained evidence of PREA education for orientation. The form did not acknowledge PREA comprehensive training.<br><br>The auditor inquired about ensuring that current residents as well as those transferred from other facilities have been educated on the agency’s zero tolerance policy on sexual abuse and sexual harassment. Referenced in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.2.2.1, if transferred from another facility, they will be educated, to the extent that the policies of the new facility differ from those of the previous facility. Specifically, residents need to be made aware that the 211 designation for calling the child abuse hotline does not |

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| | work at the MSYA, and the residents must call 1-800-917-7383. Residents need to be aware of the difference in the grievance process through DJS versus utilizing the facility's internal grievance procedure.<br><br>The facility is substantially compliant with this provision and no corrective action is needed at this time.<br><br>115.333(d):<br><br>MSYA responded on the pre-audit questionnaire (PAQ) that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. The facility does not provide PREA education in all formats accessible to all residents, including those who are limited English proficient. The agency policy states appropriate provisions shall be made as necessary for youth not fluent in English, and youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) so that all youth have an equal opportunity to participate in or benefit from all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and harassment. There are some PREA related materials that are available in Spanish, but there is no easily accessible interpretation or translation line available. There are no easily accessible services to individuals in need of sign language for those who may be deaf or are hard of hearing. The agency must go through DJS to obtain services. The facility does read aloud to all residents, which benefits both residents who may have limited reading skills or cognitively impaired. It should be noted that VisionQuest is a private facility that screens residents for appropriateness.<br><br>At the time of onsite audit, there were no residents that identified as limited English proficient, hearing impaired, blind/low vision, or cognitively impaired, so the auditor was unable to interview targeted residents to determine their understanding of the agency's zero tolerance policy for sexual abuse and sexual harassment. There were no residents that were identified as learning disabled or receiving special education accommodations for the auditor to check for understanding of the PREA education material.<br><br>On the issue log, the auditor requested formats utilized for target population.<br><br>The facility is not substantially compliant with this provision and corrective action is required at this time.<br><br>115.333(e)<br><br>According to the PAQ, the agency maintains documentation of resident participation in PREA education sessions.<br><br>It is evident that MSYA maintains resident PREA training acknowledgement. The documentation maintained does not include the acknowledgement of the comprehensive PREA training provided.<br><br>The auditor located in resident files the VisionQuest PREA Acknowledgement Form- |

Eliminating and Reporting Sexual Abuse and Harassment and the Maryland Department of Juvenile Services Youth Statement of Receipt Policy and Procedure Acknowledgement. The auditor contacted the DJS, it was determined that the training provided by the DJS advocate was not the PREA comprehensive training.

To further corroborate, the auditor was provided through the PAQ seven resident files. All files contained signed copies of the above acknowledgements.

The facility is substantially compliant with this provision and corrective action is not required at this time.

115.333(f)

MSYA displayed PREA related information throughout the facility. Information was readily available to residents and third parties. PREA related information was in the housing unit, multipurpose building, education building/2nd housing unit, and hallways throughout the facility. The information is readily available through PREA related posters and posted copies of the PREA Youth pamphlet “Break the Silence”. It should be noted that this information was provided in English and Spanish.

The facility is substantially compliant with this provision and corrective action is not required at this time.

MSYA provides information about the agency’s zero tolerance policy against sexual abuse and sexual harassment and how to report such incidents or suspicions. The facility combines both the PREA orientation and the PREA comprehensive education during the intake process. The PREA comprehensive age-appropriate education includes rights to be free from sexual abuse, sexual harassment, and retaliation and for reporting such incidents as well as the agency’s policies and procedures responding to such incidents. The agency policy requires residents transferred from other facilities to another to be given PREA education. The facility does not provide PREA related information for all to access specifically limited English proficient residents- VQ Youth Handbook in Spanish and disabled residents. VisionQuest does maintain documentation of PREA related education sessions in the resident files. The facility ensures that PREA related information is continuously and readily available through posters and posted brochures in English and Spanish.

Based on this analysis, the agency is not substantially compliant with this standard and corrective action is needed at this time.

**Corrective Action:**

1. PREA Orientation Training at Intake-The facility shall ensure that all residents receive PREA orientation training during the intake process. For the next 60 days following the interim report, the facility shall submit documentation for each new admission—including the resident’s name, date of admission, and signed acknowledgement of receiving PREA orientation training. This documentation shall be uploaded to the OAS supplemental files.
2. Comprehensive PREA Education Within 10 Days-The facility shall ensure that

all residents receive comprehensive PREA education within ten (10) days of admission. For the next 60 days following the interim report, the facility shall submit documentation for each new admission—including the resident's name, date of admission, date the comprehensive training was delivered, and the resident's signed acknowledgement of receiving comprehensive PREA education. This documentation shall be uploaded to the OAS supplemental files.

3. Separate Acknowledgement Form for Comprehensive PREA Training- The facility shall develop and implement a distinct acknowledgement form for comprehensive PREA education. This form shall clearly document:
    1. The date the resident received PREA orientation training, and
    2. The date the resident received comprehensive PREA education.
4. Accessible PREA Education for LEP and Disabled Residents-The facility shall ensure that PREA education materials are available and accessible to all residents who are limited English proficient and/or disabled. This includes, at minimum, providing the MSYA Youth Handbook in Spanish and ensuring that all PREA education materials are used during training sessions and remain continuously and readily available throughout the facility.
5. Access to Translation and Interpretation Services-The facility shall provide residents and families with access to translation and interpretation services. The following information shall be uploaded to the OAS supplemental files:
    1. Written procedures describing how staff and residents access translation and interpretation services
    2. A list of available languages and services, including American Sign Language (ASL)
    3. Documentation demonstrating that case managers and counselors have been trained in the use of these services and how to access them

**Verification of the Corrective Action since the onsite PREA audit:**

In response to the corrective action, VQ MYSA submitted documentation via OAS 6/26/2026. The following documents were submitted:

- Summary of Actions Taken to Comply with Corrective Action
- Youth PREA Education Roster
- PREA Orientation Acknowledgement Form
- PREA Comprehensive Acknowledgement Form
- Signed Youth Acknowledgements
- Resident Handbook in both Spanish and French
- VQ Translation Services Procedure VQDM.YS.26.A (effective 6/1/2026)
- Translation and Interpretation Services including American Sign Language (ASL) video services
- Employee Training Roster and Acknowledgements of Participation in Translation and Interpretation Services

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| | **Corrective Action Intent:**<br><br>The purpose of this corrective action was to ensure that VQ MSYA provides residents with PREA orientation training and comprehensive PREA education within ten (10) days of admission, and that residents' participation is documented through signed acknowledgement forms. The corrective action also required the facility to make PREA-related training materials accessible to residents who are limited English proficient or disabled, including those who are hearing impaired, and to ensure translation and interpretation services are available. Based on the documentation reviewed, the auditor finds the facility substantially compliant with PREA Standard 115.333. |

| **115.334** | **Specialized training: Investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2026)<br>2. TwoCertificates PREA: Investigating Sexual Abuse in A Confinement Setting-11/28/2025 & 12/7/2025<br>3. Pre-Audit Questionnaire (PAQ)<br><br>Interviews:<br><br>1. MSYA PREA Investigation Staff<br><br>Findings (by Provision):<br><br>115.334(a):<br><br>According to the response provided on the pre-audit questionnaire (PAQ), VisionQuest requires that investigators are trained in conducting sexual abuse investigations in confinement settings. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.3.1.1-4 states that VisionQuest shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its internal investigators have received training in conducting such investigations in confinement settings that include: |

1. Specialized training shall include techniques for interviewing juvenile sexual abuse victims
2. Proper use of Miranda and Garrity warnings
3. Sexual abuse evidence collection in confinement settings
4. The criteria and evidence required to substantiate a case for administrative action or prosecution referral

The program administrator confirmed receiving National Institute of Corrections (NIC) training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. Also, the assistant program administrator confirmed receiving the same training.

Provided in the pre-audit questionnaire (PAQ) was evidence of the National Institute of Correction's training certificates for PREA: Investigating Sexual Abuse in a Confinement Setting.

The agency is substantially compliant with this provision and there is no corrective action needed at this time.

115.334(b):

MSYA confirmed that the agency maintains documentation showing that investigators have completed the required training. The facility uploaded the certificates of completion for the PREA investigator training. During interviews with both facility investigators, they affirmed taking the course PREA: Investigating Sexual Abuse in a Confinement Setting. The course includes the following subject matter:

- Techniques for interviewing juvenile sexual abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral

During an interview, one of the designated facility PREA investigators confirmed that the above subject matter was covered during the training.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.334(c):

VisionQuest maintains documentation showing that the investigator at MSYA has completed the required specialized training for investigators. Found in the PAQ was a copy of the certificate for PREA: Investigating Sexual Abuse in a Confinement Setting. The dates of completion of training were 11/28/2025 and 12/7/2025.

The agency is substantially compliant with this provision and no corrective action is

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| | required at this time.<br><br>115.334(d):<br><br>Auditor is not required to audit this provision.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>The agency requires through policy that investigations are conducted by certified PREA investigators who have been trained in investigating sexual abuse in a confinement setting. The course taken contained all the required elements of specialized training in investigations. The facility-maintained documentation of the completion of the investigation training.<br><br>Based on this analysis, the agency is substantially compliant with this standard and no corrective action is required at this time. |

| **115.335** | **Specialized training: Medical and mental health care** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Proposed Memorandum of Understanding Between VisionQuest:MSYA and The University of Maryland Shore Regional Medical Center (UMSRMC-Cambridge)<br>3. Email Correspondence between VisionQuest: MSYA and The University of Maryland Shore Regional Medical Center (UMSRMC-Cambridge)<br>4. Three Attestations of Completion for PREA 201-Specialized Training: PREA Medical and Mental Health<br><br>Findings (by Provision):<br><br>115.335(a):<br><br>VisionQuest affirmed that it has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. MSYA employs and contracts both medical and mental health practitioners at the facility.<br><br>In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.2.4.2.1-4. references the training of medical and mental health practitioners who work regularly in their facilities. The policy requires in addition to |

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| | the training for non-employee personnel described above, all medical and mental healthcare practitioners who work regularly in the facility shall be trained in:<br><br>• How to detect and assess signs of sexual misconduct.<br>• How to preserve physical evidence of sexual abuse.<br>• How to respond effectively and professionally to victims of misconduct.<br>• How and to whom to report allegations or suspicions of sexual misconduct.<br>• How and to whom to report allegations or suspicions of sexual abuse or sexual harassment.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.335(b):<br><br>Forensic medical examinations are not conducted at MSYA. The agency has attempted to obtain a memorandum of understanding with the University of Maryland Shore Regional Medical Center (UMSRMC-Cambridge) for forensic examinations for incidents of allegations of sexual abuse.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.335(c):<br><br>The agency reported on the PAQ that it maintains documentation showing that medical and mental health practitioners have completed the required training. The facility uploaded evidence of maintaining documentation showing medical and mental health practitioners have completed the required training. The facility provided three attestations of completion for PREA 201-Specialized Training: PREA Medical and Mental Health. At this time, the National Institute of Corrections courses are undergoing revision so medical and mental health practitioners were required to review videos and provide attestation of completion. They were unable to obtain a certificate of completion.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.335(d):<br><br>MSYA confirmed in the PAQ that medical and mental health care practitioners employed by the agency also receive training mandated for employees by standard 115.331 and medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by standard 115.332. Review of files the auditor determined that both the two contracted providers and the facility employee had been provided with the mandated PREA training for both standard 115.331 and 115.332.<br><br>The facility is substantially compliant with this provision and corrective action is not |

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| | required at this time.<br><br>MSYA has a policy that outlines the required specialized training for both medial and mental health practitioners. The facility attempted and documented its attempts in obtaining a memorandum of understanding from the local hospital that provides forensic examinations.<br><br>MSYA maintains documentation of the required specialized PREA training. The facility has ensured that employed and contracted medical and mental health practitioners receive training in accordance with PREA standards 115.331 and 115.332.<br><br>Based on this analysis, the agency is substantially compliant with this standard and there is no corrective action required at this time. |

| **115.341** | **Obtaining information from residents** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Pre-Audit Questionnaire (PAQ)<br>3. PREA Victim Vulnerability Assessment<br>4. Resident Files<br><br>Interviews:<br><br>1. PREA Coordinator<br>2. Risk Screener<br><br>Site Review:<br><br>1. Intake<br>2. ExtendedReach<br><br>Findings (by Provision):<br><br>115.341(a): |

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| | On the PAQ, VisionQuest indicated that the agency has a policy that requires screening upon admission for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires residents to be screened for risk of sexual victimization or risk of sexual abuse within 72 hours of their intake. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.3 states that all youth admitted into a VisionQuest residential program are screened for potential vulnerabilities or tendency to act out with sexually aggressive behavior. Within 24 hours of arrival at the facility, they will be screened using the Entry Screening Form and the Primary Health Assessment. Within 72 hours they will be screened using the Vulnerability Assessment Instrument and reviewing available court records and case files. The information provided on these reports will assist staff in assigning appropriate housing, bed, work, education and program assignments with the goal of keeping residents safe and free from sexual abuse.<br><br>During the intake of a new admission, the auditor observed that the vulnerability assessment was given during the admission process.<br><br>Due to the recent requirement of the facility being PREA compliant by August 2026, the facility had only conducted one admission in accordance with the timetables required by the PREA mandates. By the time of the onsite audit, the risk screener had conducted the vulnerability assessment on the remaining residents. The auditor was given access to the agency's case management database, ExtendedReach.<br><br>Further in the policy, there is a requirement that residents' risk level be reassessed periodically throughout their confinement. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.4.5 states youth will be periodically assessed through individual sessions, outpatient counseling sessions, multi-disciplinary team meetings and at any other time when the need is presented. The auditor was unable to determine this practice, because the facility had just recently conducted the vulnerability assessment with all residents.<br><br>The case managers and counselors are tasked with conducting vulnerability assessments. The intake process is done privately in the staff office. The vulnerability screening is done electronically on the web-based case management software, ExtendedReach. Only the core team that includes case managers and counselors have access to the vulnerability assessments in ExtendedReach.<br><br>The risk screener confirmed that within 72 hours of admission the vulnerability assessment is conducted for residents admitted to the facility or transferred from another facility. The residents are assessed for risk of sexual abuse victimization or sexual abusiveness toward other residents. Information is obtained from resident interview and ExtendedReach regarding the newly admitted residents past charges or history of victimization or sexual abusiveness. Further it was stated that residents are reassessed as needed.<br><br>The auditor requested all the risk assessments of the seven residents housed at the facility. The auditor was provided access to ExtendedReach, the case management database. |

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| | It was determined from interviews with seven random residents that seven out of seven of them recalled being asked by staff if they had ever experienced sexual abuse, their sexual orientation, diagnosis of disability, and if they felt in danger of sexual abuse at the facility.<br><br>The facility is not substantially compliant with this provision and corrective action is required at this time.<br><br>115.341(b):<br><br>VisionQuest provided in the PAQ the PREA Victim Vulnerability Assessment. It is used as the objective screening instrument to identify sexual victimization or sexual abusiveness of residents. The assessment is completed with resident utilizing ExtendedReach, the case management database.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.341(c):<br><br>The facility utilizes the PREA Victim Vulnerability Assessment as the objective screening instrument that screens for risk of sexual victimization and sexual abusiveness. The instrument collects the following information:<br><br>• Prior victimization<br>• Prior sexual abusiveness<br>• Gender Nonconforming or identify as LGBQTI- No Longer Applicable to Compliance Finding<br>• Current charges and offenses<br>• Age<br>• Level of emotional and cognitive development<br>• Social skills<br>• Physical size at stature<br>• Mental illness and mental disability<br>• Intellectual or developmental disabilities<br>• Physical disability<br>• Residents own perception of safety<br>• Lack of Fit<br><br>Review of the PREA Vulnerability Assessment, it was determined by the auditor that the objective screening tool contained all required criteria mandated by PREA standard 115.341(c). The instrument scored each item. At the end of the instrument, there was a section that calculated the vulnerability for victimization and/or the propensity for sexually aggressive behavior.<br><br>During informal conversation, it was disclosed that screening for appropriateness for placement is conducted during the pre-admission process. The information provided assists with the completion of the PREA Vulnerability Assessment. Obtained information is utilized to relegate placement in the facility. |

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| | The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.341(d):<br><br>PREA mandates that there shall be an attempt to ascertain information through conversations with the resident during the intake process and medical and mental health screening, during classification assessments; and the reviewing of court records, case files, facility behavioral records, and other relevant documentation from the resident's files. According to the policy, VisionQuest performs the VisionQuest Entry Screening Form, Primary Health Assessment and the Vulnerability Assessment during the intake process. During the site review of the intake process, the auditor observed case manager having conversation to obtain information to complete the vulnerability assessment. Also, the case manager was looking through files to assist in the process of completing the vulnerability assessment.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.341(e)<br><br>In accordance with VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.4.3, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, other staff as necessary, to inform treatment plans, supervision and management decisions, including housing, bed, work, education and program assignments or as required by Federal, State or local law.<br><br>Review of resident files demonstrated that the designated risk screeners completed all seven risk assessments. The agency has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in to ensure that sensitive information is not exploited to the residents' detriment by staff or other residents. Only the core team that includes case managers and counselors have access to ExtendedReach, the agency's case management database.<br><br>According to the PREA coordinator, the only staff that have access to vulnerability assessments are clinicians and program directors. The PREA compliance manager stated that ExtendedReach access is granted based on position and needs. One of the risk screeners stated that only the core team has access to vulnerability assessment not line staff.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>VisionQuest has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness within 72 hours. There were seven assessments conducted and six of those were not completed within the allotted 72 hours due to |

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| | the recent implementation of the PREA standards. The policy requires that the resident's risk level be reassessed periodically. The auditor was unable to determine the practice due to the recent implementation of the PREA standards. The facility utilizes an objective screening instrument, and the screening instrument includes 11 criteria and 10 of them align with PREA standard 115.341(c). The information to complete the risk screening is ascertained through conversation with residents, health assessments, and information obtained during the admissions process. The core team of case managers and counselors conduct the vulnerability assessment that demonstrates that the agency has implemented appropriate controls of the information.<br><br>Based on this analysis, the agency is not substantially compliant with this standard and corrective action is required at this time.<br><br>Corrective Action:<br><br>1. The facility shall complete all risk assessments for all residents within 72 hours of admission for the next 60 days. The facility will provide a roster with residents' names and admission dates, and the auditor will be provided with access to ExtendedReach to review risk assessments for 60 days of interim report.<br>2. The facility shall conduct reassessments as needed for the next 60 days. The facility will provide a roster with resident's names and dates of reassessments, and the auditor will be provided with access to ExendedReach to review the practice of reassessments.<br><br>**Verification of the Corrective Action since the onsite PREA audit:**<br><br>In response to the corrective action, VQ MSYA submitted documentation via OAS on 6/26/2026. The following documents were submitted:<br><br>• Summary of Actions Taken to Comply with Corrective Action<br>• Auditor's access to ExtendedReach<br>• Roster of Residents<br><br>**Corrective Action Intent:**<br><br>The intent of this corrective action was to ensure that VQ MSYA conducted risk assessments within 72 hours of admission. During the 60-day period, there were seven admissions that received risk assessments within the mandated 72 hours of admission. Since the submission of the PAQ, there were six residents discharged within six to nine months of admission. Within that group, there were no residents identified for reassessment. With the information accessed from ExtendedReach and the review of the information received for the new admissions, there were no residents identified for reassessment. Based on the information provided by the facility, the auditor finds the facility substantially compliant with PREA standard 115.341. |

| 115.342 | Placement of residents |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. PREA Victim Vulnerability Assessment<br>3. VisionQuest Morning Star Youth Academy Clinical Meeting Agenda<br>4. Pre-Audit Questionnaire (PAQ)<br><br>Interviews:<br><br>1. Superintendent<br>2. PREA Coordinator<br>3. PREA Compliance Manager<br><br>Site Review:<br><br>1. Housing<br>2. Bathroom Configuration<br><br>Findings (by Provision):<br><br>115.342(a):<br><br>According to the pre-audit questionnaire (PAQ), VisionQuest confirmed the use of information from the risk screening required by PREA standard 115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Stated in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.3.1-.3, all youth admitted into a VisionQuest residential program are screened for potential vulnerabilities or tendency to act out sexually aggressive behavior. Within 24 hours of arrival at the facility, they will be screened using the VisionQuest Entry Screening Form and the Primary Health Assessment. Within 72 hours they will be screened using the Vulnerability Assessment Instrument and reviewing available court records and case files. The information provided on these reports will assist staff in assigning appropriate housing, bed, work, education and program assignments with the goal of keeping residents safe and free from sexual abuse.<br><br>The facility utilizes the PREA Victim Vulnerability Assessment for risk screening in accordance with PREA standard 115.341.<br><br>According to the PREA compliance manager, it was stated that a comprehensive referral package on residents is usually given prior to intake. Package used to |

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| | determine placement and best practice for residents, and it assist in conducting the vulnerability assessment.<br><br>The risk screener stated that the vulnerability assessment is to assist with placement into rooms as well as flags potential concerns.<br><br>On the bottom of the form, the risk screener assigns the room. During the review of the vulnerability assessments, the auditor observed that all the residents were assigned to the same room. In speaking with the risk screener, it was explained that facility had just moved into the renovated location and room numbers were not assigned in the new location. The auditor was unable to determine if the assessment was utilized to determine room placement. There is one housing unit, and there is a back up unit in the school building if separation was necessary. The recently cosmetically renovated building has a room that can be utilized for separation close observation bedroom due to an opening in the wall near the staff post/activity area.<br><br>It should be noted that the MSYA has limited work assignments together, and residents are provided with education virtually in a classroom together. During any facility programming staff supervision and placement appear to be relied upon to ensure resident safety. The resident census is low, and the staff to resident ratios are well within the requirements of the PREA standards.<br><br>MSYA is not substantially compliant with this provision and corrective action is needed at this time.<br><br>115.342(b):<br><br>VisionQuest has established a policy that residents at risk of sexual victimization may be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. VisionQuest does not practice isolation. Agency policy does address special housing and program placement. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.5.5-.6, VisionQuest does not use isolation as a means of special housing or placement. Youth receiving modified living arrangements or placed in individual units will not be denied their Youth Rights or access to daily program activities such as education services and large muscle exercise.<br><br>During the site review, the auditor observed that MSYA does not practice isolation or any type of room restriction. Within the facility, there is a room that can be utilized for close observation/supervision due to the opening in the wall near staff post/ activity area. A resident that has been identified as either vulnerable to victimization or sexually aggressive behavior could be placed in that room.<br><br>In the prior 12 months, there were no residents placed in isolation.<br><br>Based on the risk assessment, there were no residents identified as vulnerable to victimization nor residents with sexually aggressive behavior during the onsite |

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| | audit.<br><br>In the pre-audit questionnaire, the facility did not indicate that there was a resident at risk of sexual victimization placed in isolation in the prior 12 months.<br><br>The superintendent confirmed that there is no use of isolation or room restriction. An inquiry was made to the PREA compliance manager regarding the use of isolation and room restriction; it was disclosed that the facility does not use either isolation or room restriction.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.342(c):<br><br>This provision is no longer applicable to the compliance finding.<br><br>115.342(d):<br><br>This provision is no longer applicable to the compliance finding.<br><br>115.342(e):<br><br>This provision is no longer applicable to the compliance finding.<br><br>115.342(f):<br><br>This provision is no longer applicable to the compliance finding.<br><br>115.342(g):<br><br>This provision is no longer applicable to the compliance finding.<br><br>115.342(h):<br><br>The PREA standards require if a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety and (2) The reason why no alternative means of separation can be arranged.<br><br>MSYA references VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.5.5-.6, VisionQuest does not use isolation as a means of special housing or placement. Youth receiving modified living arrangements or placed in individual units will not be denied their Youth Rights or access to daily program activities such as education services and large muscle exercise.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.342(i)<br><br>Residents are not held in isolation at MSYA. During informal conversation with |

residents and staff, the auditor determined that isolation was not a practice at the facility. The agency has made provisions for residents placed in modified housing and/or programming. Based on VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A, placement in modified housing and/or programming will be reviewed every 30 days.

The facility is substantially compliant with this provision and no corrective action is required at this time.

MSYA does not utilize information from the risk screening to inform room and bed assignments. The facility has implemented a policy to address residents at risk of sexual victimization which may be modified housing but not isolated, and they will not be denied Youth Right's or access to daily program activities such as education services and large muscle exercise. Through policy the facility does not use isolation, but the agency has made provision for residents placed in modified housing and/or programming to be reviewed every 30 days.

Based on this analysis, MSYA is substantially compliant with this standard and no corrective action is required at this time.

**Corrective Action:**

1. The facility shall document room placement on the vulnerability assessment. Upon admission, relevant information shall be shared with supervisors to ensure that residents are not housed inappropriately, including placement with individuals identified as potentially vulnerable to victimization or potentially sexually aggressive. There should not be any disclosure of potential sexual victimization or sexual aggressiveness by the core team, just general information for appropriate placement.

**Recommendation:**

1. Supervisors shall maintain a binder that documents resident room assignments and separates information based provided by the risk screener. This binder shall be reviewed prior to any initial room placement or room change to guide housing decisions. Relevant information may also be recorded in the unit log.

**Verification of the Corrective Action since the onsite PREA audit:**

In response to the corrective action, VQ MSYA submitted documentation via OAS on 6/26/2026. The following documents were submitted:

- Summary of Actions Taken to Comply with Corrective Action
- Auditor's access to ExtendedReach- Risk Assessments
- Roster of Residents including Room Assignments

- Room Assignment Form

**Corrective Action Intent:**

The intent of this corrective action was to ensure that VQ MSYA placed residents in room assignments based on information obtained from the risk assessments. During the 60-day period, the auditor reviewed the outcomes of risk assessment and the placement of residents. There were seven new admission risk assessments conducted, and all seven residents were placed according to information obtained from the risk assessments. The facility has implemented a form that tracks any changes to room assignments. With the risk assessments accessed from ExtendedReach and the review of the implemented form, the auditor finds the facility is substantially compliant with PREA standard 115.342.

| 115.351 | Resident reporting |
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)
2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024)
3. VisionQuest Standard Grievance Process VQ.MSYA.YS.10(effective 05/01/2006)
4. VisionQuest Employee Handbook (revised January 2026)reviewed 12/2024)(updated template 01/31/2026)
5. Pre-audit Questionnaire (PAQ)
6. Issue Log
7. VisionQuest Youth Advocate/Grievance Table Within the Prior 12 Months

Interviews:

1. Random Resident
2. Random Staff
3. PREA Compliance Manager

Site Review:

1. Grievance Box-Multipurpose Building-Dining Hall

2. Availability of Items to Process Grievance

Findings (by Provision):

115.351(a):

In the pre-audit questionnaire (PAQ), the agency reported that they provide multiple internal ways for residents to privately report sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.

The agency provided VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.7.4.-.3 youth may report sexual abuse or sexual harassment to any staff member or non-staff member. A youth may request to contact the child protective services agency for that geographic location. The policy also states that may report for the actions mandated by PREA standard 115.351(a). Additionally, residents can make reports through the youth grievance process. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.8.1-.2, it states that although the regular statute of limitations defenses applies to allegations, the program does not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse. Youth are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment.

Located in VisionQuest Grievance Process Policy VQ.MSYA.YS.10.4.2.6 states if a grievance indicates a staff member allegedly committed a reportable incident or an illegal action against a child, the matter is referred to authorities for investigation. The policy does not specifically state sexual abuse, sexual harassment, or retaliation for reporting such events.

The policy does reference the involvement of the Maryland Department of Juvenile Services advocate in the grievance process. During the onsite audit, the advocate was only checking the grievance box once a week. According to the advocate, there is a schedule in case of absence to ensure that the box is checked. The auditor inquired about the infrequency of the collection of grievances specifically since the process is one of the resident reporting mechanisms.

There were 11 out 12 random staff that responded with a private means for residents to report internally incidents of sexual abuse, sexual harassment, and retaliation for reporting such incidents. The responses included reporting by grievance, report to staff or supervisor, family member, and the child abuse hotline.

Residents were questioned about the ways to report sexual abuse, sexual harassment, and for retaliation for reporting such incidents. All seven residents were able to respond with at least one way to privately report. Their responses included reporting to staff, family, probation officer, supervisors, lawyer, third-party, grievance, and the child abuse hotline.

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| | The auditor requested through the issue log copies of the grievances for the prior 12 months to determine if there were any grievances pertaining to sexual abuse, sexual harassment, and retaliation for reporting such incidents. The auditor received a table containing the tracking of grievances. There were no grievances listed that were identified as sexual abuse, sexual harassment, or retaliation for reporting such actions. The auditor tested the grievance process, and there was a response within 2 days.<br><br>During the site review, there was contact information posted for the child abuse hotline and the community rape crisis center. Information was located throughout the facility, and all the information was available in English and Spanish. There was one locked grievance box in the multipurpose building. Items to complete grievance were accessible to residents. The agency provides residents with electronic means to report through the agency's website, VQ Report It. The auditor checked resident computer access, and they were able to access the VisionQuest Agency Website. Auditor checked access to Report It and was contacted within an hour. Residents are supervised by staff when accessing the internet for virtual education. Resident telephone access is not limited. The auditor witnessed telephone usage, and residents are allowed to dial numbers and talk freely on telephones. The auditor tested the Child Abuse Hotline and was able to speak to a live agent within five minutes of starting call. Residents can send and receive mail. Mail is checked in front of residents to ensure that no contraband is entering or exiting facility.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.351(b):<br><br>In the PAQ, the agency reported that there was at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.<br><br>The Maryland Department of Juvenile Services has a grievance box located in the multipurpose building of MSYA. Several days after admission, residents were given instruction of how to process a grievance by the DJS advocate. The grievance box is checked once a week by the advocate. During the interview with the DJS advocate, it was disclosed grievances are shared with the building administration in order to resolve issue, but information of sexual misconduct would be escalated. According to the grievance policy, if a grievance indicates a staff member allegedly committed a reportable incident or an illegal action against a child, the matter is referred to authorities for investigation. Further in the policy, it states that a youth may also request to report any grievance to his/her probation officer, caseworker, or other state official to include the DJS Advocate Supervisor. VisionQuest will not limit the youth's right to do so.<br><br>During the site review, the auditor observed several postings at the facility that residents could report to externally including the child abuse hotline. Contained in the pamphlet given at intake is information on how to report. The hotline number is |

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| | directed to the Dorchester Child Protective Services, and the residents can report anonymously.<br><br>MSYA does not admit residents detained solely for civil immigration purposes. The facility is contracted by DJS for the detainment of adjudicated youth through family court for therapeutic treatment.<br><br>The PREA compliance manager stated that one-way residents can report either externally or internally by telephone or online access during school. It was confirmed that the procedures enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency officials, which allow the resident to remain anonymous upon request. The auditor observed that residents did have access to dial numbers freely and utilize the internet. The network does not block the agency website which has a reporting mechanism.<br><br>Inquiry of residents of who they would report of an incident of sexual abuse or sexual harassment outside of the facility, residents responded family members, probation officer, and hotline. All seven residents interviewed were aware that they could make an anonymous report to the Child Abuse Hotline.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.351(c):<br><br>In the PAQ, the agency reported that it has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.1.7 references that third-party or anonymous reports of sexual abuse or sexual harassment, sexual contact or sexual abuse must be considered credible and promptly investigated criminally and/or administratively. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.7.7, it specifies that any staff member or non-youth, who receive a report of sexual abuse or sexual harassment, whether verbally or in writing, shall immediately notify their supervisor and the PREA compliance manager and complete an event report.<br><br>VisionQuest Standard Grievance Process VQ.MSYA.YS.10.4.5.1-1.1 states A youth's parent or legal guardian may submit a grievance if they have issues or concerns that cannot be resolved directly with program staff. Staff members direct the family to contact the Corporate Compliance Manager. This person will explain the grievance process. Families are assured that in the event that they choose to file a grievance or complaint, there will be no retaliation toward the youth.<br><br>During interview with random staff, it was determined that 11 out of the 12 staff were informed that residents can report incidents of sexual abuse and sexual harassment verbally, in writing, anonymously, and through third-party. The staff confirmed that they would immediately or as soon as possible document reports of |

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| | sexual abuse and sexual harassment.<br><br>All seven residents responded reports of sexual abuse or sexual harassment can be in person or in writing. They also understood that someone else could make the report for them.<br><br>The agency is substantially compliant with this provision and no corrective action is needed at this time.<br><br>115.351(d):<br><br>In the PAQ, VisionQuest reported the facility provides residents with access to tools to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. During the site review, the auditor observed residents with writing utensils and paper. The PREA compliance manager stated residents are provided DJS grievance forms and provided an opportunity weekly to speak with the DJS advocate. The facility provided a table with all grievances for the prior 12 months.<br><br>During the onsite audit, there were no residents who reported sexual abuse for the auditor to interview to assess the reporting mechanisms. The auditor tested the DJS grievance process, and the DJS advocate responded.<br><br>The facility is substantially compliant with this provision and no corrective action required at this time.<br><br>115.351(e)<br><br>According to information provided on the PAQ, the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.<br><br>Found in the VisionQuest Employee Handbook p.62 are several ways that staff can privately report incidents of sexual abuse and sexual harassment. Cited in the handbook, employees should report any actual or potential violations of the Corporate Code of Conduct immediately. Employees can directly report known or suspected violations to VisionQuest’s anonymous email - Report It - easily accessible from both VQ’s public website, www.vq.com, the designated Compliance/ Quality Assurance representative in each program, the HR Director or National Director of Compliance at 520-314-7983. Reports of suspected or alleged child abuse or neglect must be reported directly to the Child Abuse Hotline in the state where the incident occurred.<br><br>The auditor tested both online reporting and telephone reporting. Both processes allowed the reporting of an incident.<br><br>The agency is substantially compliant with this provision and no corrective action required at this time. |

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| | VisionQuest has demonstrated the established procedures for allowing multiple internal ways for residents to report privately to the agency. The agency has provided at least one way for residents to report to an external public entity. Based on interview, it was determined that the facility's staff accepts reports verbally, in writing, anonymously, and from third parties. During site review, items for written reports are available to residents. Through auditor testing reporting mechanisms, the agency provides a method for staff to privately report allegations of sexual abuse and sexual harassment of residents.<br><br>Based on this analysis, the facility is substantially compliant with this standard and no corrective action is needed.<br><br>Recommendation:<br><br>1. To ensure grievances are addressed more frequently and residents have a safe, confidential, and reliable avenues to report grievances, the facility shall install grievance boxes for reporting other concerns and/or incidents of sexual abuse, sexual harassment, and retaliation. The grievance box shall be checked at least once daily, seven days a week. The facility shall designate specific staff responsible for checking the box each day and documenting the retrieval of grievances. The facility shall also establish written procedures for receiving, processing, and tracking all grievances specifically PREA-related grievances. |

| **115.352** | **Exhaustion of administrative remedies** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. VisionQuest Grievance Process VQ.MSYA.YS.10(effective 05/01/2006)(revised and reviewed 12/2024)(updated 1/31/2026)<br>3. VisionQuest Reporting Requirements VQ.MSYA.OPS.04(effective 05/01/2006)(revised and reviewed 12/2024)(updates template 07/08/2025)<br>4. VisionQuest MSYA Grievance Table<br>5. Pre-Audit Questionnaire (PAQ)<br>6. DJS Grievance Form<br><br>Interviews: |

1. Maryland Department of Juvenile Services advocate

Site Review:

1. Grievance Box-Multipurpose Building-Dining Hall
2. Child Abuse Hotline Abuse Postings
3. Third-Party Reporting Postings

Findings (by Provision):

115.352(a):

According to the information provided in the pre-audit questionnaire (PAQ), VisionQuest has an administrative procedure for dealing with resident grievances regarding sexual abuse. In accordance with VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.8.1 states that although the regular statute of limitations defenses applies to allegations, the program does not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse. Further in the policy, the agency references that resident is not required to use any informal grievance process or submit grievance to the staff member that is subject to the complaint.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.352(b):

VisionQuest affirmed that the agency policy and procedure allows for a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.  In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.8.1 states although the regular statute of limitations defenses applies to allegations, the program does not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse.

According to information documented on the PAQ, it is reported by the agency that residents are not required to utilize an informal grievance process to attempt to resolve with staff an alleged incident of sexual abuse. Within the PREA policy submitted in the PAQ, residents are not required to utilize an informal grievance process or otherwise to attempt to resolve with staff and alleged incident of sexual abuse.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.352(c):

The agency reported in the PAQ that a resident who alleged sexual abuse may submit grievance without submitting to the staff member who is the subject of the

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| | complaint, nor such grievance is not referred to staff member who is the subject of the complaint.<br><br>Further stated in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.8.4 such grievances shall not be referred to a staff member who is subject of the complaint.<br><br>During interview with the DJS advocate, the grievance process was detailed. Residents place grievance in the box located in the multipurpose building. The advocate comes to the facility once a week and checks the grievance box. The advocate discusses grievance with the facility administrator. Also, the advocate meets with the resident. If the grievance pertains to a PREA-related matter, the coordinated response begins.<br><br>During the site review of the facility, the auditor observed one grievance box and grievance forms and writing utensils within access to residents. The auditor requested via the issue log copies of grievances within the prior 12 months, and the grievance table of incidents was submitted to the supplemental files of the OAS.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.352(d):<br><br>It was reported on the PAQ that the agency's policy and procedure that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of filing the grievance. The facility incorrectly responded standard 115.352(c). The facility responded pertaining to the retaliation monitoring of PREA-related incidents. There is no policy that require the above stated responses to grievance. The auditor located in VisionQuest Grievance Process VQ.MSYA.YS.10.4.3.2-.3 major grievances, which include allegations of abuse or neglect, are reported to state authorities in accordance with applicable laws and regulations. If a grievance indicates a staff member allegedly committed a reportable incident or an illegal action against a child, the matter is referred to authorities for investigation. Based on policy, it was determined that once the grievance is reported to state authorities and law enforcement, the grievance is no longer in the administrative process.<br><br>Review of investigative files for the prior 12 months, yielded no allegations of sexual abuse reported by grievance.<br><br>During the onsite audit, there were no residents that reported a sexual assault.<br><br>VisionQuest is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.352(e)<br><br>In the PAQ, VisionQuest confirmed that the agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and |

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| | outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.<br><br>Stated in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.9.1, third parties, including fellow residents, staff members, family members, attorneys and outside advocates may file requests for administrative remedies relating to sexual abuse on behalf of a youth. Third parties are instructed to contact the program directly, VQ website, contact state or local police or call MD Child Abuse Hotline.<br><br>Further in the policy, it's stated that the agency will document if resident declines third-party assistance in filing a grievance of sexual abuse. Additionally, it is referenced that parents or legal guardians of residents alleging sexual abuse may file a grievance even if the resident has declined assistance.<br><br>For the prior 12 months, MSYA provided no third-party sexual abuse grievances with a decline of third-party assistance.<br><br>During the onsite audit, there was signage containing information for third-party reporting specifically the Child Abuse Hotline. Third-party reporters have access to the Report It link on the agency's website.<br><br>The auditor completed a third-party report via the VQ Report link on the agency's website, and the auditor was contacted via telephone by an agency representative.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.352(f)<br><br>VisionQuest reported that it has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Detailed in VisionQuest Grievance Process VQ.MSYA.YS.10.4.2.4 Emergency or high-risk grievances that indicate a potential imminent threat to a child's safety shall be escalated immediately and addressed on a priority basis, with action taken within forty-eight (48) hours.<br><br>The agency has provided policy pertaining to this provision, and the auditor has determined that the emergency grievance process is a reporting mechanism rather than an administrative remedy.<br><br>In the prior 12 months, the facility provided no emergency grievances pertaining to allegations of substantial risk of imminent sexual abuse at MSYA.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.352(g)<br><br>VisionQuest responded in the PAQ that the agency has a written policy that limits its |

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| | ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. VisionQuest Grievance Process VQ.MSYA.YS.10.4.1.4-.5 For purposes of disciplinary action, a report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, shall not be considered a false report or dishonesty, even if an investigation does not substantiate the allegation. Reports that are determined, following appropriate review, to have been made in bad faith, defined as knowingly false or malicious statements rather than mistaken or misunderstood allegations, may be addressed through applicable disciplinary procedures. The agency stated that bad faith allegations may be addressed through discipline.<br><br>In the prior 12 months, there were no disciplines sanctioned due to the filing of a bad faith allegation.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>According to policy, VisionQuest has an administrative procedure for dealing with resident grievances regarding sexual abuse. Residents and third-parties are able to submit grievances regarding sexual abuse without a time limit. Residents are not required to use an informal grievance process or resolve a sexual abuse grievance with staff. Residents are able to submit grievances without submitting to a staff member who is the subject of the complaint. Once sexual abuse is reported, it no longer is a part of the administrative process. Once an emergency grievance is received by the agency, it is referred to external agencies for external investigation, and internal investigation begins. The agency has a policy and procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Lastly, the agency has a written policy that does not require discipline to a resident for filing a bad faith allegation of sexual abuse. There is no resolution through the grievance process for either sexual abuse or imminent risk of sexual abuse.<br><br>Based on this analysis, the agency is substantially compliant with this standard and no corrective action is required at this time. |

| **115.353** | **Resident access to outside confidential support services and legal representation** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents: |

1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)
2. Memorandum of Understanding Between VisionQuest and For All Four Seasons Behavioral Health & Rape Crisis Center (RCC)
3. VisionQuest Youth Rights VQ.MSYA.YS.14 (effective 05/01/2006)(revised and reviewed 12/2024)(updated template 07/11/2025)
4. VisionQuest Morning Star Youth Academy Youth Handbook
5. VisionQuest PREA Break the Silence Pamphlet
6. Pre-Audit Questionnaire (PAQ)

Interviews:

1. Random Residents
2. PREA Compliance Manager
3. Superintendent
4. Representative from All Four Seasons Behavioral Health & Rape Crisis Center (RCC)

Site Review:

1. No Means No Postings

Findings (by Provision):

115.353(a):

MSYA reported that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provided four documents demonstrating evidence that the facility provided access to outside victim advocates for emotional support services related to sexual abuse.

The VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.14.1 states if requested by a victim of alleged sexual abuse, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals.

Found throughout the facility is the VisionQuest No Means No Poster. The poster has the emotional support services contact information listed. During the intake process, it was observed that the resident was provided with the Break the Silence pamphlet. Located on the pamphlet was the name and contact information for the emotional support services.

Recently, the facility was able to establish a partnership through a Memorandum of Understanding Between VisionQuest and For All Four Seasons Behavioral Health & Rape Crisis Center (RCC). The document outlines the responsibility of both entities.

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| | The responsibility of the RCC upon request and/or consent from youth, a mental health professional shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.<br><br>During an interview with a representative from All Four Seasons Behavioral Health & Rape Crisis Center, there is an existing MOU with MSYA, and there were no residents from the facility that has sought services. The emotional support advocate would communicate confidentially in person, by telephone, or via telehealth appointments.<br><br>The seven residents were unsure about where to locate the information pertaining to the emotional support contact information, but they did acknowledge that they saw the posters and the pamphlets around the facility.<br><br>During the site review, there were postings pertaining to resident rights, reporting, victim advocacy and emotional support. There were contact numbers and addresses. Residents are able to send and receive mail to the agency. There are contraband precautions that are in place to ensure nothing inappropriate comes in or out of the facility. Any opening of mail is done in front of the residents.<br><br>Residents can have a confidential conversation with an outside agency. Residents are given full access to telephones without recording devices or having to enter PIN or identification number.<br><br>Residents are placed at the facility by family court. They are not detained at the facility solely for civil immigration purposes.<br><br>During the onsite audit, there were no residents who reported sexual abuse for the auditor to interview to corroborate the facility practice.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.353(b):<br><br>MSYA responded that the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.9.5 states prior to being given access to outside support services, youth will be informed by the PREA Compliance Manager of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State or local law.<br><br>During the onsite audit, there were no residents who reported sexual abuse for the auditor to assess the practice of informing residents regarding limits to confidentiality prior to being given access to outside support services.<br><br>The facility is substantially compliant with this provision and corrective action is not |

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| | required at this time.<br><br>115.353(c):<br><br>In the PAQ, MSYA responded that the facility maintains memorandums of understanding with the community service provider that are able to provide residents with emotional support services related to sexual abuse. As evidence, the facility uploaded the Memorandum of Understanding with For All Four Seasons Behavioral Health & Rape Crisis Center (RCC), and the PREA compliance manager maintains copies of the memorandum of understanding.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.353(d):<br><br>MSYA reported that the facility provides residents with reasonable and confidential access to their attorneys or other legal representation. In VisionQuest Youth Rights VQ.MSYA.YS.14.4.5.1 and 4.5.7 specifies that youth have the right to make and receive private telephone calls from their family unless a court order has restricted phone contacts, and that the program will not limit or place unreasonable restrictions on youth access with their attorney.<br><br>In the VisionQuest MSYA Youth Handbook it details mail procedures and phone calls. It is specific that MSYA staff shall not limit communication between you and your probation officer, caseworker, or attorney. You may talk privately with your parents, your attorney, and your caseworker or probation officer. The program will not limit or place unreasonable restrictions on your access with your attorney.<br><br>When asked how does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation, the superintendent responded that there is an email sent to set up the appointment to make the call to the attorney. The superintendent stated that residents are given reasonable access to parents or legal guardians by scheduled phone calls three times a week, virtual access, onsite visitation, and home passes. The PREA compliance manager corroborated the same information regarding access to attorney and parents/legal guardians.<br><br>During interview with random residents, it was further confirmed that the facility allows for residents to speak to attorneys privately, as well as allows the residents to speak and see their parents or legal guardians.<br><br>MSYA is substantially compliant with the provisions and no corrective action is required at this time.<br><br>MSYA provides residents with access to outside victim advocates for emotional support services. Residents are provided with contact information for the support services. Prior to giving residents access, they are informed of the extent of monitoring of communications. The facility has a memorandum of understanding for emotional support services, and the facility maintains documentation of the |

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| | memorandum. Based on policy and interview, residents are given access to attorneys and parents/legal guardians.<br><br>Based on this analysis, the facility is substantially compliant with this provision and no corrective action is required at this time. |

| **115.354** | **Third-party reporting** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Pre-Audit Questionnaire (PAQ)<br><br>Site Review:<br><br>1. WWW.VQ.com/PREA<br>2. Audit Postings English and Spanish<br>3. Child Abuse Hotline Posters<br>4. Sexual Safety Information Poster<br>5. Sexual Safety Information Pamphlet<br>6. Agency Website -Report It- Agency Reporting Line<br><br>Findings (by Provision):<br><br>115.354(a):<br><br>According to the information provided on the PAQ, the agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The PREA policy is maintained on the agency website. Cited in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.9, there is a list of the methods to receive third-party reports of resident sexual abuse or sexual harassment. The facility included the following methods to receive third-party reports of sexual abuse:<br><br>1. Contact program directly |

2. Contact the VisionQuest Website Hotline Report It
3. Contact local or state police
4. Contact Maryland Child Abuse Hotline

It should be noted that Dorchester Sheriff's Department and the Maryland State Police have jurisdiction in Woolford, Maryland.

Additionally, the policy cited that a third-party can file an administrative remedy on behalf of a resident via the resident grievance process relating to sexual abuse. At this time, the grievance box is monitored by an advocate of the Maryland Department of Juvenile Services.

During the site review of MSYA, the auditor observed the various postings listing the above information. There was information in public areas such as the housing unit and the multipurpose building. The auditor was informed that the multipurpose area is where family visits occur.

All PREA-related postings were located throughout facility. The audit postings were located at the entrance, bathrooms, living room, and hallways and activity areas. The posters and audit postings were highly visible, and they were accessible. The posters pertaining to PREA were in English and Spanish.

The facility does publicly distribute information of the list of methods on how to report resident sexual abuse or sexual harassment on the agency website, www.VQ.com.

Also, the Maryland Department of Juvenile Services has a grievance box located in the multipurpose room. The auditor tested the box, and within several days was informed of the receipt of the test grievance by the advocate of the Maryland Department of Juvenile Services. The box is checked once a week by the advocate.

Additionally, on the agency's website, there is a link to Report It which a third-party could utilize to report sexual abuse or sexual harassment. The auditor tested the system and within a short period of time received contact via email from the Human Resource Department of VisionQuest.

The agency is not substantially compliant with this provision and corrective action is required at this time.

The facility provides methods for third-party reports of sexual abuse and sexual harassment. Onsite information is accessible to limited English proficient third-party reporters. Third-party methods are readily accessible to the public through the agency's website.

Based on this analysis, the facility is compliant with this standard and corrective action is not required at this time.

Recommendation:

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| | 1. Install a secured grievance box in a public area (visiting area) for third-party reporting to the facility. |

| 115.361 | Staff and agency reporting duties |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024)<br>2. VisionQuest Reporting Requirements Domestic VQ.MSYA.OPS.04<br>3. Pre-Audit Questionnaire (PAQ)<br><br>Interviews:<br><br>1. Random Staff<br>2. Superintendent<br>3. PREA Compliance Manager<br>4. Facility PREA Investigator<br>5. Medical and Mental Health Practitioners<br><br>Findings (by Provision):<br><br>115.361(a):<br><br>VisionQuest reported on the PAQ, that it requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency also affirmed in the PAQ that all staff report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. Additionally, the agency confirmed that all staff are to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.<br><br>All three requirements were located in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.7.1 that states all employees and non- |

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| | employees are mandatory reporters and required to immediately report to the Program Administrators, Supervisors, Compliance Manager or PREA Coordinator any knowledge, suspicion, or information regarding sexual abuse or sexual harassment involving a youth and/or any retaliation or neglect in violation of this procedure. All employees must also follow the Child Abuse and Neglect Reporting policy.<br><br>VisionQuest Reporting Requirements Domestic VQ.MSYA.OPS.04 requires the immediate report to the local department of social services and the appropriate law enforcement. Within one hour of the allegation the program is to submit the Department of Juvenile Services (DJS) Critical Incident Information and within 24 hours submit the complete DJS Incident Report.<br><br>According to 11 out of 12 random staff, they were aware of the agency requirement that all staff are to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility; any retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Eleven of the random staff were aware of reporting incidents either to child abuse hotline, supervisor, 911, or written report. Ten out of twelve responded that they would inform supervisor, and six out of twelve random staff stated that they would contact the child abuse hotline.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.361(b):<br><br>According to the PAQ, VisionQuest requires all staff to comply with any applicable mandatory child abuse reporting laws. Found in the reporting sexual abuse and sexual harassment section of the agency’s PREA policy is outlined the requirement pertaining to mandatory child abuse reporting laws. It states in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.7.2 all incidents of sexual assault, contact or abuse must be reported to the appropriate state child protective services agency.<br><br>Following the child abuse reporting laws is also found in the employee training section of VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.2.3.1.11. It lists the PREA training that employees will receive. It included how to comply with relevant laws related to mandatory reporting of sexual abuse or sexual harassment to outside authorities.<br><br>According to 11 out of 12 random staff confirmed their knowledge of how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response in accordance with agency policies and procedures. All 11 staff were aware of their responsibilities as mandatory reporters.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time. |

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| | 115.361(c):<br><br>VisionQuest reported in the PAQ that agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.<br><br>Cited in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A. 3.7.2.1 which states that apart from reporting to the PREA Coordinator, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions in order to maintain confidentiality.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.361(d):<br><br>The PREA mandates require that medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials as well as the designated state or local services where required by mandatory reporting. Also, they shall be required to inform residents at the initiation of services of their duty to report and the limitations to confidentiality.<br><br>MSYA employs medical and mental health practitioners. The auditor located within VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A. 3.7.3. that Medical and mental health practitioners are also required to report sexual abuse to the PREA Compliance Manager and state child protective services agency. Further, it states such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.<br><br>During interviews with both medical and mental health providers, it was determined in the prior 12 months there were no incidents of sexual abuse where they were mandatory reporters or they needed to detail the limitations to confidentiality regarding an incident of sexual abuse.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.361(e)<br><br>MSYA outlines notification of parents, guardians, attorneys and legal representatives through policy. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.7.9.2-3.7.9.3 Upon receiving any allegation of sexual abuse, the PREA Compliance Manager or designee shall 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. Further, it is stated that if a juvenile court retains jurisdiction over the alleged victim the PREA Compliance Manager or designee shall also report the allegation to the juvenile’s attorney or other legal representative of record in compliance with state |

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| | regulations. The policy does not detail that the notification should occur within 14 days of receiving the allegation.<br><br>According to the PREA compliance manager, allegations of sexual abuse are reported to the child protective services and 911 will communicate with either Dorchester Sheriff's Department or the Maryland State Police. Additionally, it was added that if the victim is under the guardianship of the child welfare system, the allegation of sexual abuse would be reported to the Department of Human Service (DHS). Lastly, it was stated in the case of residents that the court retains jurisdiction, the notification of allegation of sexual abuse there is communication with attorneys or legal representative on record.<br><br>The superintendent responded that when the facility receives an allegation of sexual abuse the following are contacted, the child abuse hotline, PREA compliance manager, and department of juvenile services.<br><br>There was one report of sexual abuse at MSYA. The auditor was able to review the reporting of sexual abuse by the facility. MSYA contacted the child abuse hotline, department of juvenile services and Dorchester Sheriff's Department.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.361(f)<br><br>Through policy, VisionQuest MSYA requires the reporting of all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators.<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.1-.3.15.1.7 cites that all reports of sexual abuse or sexual harassment, sexual contact or sexual abuse must be considered credible and promptly investigated criminally and/or administratively without regard to whether: The source of the report is from a third-party or anonymous source.<br><br>It was determined by review of the investigative file of sexual abuse that it was reported by a third-party, and the report was not handled any differently from a first person report.<br><br>Superintendent confirmed that all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to designated facility investigators.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>VisionQuest requires staff to report immediately and according to agency policy any knowledge, suspicion, or information pertaining to sexual abuse, sexual harassment, retaliation and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency requires compliance with |

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| | mandatory child abuse reporting laws. Found in the PREA policy, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary. MSYA has a policy requiring that medical and mental health practitioner's duty to report and the limitations of confidentiality. Cited in the policy is the requirement to make notification of sexual abuse to all appropriate parties, and the facility head is aware of the notification process to all appropriate parties. Established in the policy, all anonymous and third-party allegations of sexual abuse and sexual harassment are to be reported to the facility's designated investigators.<br><br>Based on this analysis, the agency is substantially compliant with this standard and no corrective action is required at this time. |

| **115.362** | **Agency protection duties** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Pre-Audit Questionnaire (PAQ)<br><br>Interviews:<br><br>1. Agency Head<br>2. Superintendent<br>3. Random Staff<br><br>Findings (by Provision):<br><br>115.362(a):<br><br>Based on information obtained on the pre-audit questionnaire (PAQ), MSYA responded when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility takes immediate action to protect the resident.<br><br>Review of the agency's policy, the auditor found the expectation is for the facility to immediately take measures to protect the resident. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.11.1 it states when VisionQuest learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The PREA Coordinator shall |

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| | direct the program's response to all allegations of sexual abuse or sexual harassment, including prompt assignment of a Victim Support Person, Investigator, and/or referral to medical/mental health services when warranted. Following in the policy is the first responder instruction for alleged sexual abuse or sexual harassment. The policy references that separation should be the first response to incidents of sexual abuse.<br><br>According to the facility's response to the PAQ, there were no reports in the prior 12 months that a resident was subject to a substantial risk of imminent sexual abuse.<br><br>According to the agency head upon learning that a resident is subject to substantial risk of imminent sexual abuse, the immediate protective action that is expected is the immediate security of the resident. The superintendent answered that there should be immediate separation and then review the situation. Eleven out of twelve random staff responded that immediate separation should occur if a resident is at substantial risk of imminent sexual abuse. There were further responses by some staff that included to document, report and observe.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>The agency requires in policy that staff are to respond immediately when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse. Both the agency head, superintendent, and random staff were aware of the expectation of immediate separation of a resident that is at substantial risk of imminent sexual abuse.<br><br>Based on this analysis, the agency is substantially compliant with this provision and no corrective action is required at this time. |

| **115.363** | **Reporting to other confinement facilities** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Pre-Audit Questionnaire (PAQ)<br>3. Investigative File<br><br>Interviews:<br><br>1. Agency Head |

2. Superintendent

Findings (by Provision):

115.363(a):

VisionQuest responded in the pre-audit questionnaire (PAQ) that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

Cited in the VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.10.1 upon receiving an allegation that a youth was sexually abused or sexually harassed while confined at another program, the administrator of the program shall notify the administrator of the program where the alleged abuse occurred, and shall also notify the child protective services agency of that state.

Reported in the PAQ, there were no allegations to MSYA that a resident was abused while confined at another facility in the prior 12 months.

Review of investigative file for the prior 12 months revealed no allegation of sexual abuse that occurred at another facility.

The facility is substantially compliant with this provision and no corrective action is required at this time.

115.363(b):

Confirmed in the PAQ, the agency requires that the facility head of MSYA provides notification as soon as possible, but no later than 72 hours after receiving the allegation of sexual abuse that occurred while a resident was confined at another facility.

VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.10.2, such notification shall be provided as soon as possible and within state reporting requirements, but no later than 72 hours.

Review of investigative files, there were no allegations of sexual abuse at other confinement facilities received. The auditor was unable to determine the practice of the notification occurring within 72 hours.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.363(c):

Based on information provided in the PAQ, the agency responded that it documents that it has provided such notification within 72 hours of receiving the allegation.

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| | The agency provided VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.10.3 states that the facility shall document that it has provided such notification.<br><br>Review of investigative files, there were no allegations of sexual abuse at other confinement facilities received. The auditor was unable to determine the practice of documenting that notification occurred within 72 hours.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.363(d):<br><br>VisionQuest stated in the PAQ, the agency policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.<br><br>In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.10.4 allegations received by other agencies/facilities are investigated in accordance with the PREA standards.<br><br>Review of investigative files by auditor yielded no reports received of allegations of sexual abuse from other facilities of confinement. The auditor was unable to determine the practice of investigating in accordance with the PREA standards.<br><br>Both the agency head and superintendent confirmed that there were no sexual abuse or sexual harassment allegations reported from another facility or agency to MSYA within the prior 12 months.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>VisionQuest has a policy that details the procedures when receiving allegations that a resident was sexually abused or sexually harassed while confined at another facility. The policy details that the notification must occur within 72 hours of receiving the allegation and be documented. The policy also requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.<br><br>Based on this analysis, the facility is substantially compliant with this standard and no corrective action is required at this time. |

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| 115.364 | Staff first responder duties |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. VisionQuest Morning Star Youth Academy First Responder Checklist<br>3. Investigative Files<br><br>Interviews:<br><br>1. Random Staff<br>2. Superintendent<br><br>Findings (by Provision):<br><br>115.364(a):<br><br>In the pre-audit questionnaire (PAQ), VisionQuest responded that there is a policy addressing first responder duties in the instance of allegations of sexual abuse. It is stated in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.11.2-.3.1, the first responder instructions for alleged sexual abuse or sexual harassment:<br><br>• 3.11.2.1. The Supervisor will ensure to Separate the alleged victim and alleged perpetrator.<br>• 3.11.2.1.1.An alleged victim or alleged perpetrator can be placed on a one-to-one youth to staff ratio, moved to another room in another facility (if possible), or a combination as necessary.<br>• 3.11.2.1.2.In cases where the alleged victim or alleged perpetrator is an employee, there will be no contact between the employee and youth pending completion of the investigation.<br>• 3.11.2.1.3.Secure the scene of the alleged assault if feasible and secure any video coverage of the alleged incident. Secure but do NOT gather evidence.<br>• 3.11.2.1.3.1.Staff that do not have supervisory duties shall be required to request that the alleged victim not take any actions that could destroy physical evidence before notifying supervisory staff.<br><br>Provided in the PAQ was the VisionQuest Morning Star Youth Academy First |

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| | Responder Checklist. This checklist was found in the binder of PREA information maintained in the staff area in the multipurpose building. Within the staff training materials, there was information pertaining to the first responder's duties.<br><br>Review of investigative files of sexual abuse and sexual harassment, there was one allegation of unsubstantiated sexual abuse that occurred in the prior 12 months at MSYA. The incident was verbally reported several weeks to staff after the alleged incident. There were no security staff or non-security staff who acted as a first responder in the allegation of sexual abuse.<br><br>During informal conversation, the random staff shared that they had been recently trained on first responder duties.<br><br>During random interviews of staff, it was disclosed by 11 out of 12 staff members were able to recite the steps outlined in the policy of how to respond to an incident of sexual abuse.<br><br>There were no staff that acted as a first responder in the prior 12 months, and there were no residents still detained at the facility that reported sexual abuse while at the facility.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.364(b):<br><br>According to information provided on the PAQ, VisionQuest requires that if the first staff responder is not a security staff member that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. In the VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.11.2.1.3.1 Staff that do not have supervisory duties shall be required to request that the alleged victim not take any actions that could destroy physical evidence before notifying supervisory staff.<br><br>Upon review of the investigative file of sexual abuse, there were no sexual abuse allegations responded to by a non-security staff member in the prior 12 months.<br><br>During the interviews with 11 out of 12 random staff, the auditor determined that the staff were aware of the steps taken as a first responder in separating, requiring no action by victim or perpetrator, and preserving the area.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>VisionQuest has detailed in policy and staff training the first responders' responsibilities during an incident of sexual abuse. Additionally, the agency has outlined through policy the responsibilities of non-security staff members during an incident of sexual abuse.<br><br>Based on this analysis, the agency is substantially compliant with this standard and no corrective action is required at this time. |

| 115.365 | Coordinated response |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Morning Star Youth Academy First Responder Checklist<br>2. VisionQuest Morning Star Youth Academy Program Nurse Responsibilities Checklist<br>3. VisionQuest Morning Star Youth Academy Behavioral/Mental Health Professional Checklist<br>4. VisionQuest Morning Star Youth Academy PREA Coordinated Response Important Numbers<br>5. VisionQuest Morning Star Youth Academy Shift Supervisor or Designee Response Checklist<br>6. VisionQuest Morning Star Youth Academy Executive Director, Program Administrator, PREA Compliance Manager and Facility Investigators Responsibility Checklist<br>7. Pre-Audit Questionnaire (PAQ)<br><br>Interviews:<br><br>1. Superintendent<br><br>Findings (by Provision):<br><br>115.365(a):<br><br>In the PAQ, the MSYA responded that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The coordinated response plan is specific to the MSYA, and the positions in the coordinated plan are the same as the positions identified in the PREA standard.<br><br>The coordinated plan is compiled of six sections with the specifics of the responses of each job title.<br><br>• VisionQuest Morning Star Youth Academy First Responder Checklist<br>• VisionQuest Morning Star Youth Academy Program Nurse Responsibilities Checklist<br>• VisionQuest Morning Star Youth Academy Behavioral/Mental Health Professional Checklist<br>• VisionQuest Morning Star Youth Academy Shift Supervisor or Designee Response Checklist |

- VisionQuest Morning Star Youth Academy Executive Director, Program Administrator, PREA Compliance
- VisionQuest Morning Star Youth Academy PREA Coordinated Response Important Numbers

It should be noted that at the end of the checklists are bullet points that summarize responses in a simplistic manner. Additionally, MSYA has a copy of the coordinated response plan located in a binder in the staff office in the multipurpose building.

During random staff interviews, 11 out of 12 random staff stated that they recalled being trained on the first responders' checklist. They were able to provide the steps during interview that included the following:

- Separate the alleged victim and abuser
- Request that the alleged victim refrain from taking any actions that could destroy any physical evidence
- Secure the scene
- Make all required notifications

The superintendent was asked in response to an incident of sexual abuse, what is the facility's plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The superintendent stated in response to sexual abuse the coordinated efforts would include separating victim and perpetrator, preservation of area, accessing SAFE/ SANE and contact law enforcement.

The facility is substantially compliant with this provision and no corrective action is required at this time.

MSYA developed a coordinated response plan. The response plan includes all required positions and duties required by the PREA mandates. From interview, the facility staff demonstrated they have been trained and understand duties in an incident of sexual abuse. The superintendent was able to recall the location of the coordinated plan in case of an incident of sexual abuse.

Based on this analysis, the facility is substantially compliant, and no corrective action is required at this time.

Recommendation:

1. Review shift supervisor or designee checklist and make corrections regarding handling of evidence and add Dorchester Sheriff's Department.
2. Annually create and document a mock scenario of sexual abuse to check for recall of responsibilities of all staff.

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. VisionQuest Prison Rape Elimination Act (PREA) National VQ.D.PREA.HR.4 (Rev. No. 00) (Effective 06/01/2025)<br><br>Interviews:<br><br>1. Agency Head<br><br>Findings (by Provision):<br><br>115.366(a):<br><br>According to information on the pre-audit questionnaire(PAQ), there is no agency, facility or government entity that is responsible for collective bargaining on the agency's behalf or has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending outcome of an investigation or of a determination of whether, and to what extent discipline is warranted.<br><br>There was no documentation provided that the facility recognizes, acknowledges or accepts participation in the collective bargaining agreement process.<br><br>According to the agency head, there are no collective bargaining agreements at MSYA<br><br>During interviews with random staff, there was no indication of a collective bargaining agreement. During the site review, there were no postings associating staff with a collective bargaining unit.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.366(b): |

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| | The Auditor is not required to audit this provision.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>The agency is not limited by a collective bargaining unit in the removal of an alleged sexual abuser from contact with residents pending the outcome of an investigation or of a determination of whether, and to what extent discipline is warranted.<br><br>Based on this analysis, the agency is substantially compliant with this standard and no corrective action is required at this time. |

| **115.367** | **Agency protection against retaliation** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024)<br>3. VisionQuest Reporting Requirements VQ.MSYA.OPS.04<br>4. VisionQuest PREA Retaliation Monitoring Form<br>5. Pre-Audit Questionnaire (PAQ)<br><br>Interviews:<br><br>1. Agency Head<br>2. Superintendent<br>3. Designated Staff Member Charged with Monitoring Retaliation<br><br>Findings (by Provision):<br><br>115.367(a):<br><br>In the pre-audit questionnaire (PAQ), VisionQuest confirmed the agency has 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.<br><br>The agency establishes the protection of both residents and staff for acts of retaliation within the provisions of VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.6.2, For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of youth or employees |

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| | who reported the sexual abuse and residents who suffer sexual abuse to see if there are changes that may suggest possible retaliation by youth or employees and shall act promptly to remedy any such retaliation.<br><br>Found in another policy, VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.7.3 states retaliation against individuals who in good faith report allegations of sexual misconduct, abuse or harassment is prohibited and may be subject to disciplinary action.<br><br>In the PAQ, the assistant program administrator that serves as the PREA compliance manager is charged with monitoring retaliation.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.367(b):<br><br>PREA standards require that the agency shall 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.<br><br>Through interviews the auditor assessed the multiple protection measures such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from victims, and emotional support services for residents or staff for fear of retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.<br><br>According to the agency head, the agency protects residents and staff from retaliation through policy, and all measures are made to protect from retaliation. If necessary, adjust housing and separate individuals. The program director outlined that there should be an internal review and follow up to ensure that there was no retaliation.<br><br>The designated retaliation monitor detailed that their role in monitoring retaliation is to investigate by utilizing the retaliation form as well as informing residents of the retaliation monitoring process. The different measures that would be employed to monitor would include checking in with residents, checking that supervision is fair, reviewing progress notes, and ensure that residents are treated fairly in behavior modification processes.<br><br>The VisionQuest PREA Retaliation Monitoring Form is utilized to monitor retaliation of both staff and residents. The form documents 8 weeks of retaliation monitoring. Each weekly documentation requires date and signature of the PREA compliance manager.<br><br>At the time of onsite audit, there were no residents who reported sexual abuse to interview, and the facility does not practice isolation so there were no residents who experienced sexual abuse in isolation. |

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| | The auditor did not locate documentation in the PAQ of any documented protective measures employed in a prior incident of sexual abuse. It should be noted that the incident was not reported until both individuals were no longer at MSYA.<br><br>The agency is not substantially compliant with this provision and no corrective action is required at this time.<br><br>115.367(c):<br><br>According to the information reported on the PAQ, MSYA monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.6.2 specifies that for at least 90 days following a report of sexual abuse, the agency shall monitor for retaliation. Commented in the PAQ, the agency lists a 90-day minimum that the facility would monitor the conduct or treatment. The VisionQuest PREA Retaliation Monitoring Form represents only 56 days. Also, MSYA would monitor retaliation for both residents and employees.<br><br>The superintendent (program director) stated that separation and conflict resolution are measures that would be taken if there is a suspicion of retaliation.<br><br>The staff who monitors retaliation stated when assessing whether a resident is being retaliated against, the staff monitors the behavior modification process, behavior, and supervision for 90 days or extended if necessary.<br><br>During review of the investigative file of an allegation of sexual abuse, there was no documentation that any retaliation monitoring occurred. Retaliation monitoring could not occur due to the late reporting of the allegation and parties involved were no longer supervised by the facility.<br><br>The facility is not substantially compliant with this provision and corrective action is required at this time.<br><br>115.367(d)<br><br>The PREA standards require that monitoring shall include periodic status checks. According to the staff member charged with monitoring retaliation, they would check on resident regularly and ensure supervision is fair, review progress notes, and review behavioral management processes were fair. On the retaliation form, there was an indication that periodic status checks would occur on a weekly basis.<br><br>The facility is substantially compliant with this provision and corrective action is required at this time.<br><br>115.367(e):<br><br>The PREA standards require that if any other individual cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate |

measure to protect that individual against retaliation.

The agency head stated if an individual expresses fear of retaliation housing would be adjusted and/or separation would be implemented. According to the superintendent, the measures that would be taken to protect someone from retaliation would include an internal review and regular follow-ups. It was further stated if there is a suspicion of retaliation, separation and conflict resolution would be utilized.

The agency is substantially compliant with this provision and corrective action is not required at this time.

115.367(f):

The auditor is not required to audit this provision.

The facility is substantially compliant with this provision and no corrective action is required at this time.

The agency has a policy established to protect staff and residents from retaliation for reporting alleged sexual abuse. MSYA has designated staff members to monitor retaliation. The agency does have a procedure to ensure that for at least 90 days following a report of sexual abuse the agency monitors the conduct or treatment of residents or staff who allege or report sexual abuse, but the documentation is not aligned.  The facility does have a procedure to ensure that there is a periodic status check of residents that allege or report sexual abuse. According to response to interviews the facility takes appropriate measures to protect staff, residents and any other individual that cooperates with an investigation against retaliation.

Based on this analysis, the facility is not substantially compliant with this standard and corrective action is required at this time.

**Corrective Action:**

1. The agency shall revise the existing retaliation document to capture information for up to 90 days and the ability to increase if necessary.

**Verification of the Corrective Action since the onsite PREA audit:**

In response to the corrective action, VQ MSYA submitted documentation via OAS on 6/26/2026. The following document was submitted:

- Summary of Actions Taken to Comply with Corrective Action
- Revised VQ Retaliation Monitoring Form

**Corrective Action Intent:**

The intent of this corrective action was to ensure that VQ MSYA revised the PREA Retaliation Monitoring Form that retaliation monitoring is conducted in alignment

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| | with the PREA standards for at least 90 days and the ability to increase monitoring if necessary. During the post onsite audit, there were no allegations of either sexual abuse or sexual harassment to assess the use of the revised form. Based on the revisions to the existing form, the auditor finds the facility is substantially compliant with PREA standard 115.367. |

| **115.368** | **Post-allegation protective custody** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Pre-Audit Questionnaire<br><br>Interviews:<br><br>1. Superintendent<br><br>Site Review:<br><br>1. Housing<br><br>Findings (by Provision):<br><br>115.368(a):<br><br>According to information on the pre-audit questionnaire (PAQ), MSYA does not practice isolation of residents. The facility does not have a policy stating that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.<br><br>Instead, VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.5.5-.6 reads as VisionQuest does not use isolation as a means of |

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| | special housing or placement. Youth receiving modified living arrangements or placed in individual units will not be denied their Youth Rights or access to daily program activities such as education services and large muscle exercise.<br><br>During the interview with the superintendent, it was stated that the facility does not practice the use of isolation. In the prior 12 months, there were no residents placed in isolation. During interviews with random residents, residents shared that there were no times that they were placed in isolation while residing at MSYA.<br><br>Due to the facility not practicing isolation, the auditor did not interview any residents in isolation, medical or mental health practitioners, or staff that supervise residents on isolation.<br><br>During the site review, the auditor did not observe any areas utilized for isolation.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>The agency has policy that states that isolation is not utilized at the facility. Residents stated during interviews that they had not been subjected to isolation. The superintendent stated that the facility did not utilize isolation. During onsite review of the facility, there were no indicators of isolation being utilized.<br><br>Based on this analysis, the facility is substantially compliant with this standard and no corrective action is required at this time. |

| **115.371** | **Criminal and administrative agency investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Investigative File<br>3. Proposed Memorandum of Understanding with Maryland State Police |

4. Proposed Memorandum of Understanding with Dorchester Sheriff's Department
5. Email Correspondence with Dorchester Sheriff's Department
6. Maryland State Police General Order
7. Two PREA Investigator Certificate PREA: Investigating Sexual Abuse in Confinement Setting- National Institute of Corrections 3-hour training
8. Pre-Audit Questionnaire (PAQ)
9. Table of Allegations of Sexual Abuse and Sexual Harassment for the Prior 12 Months
10. PREA Investigation Report Template

Interviews:

1. Facility PREA Investigator
2. Representative Dorchester Sheriff's Department
3. PREA coordinator
4. PREA compliance manager
5. Superintendent

Site Review:

1. Administrative Building Location of Secured Retained Files of Allegations of Incidents of Sexual Abuse and Sexual Harassment
2. Database Extended Reach

Findings (by Provision):

115.371(a)-1

VisionQuest reported there is a policy related to criminal and administrative agency investigations. According to VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.1- .3.16 states all reports of sexual misconduct, sexual contact or sexual abuse must be considered credible and promptly investigated criminally and/or administratively without regard to whether:

- The youth who are named in the allegation are in custody or not.
- Staff members named in the allegation are currently employed or not.
- The report of the allegation was made in a timely manner or not.
- The youth reporting the allegation is known to have made past false allegations.
- The source of the allegation recants the allegation.
- The employee receiving the complaint believes or does not believe the allegations.
- The source of the report is from a third party or anonymous source.

In the pre-audit questionnaire (PAQ), the facility provided an administrative

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| | investigative file of an unsubstantiated staff-on-resident allegation of sexual abuse.<br><br>Upon review of the investigative file the facility provided the following documentation:<br><br>• Maryland of Juvenile Services Incident Report<br>• Additional Incident Information<br>• Maryland Department of Juvenile Services RCCP/CPA Incident Information Sheet<br>• Dorchester Sheriff's Department Information<br>• State of Maryland Child Protective Services Report of Suspected Child Abuse/ Neglect<br>• Letter of Acknowledgement of Receipt for CPS Referral<br>• Witness Statements<br>• Critical Incident Checklist<br>• Summary of Internal Review<br><br>The facility does conduct a thorough investigation of allegations of sexual abuse. Review of file by the auditor determined the investigation was conducted objectively. It should be noted that the report was from a third party.<br><br>Based on the information provided, the facility responded to and investigated promptly to the allegations of sexual abuse. It appears that allegation was reported and investigated within 24 hours of report of allegation. Dorchester Sheriff's Department responded, but the incident appears that it did not meet the threshold for criminal investigation. There was a report number provided by the sheriff's department. Additionally, the Maryland Department of Human Services Dorchester County Department of Social Services was contacted, and the facility was provided confirmation of receipt of report.<br><br>Based on information obtained from the interview, the PREA investigative staff stated that investigations of sexual abuse and sexual harassment are reported and investigated immediately. Once investigation is screened back to the facility an internal administrative investigation begins, the facility PREA investigator would conduct interviews of witnesses and obtain footage. It was confirmed that third party and anonymous reports would be conducted in the same manner. At the time of the incident, the investigator was not a certified PREA investigator.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.371(b)-1<br><br>The agency provided two PREA investigator's certificates through the PAQ for the facility investigators. The training was the NIC PREA: Investigating Sexual Abuse in a Confinement Setting. The PREA investigator was able to recall receiving training pertaining to interviewing juvenile sexual abuse victims, use of Miranda and Garrity warnings, evidence collection, and the evidence required to substantiate a case |

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| | administratively and referral for prosecution.<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.3.1-3.1.3.1.4 VisionQuest shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its internal investigators have received training in conducting such investigations in confinement settings that includes:<br><br>3.1.3.1.1. Specialized training shall include techniques for interviewing juvenile sexual abuse victims<br><br>3.1.3.1.2. Proper use of Miranda and Garrity warnings<br><br>3.1.3.1.3. Sexual abuse evidence collection in confinement settings<br><br>3.1.3.1.4. The criteria and evidence required to substantiate a case for administrative action or prosecution referral.<br><br>According to the facility PREA investigator, the above trainings were covered during the online training.<br><br>The one allegation of sexual abuse was investigated and completed by a later certificated PREA investigator. At the time of the allegation, the facility was not monitored for PREA compliance so the individual that completed the investigation was not certified to conduct the investigation. Upon notification of the requirement to be PREA compliant by August 2026, the individuals responsible for conducting administrative facility investigations were certified.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.371(c)-1<br><br>In the cases of investigation that are determined by Maryland Child Abuse Hotline to be handled by the facility administratively, the facility PREA investigator would be responsible for handling the investigation. CPS would conduct an investigation and notify local law enforcement.<br><br>During the interview with the PREA investigator, an investigation would begin by gathering video footage, pictures, statements and reports. Review of the PREA investigative files yielded documentation of interviews and witness statements.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.371(d)-1<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.1.5 specifies that even if the source of the allegation recants the allegation, it must be considered credible and promptly investigated criminally and/or administratively. According to the Dorchester Sheriff’s Department and the |

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| | facility PREA investigator, the investigation continues and does not terminate if the source of the allegation recants.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.371(e)-1<br><br>According to the facility PREA investigator in the prior 12 months, there was one allegation of sexual abuse investigation that did not rise to the criminal threshold. Investigations that would meet the criminal threshold are investigated by Dorchester Sheriff's Department. In the case of compelled interviews, the department would be responsible for the consultation with the prosecutor prior to conducting a compelled interview. It should be noted that the Maryland State Police (MSP) also responds to calls from MSYA, and MSP would be responsible for consulting with the prosecutor prior to conducting a compelled interview.<br><br>The agency is substantially compliant with this provision and there is no corrective action required at this time.<br><br>115.371(f)-1<br><br>The facility PREA investigator responded that assessment of the credibility of an alleged victim, witness, or suspect is based on the concerns presented. It is not based on the individual's status as a resident or staff member. Review of the investigative files did not indicate an assessment of credibility. The information provided in the files appeared to be solely informational.<br><br>There was no evidence in the file indicating that the agency required a resident that alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition to proceed with an investigation of sexual abuse or sexual harassment. During the onsite audit, there were no residents who had reported sexual abuse at MSYA to confirm the facilities practices of credibility assessments, polygraph examination, or truth telling devices.<br><br>The agency is substantially compliant with this provision and there is no corrective action required at this time.<br><br>115.371(g)-1<br><br>Within VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.11.1-.2 it states that an administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Further it states that administrative reports be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.<br><br>Review of documents provided in the investigative file demonstrated the investigator interviewed witnesses and reviewed location of allegation. |

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| | During the auditor’s inquiry regarding documents contained in investigation files, the facility PREA investigator stated the investigations are documented in written reports, and they include video findings, written statements, and notes. There was confirmation that there would be efforts to determine whether staff actions or failures to act contributed to sexual abuse through reviewing footage and reviewing information provided during investigation.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.371(h)-1<br><br>Within the prior 12 months, MSYA has reported one allegation that was reported and it appears that it did not meet threshold of criminal sexual abuse. There was a call made to Dorchester Sheriff’s Department, but the allegation was not investigated criminally. A report number was provided to the facility. In the interview with Dorchester Sheriff’s Department, it was confirmed that criminal investigations would be documented in a report.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.371(i)-1<br><br>VisionQuest does not conduct criminal investigations. Based on VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.5-3.16.6 any allegations that involve potentially criminal behavior are investigated by local police departments, which are either Dorchester Sheriff’s Department or Maryland State Police. During the interview with Dorchester Sheriff’s Department, the auditor determined that substantiated allegations of conduct that appear to be criminal are referred for prosecution. The facility PREA investigator does not refer cases for prosecution. The agency reported that there were no substantiated allegations of conduct that appear to be criminal that were referred for prosecution. The facility did contact for an unsubstantiated allegation of sexual abuse that did not meet the criminal threshold.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.371(j)<br><br>According to the PAQ, the agency has established a policy to retain all written reports of all administrative and criminal investigations of alleged sexual abuse and sexual harassment. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.12 states VisionQuest will retain all written reports pertaining to administrative or criminal investigations of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless applicable state law requires a shorter period of retention. |

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| | During the site review, MSYA secured PREA related investigative files in the administrative building. Files were in a two-locked system utilized to securely maintain files of incident-based allegations of sexual abuse and sexual harassment investigative files. During the site review, the auditor observed the location of the securely retained documents, and it was observed that the office has camera monitoring.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.371(k)-1<br><br>PREA mandates require that the departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.11-.315.12 reiterates that investigations are to be considered whether resident is in custody or not, and staff members named in allegation are currently employed or not.<br><br>According to interviews with Dorchester Sheriff's Department and the facility PREA investigator, the departure of an alleged abuser or victim from employment or control of the facility or agency would not provide a basis for terminating an investigation.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.371(l)-1<br><br>The auditor is not required to audit this provision.<br><br>The agency is substantially compliant with this provision and there is no corrective action required at this time.<br><br>115.371(m)<br><br>According to the PREA mandates, outside agencies investigating sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.18 states programs shall cooperate with external investigators and endeavor to remain informed about the progress of the investigation.<br><br>During interviews with the superintendent and the PREA compliance manager PREA, it was determined by the auditor that the point of contact for external entities conducting PREA-related investigations would be the superintendent and the PREA compliance manager. Those positions are held by the program administrator and the assistant program administrator.<br><br>The agency is substantially compliant with this provision and there is no corrective |

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| | action needed at this time.<br><br>The evidence provided shows that the agency has a policy related to criminal and administrative investigations of sexual abuse and sexual harassment. The auditor determined that the facility acted promptly, objectively and thoroughly when conducting investigations of allegations. Interviews of investigator confirmed that investigations are not terminated due to the source of the allegation being recanted, and credibility is assessed on the facts not on judgement of resident or staff. Also, investigations are not terminated due to the departure of an alleged abuser or victim from employment or release from the facility. The site review confirmed the practice of maintaining written reports in accordance with 115.371(j). It was confirmed criminal investigations of sexual abuse and sexual harassment are conducted by Dorchester Sheriff's Department or Maryland State Police.<br><br>Based on this analysis, VisionQuest is substantially compliant with this standard, and no corrective action is required at this time.<br><br>Recommendation:<br><br>1. Document allegation information on the existing VisionQuest PREA Investigation Report Template for each allegation of sexual abuse and sexual harassment.<br>2. As a facility annually conduct mock scenarios of a sexual abuse allegation and a sexual harassment allegation demonstrating the steps and documentation required from reporting, investigating, and the incident review meeting. |

| **115.372** | **Evidentiary standard for administrative investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire (PAQ)<br>2. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>3. Investigative File<br><br>Interviews:<br><br>1. Facility PREA investigator |

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| | Findings (by Provision):<br><br>115.372(a)-1:<br><br>According to the pre-audit questionnaire (PAQ), MSYA imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.3 requires that no standard higher than the preponderance of the evidence will be considered in determining whether allegations of sexual abuse or sexual harassment are substantiated.<br><br>During the interview with the facility PREA investigator, it was confirmed that the evidentiary standard applied to substantiate allegations of sexual abuse and sexual harassment is the preponderance of the evidence.<br><br>Within the last 12 months, there was an allegation of sexual abuse documented on the PAQ. To further review the application of the evidentiary standard, the auditor reviewed the allegation, and there was evidence that led to a determination of unsubstantiated by the facility. On the excel spreadsheet of allegations of sexual abuse and sexual harassment, there was one sexual abuse allegation that was unsubstantiated. Based on documentation provided, the auditor was able to determine the practice of applying the evidentiary standard of preponderance of the evidence due to facts and findings being summarized.<br><br>The facility is substantially compliant with the provision and no corrective action is required.<br><br>The auditor has determined based on the agency's policy and the interview with the facility PREA investigator that VisionQuest does not impose a standard higher than a preponderance of the evidence when substantiating allegations of sexual abuse or sexual harassment.<br><br>The agency is substantially compliant with this standard and no corrective action is required at this time.<br><br>Recommendations:<br><br>1. The agency shall specifically document in the investigative file summary based on the preponderance of the evidence the outcome of one of the following substantiated, unsubstantiated, or unfounded. |

| **115.373** | **Reporting to residents** |
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| | **Auditor Overall Determination:** Meets Standard |

**Auditor Discussion**

Documents:

1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)
2. PREA Investigation Report Template
3. PREA Master Log
4. VisionQuest Youth Notice of Investigation Outcome

Interviews:

1. Superintendent
2. Facility PREA Investigator
3. Dorchester Sheriff’s Department

Findings (by Provision):

115.373(a):

VisionQuest provided in the pre-audit questionnaire (PAQ) a policy that requires that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.17.1-17.2 cites that the following will be documented on the PREA Investigation– Reporting to Residents form as youth currently in a VisionQuest program are entitled to know the outcome of the investigation into their allegation as follows. Following an investigation into an allegation of sexual abuse in the program, the PREA Compliance Manager shall inform the alleged victim whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

According to the information provided on the PAQ, the agency reported that there was one administrative investigation of alleged staff-on-resident sexual abuse that was conducted by the facility in the past 12 months. Review of investigative file, there was no documentation of notification to the resident, and it was further explained on the PAQ comment section that the allegation was reported after the youth discharged from the program and the investigating agency from youth's county did not report any follow-up to the program. Additionally, review of the investigative file did not yield outcomes from either child protective services or the responding police department of an outcome of the allegation of sexual abuse.

During interview the superintendent confirmed that MSYA would notify a resident who makes an allegation of sexual abuse that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The facility PREA investigator informed the auditor that they were aware that when a

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| | resident makes an allegation of sexual abuse, he or she must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.373(b):<br><br>Based on information provided in the PAQ, when MSYA does not conduct an investigation, it shall request the relevant information from the investigative agency in order to inform the resident. According to VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.9, VisionQuest will consider all existing information and any that has been requested and can be provided by external investigators, to inform the youth of the outcome of the investigation, respond accordingly and develop an appropriate corrective action plan.<br><br>There was an allegation of sexual abuse that was investigated by external facilities, and the auditor was able to determine the facility's practice of obtaining investigative outcomes.<br><br>During the interview with the Dorchester Sheriff's Department, the auditor determined that reports would be obtainable with a request. Within the investigative file the auditor located a piece of paper with date of incident, incident number, and corresponding officer. Also, there was an acknowledgement of receipt of the referral to child protective services within the Maryland Department of Human Services. Within the letter, there was reference to state statue that prohibited the disclosure of any information without the permission of all the concerned individuals.<br><br>The facility is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.373(c):<br><br>According to the PAQ, MSYA reported following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident unless the agency has determined that the allegation is unfounded. Found in the agency's policy, VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.17.3, is a list of the variables that would constitute a notification to a resident. If the allegation involved a staff member, the PREA Compliance Manager shall inform the youth whenever:<br><br>1. The staff member is no longer assigned within the youth's unit;<br>2. The staff member is no longer employed at the facility;<br>3. The staff member has been indicted on a charge related to sexual abuse within the facility; or<br>4. The staff member has been convicted on a charge related to sexual abuse within the facility. |

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| | In the prior 12 months, there was no confirmed outcome of substantiated, unsubstantiated or unfounded sexual abuse by a staff member against a resident at MSYA that would generate a notification.<br><br>During the onsite audit, there were no residents who reported sexual abuse for the auditor to interview.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.373(d):<br><br>In the PAQ, the facility confirms that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.17.4, it is specified that if the allegation involved another youth, the PREA Compliance Manager shall inform the alleged victim when the alleged abuser has been:<br><br>1. Indicted on a charge related to sexual abuse within the facility; or<br>2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility.<br><br>In the prior 12 months, there were no substantiated or unsubstantiated complaints of sexual abuse by a resident against a resident at MSYA. In the investigative file, there was no allegation of resident-on-resident sexual abuse.<br><br>During the onsite audit, there were no residents who reported sexual abuse for the auditor to interview.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.373(e):<br><br>VisionQuest provided a policy that all notifications to residents described under this standard are documented. Cited in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.17.5, all such notifications or attempted notifications shall be documented in the program records and the youth's file.<br><br>During the onsite audit, the auditor was given the PREA Investigation Report Template. Within the template, there is a dedicated section titled VisionQuest Morning Star Youth Academy Youth Notice of Investigation Outcome. On the bottom of the form is a signature line for the program administrator, and the form is copied to the parent and the youth file.<br><br>There was no investigative file demonstrating the process of notification due to an allegation taking place after resident had been discharged.<br><br>During the onsite audit, there were no residents who reported sexual abuse for the |

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| | auditor interview in order to determine practice.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.373(f):<br><br>The auditor is not required to audit this provision.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>VisionQuest has a policy that any resident who makes an allegation of sexual abuse in the facility will be notified of outcomes. It was determined from investigative file that when the facility does not conduct the investigation, it shall attempt to obtain outcomes of allegations from external investigative entities. There is a policy that details the agencies response to notifying residents in the case of both staff-on-resident allegations of sexual abuse and resident-on-resident allegations of sexual abuse. The facility documents notification of residents on a notification form that requires administrative signature and copied to parent and youth file.<br><br>Based on this analysis, the facility is substantially compliant with this standard and corrective action is not required at this time. |

| **115.376** | **Disciplinary sanctions for staff** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic.VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024)<br>3. List of Terminated Staff<br>4. Pre-Audit Questionnaire (PAQ)<br><br>Interviews:<br><br>1. PREA Compliance Manager (Assistant Program Administrator)<br><br>Findings (by Provision): |

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| | 115.376(a):<br><br>In the pre-audit questionnaire, the MSYA responded that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.<br><br>The agency addresses discipline sanctions in two policies.<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.19.1-.4, it states disciplinary sanctions for violations of this procedure relating to sexual abuse and sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's, volunteer's or contractor's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. Violation of this policy/procedure is cause for termination. The PREA coordinator will take any action necessary to enforce this policy. Any staff member, contractor, volunteer or non-employee who violates this policy/procedure shall be prohibited from contact with youth and shall be reported to law enforcement and any relevant licensing bodies. Staff that desire to contest terminations and staff disciplinary actions may do so following the prescribed grievance procedure outlined in the Employee Manual. All disciplinary actions will remain consistent with PREA regulations 115.372 and 115.376 and remain part of the staff record unless there is a determination that the allegation of sexual abuse is not substantiated.<br><br>In the Zero Tolerance policy, VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.7.1.1-4.2.7.2.6.1, VisionQuest has Zero Tolerance for Sexual Misconduct, Abuse or Harassment of any minor in care, regardless of age. All allegations will be investigated and reported to external authorities as required by law. The results of an investigation of potential sexual abuse or sexual harassment or inappropriate sexual behavior will determine the level of discipline or consequence. Anyone who has been found to have sexually harassed another person under the terms of this policy is liable to any of the following sanctions:<br><br>4.2.7.2.1. Verbal and/or Written Warning<br><br>4.2.7.2.2. Write-Up<br><br>4.2.7.2.3. Note-to-File (NTF)<br><br>4.2.7.2.4. Suspension<br><br>4.2.7.2.5. Termination<br><br>4.2.7.2.6. Prosecution<br><br>4.2.7.2.6.1. Criminal prosecution may come as a result of law enforcement involvement.<br><br>There was a review of termination list for the prior 12 months with the PREA compliance manager. In the prior 12 months, there were individuals terminated or |

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| | resigned due to an impeding allegation of sexual abuse or sexual harassment.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.376(b):<br><br>Based on information provided on the PAQ, there were no staff that had violated agency sexual abuse or sexual harassment policies. During termination list review with the PREA compliance manager, the auditor determined within the prior 12 months there were no staff terminated or resigned as a result of violating agency sexual abuse or sexual harassment policies.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.376(c):<br><br>In the PAQ, MSYA reported that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.19.1.1, explains that disciplinary sanctions for violations of this procedure relating to sexual abuse and sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member’s, volunteer’s or contractor’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.<br><br>In the prior 12 months, there have been no staff from the facility who have been disciplined short of termination for violation of agency sexual abuse or sexual harassment policies. During termination review, the auditor was provided information from the PREA compliance manager of disciplinary sanctions taken against staff and termination in the prior 12 months, and it was determined that there were no individuals terminated for violating the agency sexual abuse or sexual harassment policies for the prior 12 months.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.376(d):<br><br>Reported in the PAQ, VisionQuest responded that 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. |

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| | Found in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.20.1.1-.2, all terminations and resignations due to alleged violations of this policy shall be reported to law enforcement and to any relevant licensing bodies. The PREA coordinator or designee shall work with the local district attorney's office to facilitate criminal prosecution of acts in violation of this policy or criminal law.<br><br>According to information on the PAQ, the facility had not reported any staff to law enforcement or licensing boards following their termination or resignation prior to termination for violating agency sexual abuse or sexual harassment policies.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>VisionQuest has policies that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Sanctions and discipline are commensurate with the nature and circumstances of the acts committed, the staff member's discipline history, and the sanctions imposed for comparable offenses by other staff with similar histories. The agency through policy requires that all terminations for violations of agency sexual harassment and sexual abuse policy will be reported to law enforcement and licensing bodies.<br><br>Based on this analysis, the facility is substantially compliant with this standard and no corrective action is required at this time. |

| **115.377** | **Corrective action for contractors and volunteers** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Pre-Audit Questionnaire (PAQ)<br><br>Interviews: |

1. Superintendent-Program Administrator

Findings (by Provision):

115.377(a):

In the pre-audit questionnaire (PAQ), the facility provided a policy that requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.19.1.1-.2, Disciplinary sanctions for violations of this procedure relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's, volunteer's or contractor's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. Further it states that violation of this policy/ procedure (sexual abuse and sexual harassment) is cause for termination. The PREA Coordinator will take any action necessary to enforce this policy. Any staff member, contractor, volunteer or non-employee who violates this policy/procedure shall be prohibited from contact with youth and shall be reported to law enforcement and any relevant licensing bodies.

In the prior 12 months, there have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents at MSYA. Review of investigative reports yielded no reports to law enforcement of volunteers or contractors engaging in sexual abuse of residents.

The agency is substantially compliant with this provision and corrective action is not required at this time.

115.377(b):

VisionQuest responded that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The policy specifically listed contractors and volunteers. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.19.1.2, violation of this policy/ procedure (sexual misconduct) is cause for termination. The PREA Coordinator will take any action necessary to enforce this policy. Any staff member, contractor, volunteer or non-employee who violates this policy/procedure shall be prohibited from contact with youth and shall be reported to law enforcement and any relevant licensing bodies.

The superintendent confirmed there were no volunteers and there were two contractors (providers) for medical and mental health services. Further, it was affirmed that in the case of any violation of agency sexual abuse or sexual

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| | harassment policies by a contractor or volunteer MSYA would take remedial measures and prohibit further contact with residents if a contractor or volunteer were found to have committed sexual abuse or sexual harassment.<br><br>The facility is substantially compliant with this provision and no corrective action is needed at this time.<br><br>Through policy, the agency has required that contractors and volunteers who engage in sexual abuse be reported to law enforcement and other licensing bodies. Also, volunteers and contractors who engage in sexual abuse are prohibited from contact with residents. During interview and located in policy the facility would take appropriate remedial measures and consider prohibiting further contact with residents in case of any other violation of agency sexual abuse and sexual harassment policies by a contractor or volunteer.<br><br>The facility is substantially compliant with this standard and no corrective action is needed at this time. |

| **115.378** | **Interventions and disciplinary sanctions for residents** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024)<br>3. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01 (Rev. No.00) (Effective 10/10/2024)<br>4. VisionQuest Grievance Policy VQ.MSYA.YS.10.(Effective 05/01/2006)(revised and reviewed 12/2024)(updated 01/31/2026)<br>5. Morning Star Youth Academy Youth Handbook (updated 8/2025)<br>6. PREA Education Juvenile Comprehensive Video<br>7. Pre-Audit Questionnaire (PAQ)<br><br>Interviews:<br><br>1. Superintendent<br><br>Site Review:<br><br>1. Site Review of Facility |

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| | Findings (by Provision):<br><br>115.378(a):<br><br>VisionQuest responded on the pre-audit questionnaire (PAQ) that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and a criminal finding that the resident engaged in resident-on-resident sexual abuse.<br><br>The policy references both criminal and administrative findings of guilt for resident-on-resident sexual abuse. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.19.2.1, youth are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the youth engaged in youth-on-youth sexual abuse.<br><br>Further in the policy cited in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.20.2.1, states that youth are subject to criminal prosecution only after a finding of guilt for youth-on-youth sexual abuse.<br><br>Review of the Morning Star Youth Academy Youth Handbook discipline for residents includes the behavioral management system, Path of Honor and Trust-Based Relational Intervention (TBRI).<br><br>During interview with the facility superintendent, isolation is not practiced at the facility.<br><br>In the prior 12 months, MSYA reported no cases of administrative or criminal findings of resident-on-resident sexual abuse.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.378(b):<br><br>MSYA does not practice the utilization of isolation. During the site review, there were no areas utilized for isolation purposes. Through formal and informal discussion with staff and residents, the auditor determined that there were no areas used for isolation. In the prior 12 months, there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.<br><br>VQ.D.PREA.01.A.3.20.2.1 VisionQuest does not use isolation as a means of special housing or placement.<br><br>During the review of the PREA-related investigative files, there was no resident placed in isolation as a result of an allegation of sexual abuse at MSYA in the prior 12 months.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.378(c): |

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| | MSYA is a therapeutic community that provides services surrounding substance abuse and mental health. The behavioral management system that is detailed in the youth handbook is not punitive. The modalities consider the mental disabilities and mental illness in the attempts to change behaviors.<br><br>The superintendent responded that the disciplinary sanctions imposed on residents subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include removal from program. It was further affirmed that the sanctions are proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Also, the superintendent confirmed that the consideration of resident's mental disability and mental illness are considered when determining sanctions.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.378(d):<br><br>According to the PAQ, VisionQuest does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.<br><br>During interviews with medical and mental health staff, it was determined that the facility would offer therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. These services would be provided based on participation in the therapeutic program, which includes an incentive-based behavior management system but does not include general programming and education.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.378(e):<br><br>In the pre-audit questionnaire (PAQ), MSYA responded that they would discipline residents for sexual conduct with staff only upon finding that the staff members did not consent to such contact. In VQ.D.PREA.01.4.3.2, it states that youth perpetrators are subject to discipline only upon finding that the employee did not consent to such contact.<br><br>In VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.6.2.1, it states if an employee, contractor or volunteer feels that they have experienced sexual abuse, sexual harassment, or inappropriate sexual behavior on behalf of another employee or child, youth, or family in our program, the employee should promptly contact their Human Resources Representative or Program Director.<br><br>There was no indication in the investigative documentation that a staff member was subjected to any sexual inappropriateness by a resident. |

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| | The agency is compliant with this provision and no corrective action is required at this time.<br><br>115.378(f):<br><br>According to information provided in the PAQ, VisionQuest prohibits disciplinary action for a report of sexual abuse made in good faith based upon reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation.<br><br>Cited in VisionQuest Grievance Pross VQ.MSYA.YS.10.4.15-.16, for purposes of disciplinary action, a report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, shall not be considered a false report or dishonesty, even if an investigation does not substantiate the allegation. Reports that are determined, following appropriate review, to have been made in bad faith, defined as knowingly false or malicious statements rather than mistaken or misunderstood allegations, may be addressed through applicable disciplinary procedures.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.378(g)<br><br>Indicated in the PAQ, VisionQuest prohibits all sexual activity between residents, and it’s communicated through the PREA Policy. The policy references that residents will not engage in conversations of a sexual nature, sexual activity or sexual harassment. In VQ.Natl.HR.4., Zero Tolerance Policy 4.1.-.1 The policy further states Sexual harassment or abuse between staff and youth, volunteers or contract personnel and youth, or between youth themselves, is strictly prohibited, regardless of consensual status, and will result in administrative discipline and/or criminal sanctions. Upon admission, all youth receive information about sexual assault, including prevention and intervention, self-protection, reporting, treatment, and counseling. Consensual sex in a custodial or supervisory relationship is prohibited in any VisionQuest program.  A sexual act with a youth by a person in a position of authority over the youth is illegal and subject to criminal prosecution.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>VisionQuest has established disciplinary sanctions for residents through a formal disciplinary process for both administrative and criminal findings of sexual abuse. The facility does not utilize isolation as part of its disciplinary process. Considerations are made for mental health and mental illness when disciplining a resident. The agency does offer counseling or therapy. The agency has a policy that specifically addresses the discipline of residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Lastly, there is an established policy prohibiting discipline good faith reporting by residents, and a policy prohibiting sexual activity between residents. |

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| | Based on this analysis, VisionQuest is compliant with this standard and no corrective action is required at this time. |

| 115.381 | Medical and mental health screenings; history of sexual abuse |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire (PAQ)<br>2. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>3. Risk (Vulnerability) Assessments<br>4. Sample of Medical Chart<br>5. Sample of VisionQuest Healthcare Progress Note<br><br>Interviews:<br><br>1. Staff Responsible for Risk Screenings<br><br>Site Review:<br><br>1. ExtendedReach- Case Management Database<br><br>Findings (by Provision):<br><br>115.381(a):<br><br>According to the PAQ, MSYA provides all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to PREA standard 115.341 are offered a follow-up meeting with a medical or mental health practitioner. The facility provided as evidence the VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A. 3.4.1 that states youth identified as high risk with a history of sexual behavior or who have been identified as at risk for sexual victimization will be assessed by a mental health or other qualified health professional within 14 days of the intake screening. MYSA has contracted medical |

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| | and mental health services that would provide the follow-up required by PREA mandate.<br><br>During onsite audit, there were no residents identified by risk assessments to determine the practice of follow-up. According to information obtained from the PAQ and by the case management database, ExtendedReach, there were no residents that disclosed prior victimization during the prior 12 months.<br><br>The medical and mental health practitioners maintain secondary materials including Medical Chart and VQ Healthcare Notes. Onsite review of medical records, there were no residents that were identified as receiving follow-up meeting after a determination risk of sexual victimization.<br><br>During the onsite interviews, there were no residents who disclosed sexual victimization at risk screening at the facility to interview. Further the auditor inquired during random resident interviews, and there were no residents that disclosed prior sexual victimization. During interview with risk screener, it was confirmed that the facility would provide a resident who has experienced prior sexual victimization with a follow-up meeting with a medical or mental health practitioner.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.381(b):<br><br>VisionQuest reported in the PAQ that all residents who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.4.1, youth identified as high risk with a history of sexual behavior or who have been identified as at risk for sexual victimization will be assessed by a mental health or other qualified health professional within 14 days of the intake screening.<br><br>The agency contracts for both medical and mental health practitioners.<br><br>During onsite audit, there were no residents identified to have ever previously perpetrated sexual abuse by the risk assessments to determine the practice of follow-up. According to information obtained from the PAQ and by the case management database, ExtendedReach, there were no residents that disclosed previously perpetrating sexual abuse the prior 12 months.<br><br>The medical and mental health practitioners maintain secondary materials including Medical Chart and VQ Healthcare Notes. Onsite review of medical records, there were no residents that were identified as receiving follow-up meeting after a determination of previously perpetrating sexual abuse.<br><br>During the onsite interviews, there were no residents who disclosed previously perpetrating sexual abuse at risk screening at the facility to interview. During interview with risk screener, it was confirmed that the facility would provide a |

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| | resident who had previously perpetrated sexual abuse with a follow-up meeting with a medical or mental health practitioner.<br><br>The facility responded that in the prior 12 months, there were no residents who previously perpetuated sexual abuse on the risk screening were offered a follow-up meeting with a mental health practitioner.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.381(c):<br><br>VisionQuest indicated on the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. The risk screeners that conduct the risk (vulnerability) assessment are case managers and counselors. The assessment is shared with medical and mental health practitioners. VisionQuest confirmed on the PAQ and through policy that the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.<br><br>Victimization assessments are maintained on the agency's web-based case management software, ExtendedReach. The auditor tested the software for level of accessibility to residents' victimization assessments. It was found that only the core team at the facility has access to sensitive information on the victimization assessments. The limited access was further corroborated with the database manager.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.381(d):<br><br>VisionQuest documented in the PAQ that 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. According to the VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.4.4 employees shall obtain consent from youth over the age of 18 years old before reporting information about prior sexual victimization that did not occur in an institutional setting.<br><br>According to medical and mental health practitioners, signed consent is obtained from residents and guardians prior to the admission process and throughout the residents' placement at the facility.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>Through policy, VisionQuest provides within 14 days of risk screening a follow-up |

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| | meeting with medical or mental health practitioner of residents that have been identified by risk screening of prior sexual victimization or previously perpetrated sexual abuse. The facility has established limits to access to risk (vulnerability) screenings. Based on policy and interview, MSYA obtains signed informed consent from residents that are 18 years of age or older prior to reporting prior victimization that did not occur in an institutional setting.<br><br>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not needed at this time. |

| **115.382** | **Access to emergency medical and mental health services** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Proposed Memorandum of Understanding Between VisionQuest and The University of Maryland Shore Regional Medical Center (UMSRMC)<br>3. Medical Records<br>4. Email Correspondence<br>5. PREA Master Log of Incidents<br>6. Pre-Audit Questionnaire (PAQ)<br>7. Coordinated Plan<br>8. First Responder Checklist<br>9. Program Nurse Responsibilities Checklist<br>10. Behavioral/Mental Health Professional Checklist<br><br>Interviews:<br><br>1. SANE/SAFE Coordinator<br>2. Mental Health and Medical Practitioners<br><br>Findings (by Provision):<br><br>115.382(a):<br><br>VisionQuest responded on the pre-audit questionnaire (PAQ) that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility provided policy, coordinated plan, and memorandum of understanding that reference that resident victims of sexual abuse would receive access to said services. In policy VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.11.2.5, in all cases of alleged abuse, assault |

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| | or other sexual acts or contact, arrangements shall be promptly made to have the alleged victim transported and examined at a local hospital by a Sexual Assault Nurse Examiner (SANE) or other qualified medical practitioner.<br><br>According to the VisionQuest Coordinated Plan-First Responder Checklist, MSYA facility nurse should be notified, the Rape Crisis Center should be notified, and the Program should ensure the victim has timely and unimpeded access to the emergency medical and mental health services through Shore Regional medical Health services at the emergency room. VisionQuest does employ a nurse at the MSYA, but not for forensic examinations. According to the VisionQuest Coordinated Plan the program nurse is to provide emergency measures if necessary to stabilize the youth without interfering with the collection of evidence.<br><br>In the proposed Memorandum of Understanding Between VisionQuest and the University of Maryland Shore Regional Medical Center (UMSRMC), it states that anytime that an incident or allegation of sexual abuse is discovered or reported within 120 hours of the incident, VisionQuest will transport the victim of sexual abuse to the Hospital Emergency Department for a forensic medical exam. During the interview with the SANE/SAFE Coordinator, it was determined though the MOU has not been agreed upon the forensic examination are available at the UMSRMC Hospital nearest MSYA in Cambridge, Maryland. There has been ongoing correspondence regarding the MOU.<br><br>At the time of the onsite audit, the auditor was unable to determine the practice, because there were no residents who reported sexual abuse at MSYA that were in need of forensic examination.<br><br>During interview both medical and mental health practitioners confirmed that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The auditor was informed that medical and mental health practitioners maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The auditor reviewed resident medical records while onsite. There was no indication that there were any residents who had received a forensic examination.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.382(b):<br><br>The provision requires that if there are no qualified medical or mental health practitioners on duty at the time of a recent sexual abuse, the staff first responders shall take preliminary steps to protect the victim pursuant to PREA standard 115.362 and shall immediately notify the appropriate medical and mental health practitioners. Based on information obtained from VisionQuest Prison Rape |

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| | Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.11.2.1 and the VisionQuest Coordinated Plan -First Responder Checklist, the facility has developed procedures for the absence of mental health and medical practitioners in the time of a sexual abuse.<br><br>Detailed steps on how to respond are included in the VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.11.2.1-.3.11.2.5. The first responder preliminary steps are to protect the victim, and the final step is to arrange promptly to have alleged victim transported and examined at a local hospital by a sexual assault nurse examiner (SANE) or other qualified medical practitioner. In the case of MSYA, the local hospital with a proposed memorandum of understanding with the facility is UMSRMC Hospital in Cambridge, Maryland.<br><br>During interviews with 11 out of 12 random staff, the auditor determined that they were aware of their responsibilities as a first responder. All the security staff responses included separating alleged victim and alleged perpetrator, prevent resident from destroying physical evidence, secure and preserving the area, and notifying supervisor.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.382(c)<br><br>In the PAQ, MSYA responded that resident victims of sexual abuse while incarcerated are offered timely information about timely access to emergency contraception and sexually transmitted infections prophylaxis. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.12.2 outlines that alleged victims of sexual abuse shall be offered timely information about and timely access to sexually transmitted infections prophylaxis where medically appropriate.<br><br>The medical practitioner and the SANE/SAFE coordinator confirmed the practice of victims of sexual abuse being offered timely information about access to sexually transmitted infection prophylaxis.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.382(d):<br><br>Within the PAQ, VisionQuest provided evidence through a policy that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Specifically stated in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.12.3, treatment services are provided to the alleged victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.<br><br>At the time of the onsite audit, there were no residents who reported sexual abuse at the facility. The auditor was unable to corroborate practice of victims being |

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| | provided treatment services without financial cost.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>The facility provides resident victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention. According to agency policy, staff first responders take preliminary steps to protect the victims of sexual abuse and notify the appropriate medical and mental health practitioners. Resident victims of sexual abuse while incarcerated are offered timely information and timely access to sexually transmitted infections prophylaxis.<br><br>Based on this analysis, the facility is substantially compliant with this standard and no corrective action is required at this time. |

| **115.383** | **Ongoing medical and mental health care for sexual abuse victims and abusers** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Pre-Audit Questionnaire (PAQ)<br>3. Proposed Memorandum of Understanding Between VisionQuest and The University of Maryland Shore Regional Medical Center (UMSRMC)<br>4. Memorandum of Understanding Between VisionQuest Morning Star Youth Academy and For All Seasons Behavioral Health & Rape Crisis Center (RCC)<br><br>Interviews:<br><br>1. Medical and Mental Health Practitioners<br><br>Findings (by Provision):<br><br>115.383(a):<br><br>MSYA responded on the PAQ that the facility offers 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. MSYA has an onsite medical staff and contracted medical and mental health practitioners but does not have medical and mental health practitioners on site.<br><br>According to VisionQuest Prison Rape Elimination Act (PREA) Domestic |

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| | VQ.D.PREA.01.A.3.13.1-3.13.1.1, the program offers medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual acts. If necessary, the evaluation and treatment of such victims shall include follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.<br><br>MSYA has a Memorandum of Understanding Between VisionQuest Morning Star Youth Academy and For All Seasons Behavioral Health & Rape Crisis Center (RCC) and a proposed Memorandum of Understanding Between VisionQuest and The University of Maryland Shore Regional Medical Center (UMSRMC). The MOU with UMSRMC is pending approval. Both documents outline the treatment for residents who have been victimized by sexual abuse.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.383(b):<br><br>PREA mandates that evaluation and treatment of sexual abuse victims shall include follow-up services, treatment plans, referrals for continued care following their transfer or placement in another facility or release from custody. In accordance with VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.1-.1, The program offers medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual acts. If necessary, the evaluation and treatment of such victims shall include follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.<br><br>According to the Memorandum of Understanding Between VisionQuest and For All Seasons Behavioral Health & Rape Crisis Center (RCC), youth would be provided with referrals for treatment after release or upon transfer to another facility, and youth would be provided emotional support, crisis intervention, information, referrals contacts to victims of sexual assault at MSYA.<br><br>Medical and mental health practitioners confirmed practice of those services being outlined in policy and MOU. At the time of the onsite audit, there were no residents who reported sexual abuse to inquire about the facility’s practices pertaining to the medical and mental health services provided as a result of sexual abuse.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.383(c):<br><br>According to the PREA mandate, the facility shall provide sexual abuse victims with medical and mental health services consistent with the community level of care. Required by VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.5, community-based programs will work in collaboration with the youth’s placing agency to coordinate treatment services. Victims will receive |

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| | medical and mental health services consistent with the community level of care. When the youth is discharged, appropriate referrals will be given to obtain or sustain this level of care.<br><br>There were no residents who reported sexual abuse at the facility to inquire about the facility's practices pertaining to the medical and mental health services provided as a result of sexual abuse.<br><br>According to the medical and mental health practitioners, the facility provides sexual abuse victims with medical and mental health services consistent with the community level of care.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.383(d):<br><br>At this time, MSYA is an all-male facility. This provision does not apply.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.383(e):<br><br>At this time, MSYA is an all-male facility. This provision does not apply.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.383(f);<br><br>PREA mandates that resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infection as medically appropriate. In the agency policy, VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.3 states alleged victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.<br><br>There were no residents who reported sexual abuse at the facility to inquire about the facility's practices pertaining to the medical and mental health services provided as a result of sexual abuse.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.383(g):<br><br>MSYA affirmed in the PAQ that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Within VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.4, it states that treatment services including a victim advocate will be provided to the victim without |

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| | financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.<br><br>There were no residents who reported sexual abuse at the facility to inquire about the facility's practices pertaining to the medical and mental health services provided as a result of sexual abuse.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.383(h):<br><br>MSYA responded in the PAQ that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.6, the program shall attempt to conduct a mental health evaluation of all known youth-on-youth abusers as soon as possible but within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.<br><br>The medical and mental health practitioner confirmed that the facility would conduct a mental health evaluation of all known resident-on-resident abusers and offer treatment if appropriate.<br><br>There was no record of any alleged perpetrators of sexual abuse at the MSYA to confirm facility's practices pertaining to the medical and mental health services provided as a result of sexual abuse.<br><br>The facility is substantially compliant with this provision and no corrective action is required at this time.<br><br>MSYA has ensured through policy that the facility would provide services to alleged victims and perpetrators of sexual abuse. According to the policy, the agency would provide medical and mental health evaluation and treatment to all residents who have been victimized by sexual abuse. The services include follow-up, treatment plans, and continued care following transfer, placement in, other facilities, or release from custody. Based on information obtained during interview and mandated by policy, treatment services care is consistent with the community level of care. The facility's PREA policy references that without cost, victims of sexual abuse will be provided with testing for sexually transmitted infections. In the agency policy, the facility shall attempt to conduct mental and medical health evaluations of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment.<br><br>Based on this analysis, the facility is substantially compliant with this standard and no corrective action is required at this time. |

| 115.386 | Sexual abuse incident reviews |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire (PAQ)<br>2. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>3. Summary of Internal Review<br>4. VisionQuest Investigation Report<br><br>Interviews:<br><br>1. PREA compliance manager<br>2. Superintendent<br>3. Incident Review Team Member<br><br>Findings (by Provision):<br><br>115.386(a):<br><br>Based on information provided by the Pre-Audit Questionnaire (PAQ), MSYA conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.18.2.-3.18.2.3 states the program shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegations are substantiated and unsubstantiated but not for cases with outcomes of unfounded. The incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The standard does not require a policy. The agency has addressed the conducting of sexual abuse incident reviews in policy. The policy does not include a time frame to complete the incident review.<br><br>In the PAQ, the facility provided an investigative file of an unsubstantiated allegation of staff-on-youth sexual abuse. The facility determined that the allegation was unsubstantiated, there were no outcomes provided by external investigators. Review of information provided in the PAQ and in the supplemental files, the auditor was unable to locate documentation that a PREA mandated sexual abuse incident review had occurred at the conclusion of the unsubstantiated investigation of allegations of sexual abuse. The auditor did locate a Summary of Internal Review that listed the investigative process including individuals interviewed, tools utilized, description of event, and the analysis. |

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| | The facility is not substantially compliant with this provision and corrective action is required at this time.<br><br>115.386(b):<br><br>The facility confirmed in the PAQ the facility conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigations in accordance with the agency's PREA policy.<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.18.2.-3.18.2.3 states the program shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegations are substantiated and unsubstantiated, but not for cases with outcomes of unfounded. The incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The standard does not require a policy. The agency has addressed the conducting of sexual abuse incident reviews in the agency's policy. The policy does not include a time frame to complete the incident review.<br><br>The auditor is unable to determine the exact date of the ending of the administrative investigation. It appears all information was collected on or around 3/17/2025, but the Summary of Internal Review was not completed until 4/29/2025. Due to the lack of documentation of the exact completion of the investigation, the auditor was unable to determine the practice of conducting sexual abuse incident reviews within 30 days of the conclusion of sexual abuse investigations.<br><br>The facility is not substantially compliant with this provision and corrective action is required at this time.<br><br>115.386(c):<br><br>Within the PAQ, the facility reported that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.<br><br>Within VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.18.2.2, the incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.<br><br>According to the superintendent, the facility has identified an incident review team which includes the core team. It should be noted the assistant program administrator serves a dual role as the PREA investigator and the PREA compliance manager for the facility. Review of the Summary of Internal Review did not indicate the participation to include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.<br><br>The facility is not substantially compliant with this provision and corrective action is required at this time. |

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| | 115.386(d)(e):<br><br>Through the PAQ, MSYA conveyed that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determination made pursuant to Standard 115.386.d.1-d.5 and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager.<br><br>In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.18.2.4, the review team will prepare a report of its findings that include determinations made but not limited to information presented in (i-iv) and any recommendations for improvement and submit such report to the Chief Administrator who is authorized to implement the recommendations for improvement or shall document reasons for not doing so.<br><br>In the provision prior, the review team shall:<br><br>• Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, 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 was motivated or otherwise caused by other group dynamics at the facility.<br>• Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.<br>• Assess the adequacy of staffing levels in that area during different shifts.<br>• Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.<br><br>The above criteria for consideration for incident reviews are in alignment with PREA standard 115.386(d)(1)-(d)(5). The policy also requires recommendations for improvement or shall document reasons for not doing so.<br><br>Based on the interview with the superintendent (executive director), the information obtained from the incident review team would be utilized to identify trends, issues, locations, and times/shifts of potential sexual abuse allegations. Further, it was confirmed that the facility does consider the factors established in 115.386.d.1-5. The PREA compliance manager stated that the facility would generate a report of its findings from an incident review. There were no trends that were identified by the PREA compliance manager. The PREA compliance manager would serve two roles in the incident review team as an investigator and an upper-level management official.<br><br>Additionally, it was confirmed by the incident review team member that motivating factors would be considered in accordance with PREA standard 115.386.d.1-5 as well as a review of the area to determine if there are any barriers that may enable abuse. It was further affirmed that there would be an assessment of both the staffing levels and the video monitoring technology. |

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| | Review of the Summary of Internal Review lacked some of the components and staff participation as mandated by the PREA standards. The auditor was unable to determine the practice of the preparation of the facility's report of its findings from a sexual abuse incident review, and the facility's implementation of recommendations for improvement or documentation of reason for not doing so.<br><br>The facility is not substantially compliant with this provision and corrective action is required at this time.<br><br>VisionQuest does not conduct sexual abuse incident reviews at the conclusion of criminal and administrative investigations within 30 days of the conclusion of investigations of allegations of sexual abuse. The facility incident review team does not include a team of staff or input from line supervisors, mental health, and medical staff. It does include upper-level management and investigators. The auditor was unable to determine if facility considers the criteria set by PREA standard 115.386 to conduct the sexual abuse incident review or if the facility implements the recommendations for the improvement or documents and its reasons for not doing so.<br><br>Based on this analysis, the facility does not substantially meet compliance with this standard, and corrective action is needed at this time.<br><br>**Corrective Action:**<br><br>1. Create a uniform document (report) to collect the criteria required for incident reviews.<br>2. Conduct a mock scenario of a substantiated allegation of sexual abuse with the designated sexual abuse incident review team. Provide the auditor with a copy of documentation (report) created to capture information required by PREA standard 115.386.d.1-5.<br><br>**Recommendation:**<br><br>1. Annually, the facility conduct a mock sexual abuse and/or sexual harassment incident review of an allegation of substantiated or unsubstantiated sexual abuse.<br><br>**Verification of the Corrective Action since the onsite PREA audit:**<br><br>In response to the corrective action, VQ MSYA submitted documentation via OAS on 6/26/2026 and 7/2/2026. The following documents were submitted:<br><br>• Summary of Actions Taken to Comply with Corrective Action<br>• VQ Sexual Abuse Incident Review (SAIR) Report Form<br>• Mock Scenario- Substantiated Sexual Abuse Allegation<br><br>1. Maryland Department of Juvenile Services Incident Report Form RCCP/CPA<br>2. State of Maryland Child Protective Services- Report of Suspected Child Abuse |

3. VQ PREA Investigation Report
4. Resident Notification
5. Witness Statements
6. Photographs
7. VQ Healthcare Progress Notes
8. Hospital Report- Sexual Exam Report
9. Maryland SARU/SSRF Authorization for Sexual Assault Forensic Medical Examination
10. VQ Sexual Abuse Incident Review (SAIR) Report Form
11. VQ PREA Retaliation Monitoring Form

**Corrective Action Intent:**

The intent of this corrective action was to ensure that VQ MSYA created a uniform document to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Additionally, the corrective action was intended to ensure that the facility completed all appropriate steps and processes, and that all required information was gathered, reported, and documented in the event of a substantiated or unsubstantiated allegation of sexual abuse. Based on the implementation of the VQ Sexual Abuse Incident Review (SAIR) Report Form and evidence of a completed mock scenario involving a substantiated allegation of sexual abuse, the auditor finds the facility substantially compliant with PREA Standard 115.386.

| **115.387** | **Data collection** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>2. Pre-Audit Questionnaire (PAQ)<br>3. 2025 VQ PREA Annual Report<br>4. Maryland Department of Juvenile Services Incident Reporting Form<br>5. Maryland Department of Juvenile Services RCCP/CPA Incident Information Sheet<br>6. State of Maryland Child Protective Report of Suspected Child Abuse/Neglect<br>7. Critical Incident Checklist |

8. Summary of Internal Review
9. Table of Grievances 7/1/2019-6/30/2025

Interview:

1. Superintendent

Site Review:

1. Administrative Offices-Retained Data

Findings (by Provision):

115.387(a):

According to information obtained from the pre-audit questionnaire (PAQ), VisionQuest confirmed that MSYA collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Provided in the PAQ was the agency PREA policies, zero-tolerance policy, table of grievance forms, table with sexual abuse/sexual harassment data from 2023-2025 and one investigative file of an allegation of sexual abuse. Based on information submitted, it appears that MSYA utilizes documents from the Maryland Department of Juvenile Services (DJS) and the State of Maryland Child Protective Services (CPS) to collect uniform data for allegations of sexual abuse.

The agency is substantially compliant with this provision and corrective action is not required at this time.

115.387(b):

In the PAQ, VisionQuest reported the agency aggregates the incident-based sexual abuse data at least annually. On  www.VQ.com the auditor located the VQ PREA Annual Report from 2017 -2025. The link provided is readily accessible by the public.

Cited in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.22.2-3.22.3, such a report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. This report shall be approved by VisionQuest’s CEO and made available to the public through its website. The standard does not require a policy.

Located in Annual Report 2025 are tables containing incident-based sexual abuse and sexual harassment data for the prior 12 months.

The agency is substantially compliant with this provision and no corrective action is required at this time.

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| | 115.387(c):<br><br>VisionQuest confirmed in the PAQ, the standardized instruments utilized to collect information is from the documents mandated by DJS and CPS. The information collected include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.387(d):<br><br>In the PAQ, VisionQuest affirms that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.<br><br>VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.21.5 states that data will be maintained, reviewed, and collected from all available resources as needed.  A policy was not required for this provision. The facility demonstrated collecting information from incident-based documents, including reports, and investigative files. The facility did demonstrate the attempt at maintaining, reviewing, and collecting data from a sexual abuse incident review.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.387(e):<br><br>VisionQuest does not contract with other private facilities for the confinement of its residents. This provision is not applicable.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.387(f):<br><br>VisionQuest reported on the PAQ that the Department of Justice had not requested agency data as it relates to the SSV for the previous calendar year.<br><br>For the prior 12 months, VisionQuest provided evidence of collecting accurate, uniform data for every allegation of sexual abuse at MSYA using standardized instruments and a set of definitions. The agency does aggregate incident-based sexual abuse data at least annually, and the information is readily accessible to the public. According to the agency, the DOJ did not request SSV data from the previous year. The facility does maintain, review, and collect data as needed from all available documents.<br><br>Based on this analysis, the agency substantially meets compliance with this standard, and no corrective action is needed at this time. |

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| | Recommendation:<br><br>1. VisionQuest should consider electronically storing agency/facility standardized data pertaining to sexual abuse and sexual harassment allegations.<br>2. VisionQuest should consider developing standardized agency forms to collect pertinent information as it relates to sexual abuse and sexual harassment. |

| **115.388** | **Data review for corrective action** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire (PAQ)<br>2. VisionQuest PREA Annual Reports 2017-2025<br>3. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br><br>Interviews:<br><br>1. Agency head<br>2. PREA coordinator<br>3. PREA compliance manager<br><br>Site Review:<br><br>1. www.VQ.com<br><br>Findings (by Provision):<br><br>115.388(a):<br><br>According to the Pre-Audit Questionnaire (PAQ), it was documented that the agency reviewed data collected and aggregated pursuant to PREA standard 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas; taking corrective action on an ongoing bases; and preparing an annual report of its findings from its data review and any corrective actions for the agency operated PREA mandated facilities. |

Located on the agency's website was the VisionQuest PREA Annual Reports from 2017 to 2025.

The auditor determined the following was included in the annual reports:

- Introduction
- Agency Description
- Data Collection and Review
- Definitions prescribed by PREA and the Survey for Sexual Victims
- Facility Statistics
- Demographics
- Comparison of Allegations
- Analysis
- Corrective Actions and Recommendations for Improvement
- Conclusion
- Reporting Mechanisms

During interviews with the agency head and PREA coordinator, they were asked how the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training. The agency head responded that the data would inform strategic direction of facility and allow for additional training for staff and residents. Measures the concerns and monitors if there are any trends they must plan for in the future. According to the agency head, the PREA coordinator is responsible for the approval of the PREA Annual Report. The PREA coordinator (Director of Compliance) confirmed that the agency reviews data collected and aggregated pursuant to PREA standard 115.387 to assess and improve effectiveness of its sexual abuse prevention, detection, and response policies. The PREA coordinator also confirmed that the agency prepares an annual report of its findings from the data review. It was reported that the information redacted from the annual report was personal identifying information (PII). The PREA compliance stated that the facility's role in data review is collection and submission of data to the PREA coordinator.

The agency is substantially compliant with this provision and corrective action is not required at this time.

115.388(b):

Reported in the PAQ, VisionQuest affirms that the PREA Annual Report contains a comparison of the current year's data and corrective actions with those from prior years. In review of the Annual Report from 2025, the agency included a comparison of aggregated sexual abuse and sexual harassment data from 2024 and 2025.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.388(c):

According to the information provided in the PAQ, VQ makes its annual report readily

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| | available to the public at least annually through its website. The auditor was able to access the PREA Annual Reports on the agency's website www.VQ.com. According to the agency head, the annual report is approved by the agency head. Once approved, the report is submitted on the agency website by the PREA coordinator, Director of Compliance.<br><br>The agency is substantially compliant with this provision and no corrective action is required at this time.<br><br>115.388(d):<br><br>The information reported in the PAQ corroborates that the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Review of the VisionQuest PREA Annual Report 2025, there were no personal identifiers located. According to the PREA coordinator, redactions are made for personal identifiers. According to VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A3.22.4, any redactions from the annual report will be limited to specific materials where publication may pose a specific threat to the safety and security of the facility. The nature of any redactions will be appropriately indicated.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>VisionQuest prepares PREA Annual Reports on an annual basis with aggregated data. The annual report includes a comparison of the previous year's data and a corrective action plan. The agency does make its annual report available to the public through the agency website. The agency practices redaction prior to the publication of annual data reporting.<br><br>Based on the analysis, the agency is substantially compliant with the standard and no corrective action is needed at this time. |

| **115.389** | **Data storage, publication, and destruction** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Pre-Audit Questionnaire (PAQ)<br>2. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 06/01/2025)<br>3. VisionQuest PREA Annual Reports 2017-2025 |

Interviews:

1. PREA Coordinator

Site Review:

1. Administrative Office Area for Retained Incident Based and Aggregated Data
2. Pictures of Administrative Office Area for Retained Incident-Based and Aggregated Data
3. www.VQ.com

Findings (by Provision):

115.389(a):

VisionQuest affirmed in the PAQ that the agency ensures that incident-based and aggregated data is securely retained in the staff office at MSYA. According to VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.23.1, all incident-based and aggregated data will be securely retained and maintained for at least 10 years from the initial date of collection.

During the site review, the incident-based and aggregated data were retained in a double lock system at the facility. The filing cabinet has an existing lock and an additional locking system was added. The cabinet was located within an operating camera.

During interview with the PREA coordinator, the auditor was informed that information is secured in ExtendedReach, the agency's database. The ExtendedReach Case Management Database is password-secured. Also, it was shared that access is based on the staff's role in the organization. For instance, administration and counselors are the only staff members that have access to resident vulnerability assessment.

The agency is substantially compliant with this provision and no corrective action is required at this time.

115.389(b):

VisionQuest affirmed on the PAQ, that the agency policy requires that aggregated sexual abuse data from facilities under its control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. According to the agency policy, VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.23.2 requires aggregated sexual abuse data from all affiliated facilities will be made available to the public annually through the VisionQuest website. This would require aggregated information for both VisionQuest RAD-Milford, VisionQuest RAD-Newark, and MSYA be readily available to the public. MSYA does not contract with other private facilities for the detainment of residents so there is no other facilities to report on the website.

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| | The auditor was provided www.VQ.com, and the link is readily available to the public. All three facilities aggregated data sexual abuse data was readily available.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.389(c):<br><br>According to the pre-audit questionnaire, VisionQuest reported that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. During the auditor's review of all VisionQuest PREA Annual Reports dating from 2017 to 2025, there were no personal identifiers located on the reports.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.389(d):<br><br>According to the PAQ, the agency maintains sexual abuse data collected pursuant to PREA standard 115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Further, VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.23, states all incident-based and aggregated data will be securely retained and maintained for at least 10 years from the initial date of collection.<br><br>According to the PREA coordinator, the agency maintains incident-based and aggregated data on secure drivers on the ExtendedReach database. The risk (vulnerability) assessments are maintained on the database, and sexual abuse and sexual harassment investigative files have recently been maintained on the agency's database on a designated driver. The facility uploaded to the PAQ a spreadsheet of all the grievances reported to the Maryland Department of Juvenile Services (DJS) from 7/1/2019 to 6/30/2025.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>VisionQuest securely retains incident-based and aggregated data of investigations of allegations of sexual abuse and sexual harassment. As of 2024 and 2025, the agency does annually aggregate and report sexual abuse and sexual harassment data to the agency website for MSYA.<br><br>Based on this analysis, the agency is substantially meets compliance with this standard, and corrective action is not required at this time.<br><br>Recommendation:<br><br>1. It is recommended that VisionQuest establish and implement a procedure requiring the retention of all investigative files related to sexual abuse and sexual harassment for a minimum of 10 years from the date of initial |

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| | collection, unless a longer retention period is mandated by federal, state, or local law. Retention may be maintained in either electronic or hardcopy format, provided that the PREA Coordinator, facility administration, and the PREA Compliance Manager have appropriate access. Records should be retained at both the national and local levels to ensure continuity, accountability, and compliance. |

| **115.401** | **Frequency and scope of audits** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Final PREA Report Kent and Sussex County Resident Alternative to Detention Milford and Townsend (5/10/2019) No Longer Operating<br>2. Final PREA Report Blue Ridge Academy (9/16/2021) No Longer Operating<br>3. Final PREA Report VisionQuest RAD-Milford (5/23/2022) and (8/14/2025)<br>4. Final PREA Report VisionQuest RAD-Newark (11/20/2024)<br>5. Pre-Audit Questionnaire (PAQ)<br>6. Email Correspondance Between Maryland Department of Juvenile Services and VisionQuest Morning Star Youth Academy (MSYA)<br>7. Email Pictures of Audit Postings<br><br>Interview:<br><br>1. Superintendent- Executive Director<br>2. PREA Compliance Manager<br>3. Mailroom Staff<br><br>Site Review:<br><br>1. https://www.vq.com<br>2. Audit Postings<br>3. Facility<br><br>Findings (by Provision): |

115.401(a):

During the three-year period starting on August 20, 2013 and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. Based on the information on the link https://www.vq.com,VisionQuest has operated three PREA mandated facilities during the previous two cycles. During a prior audit cycle, both Blue Ridge Academy in Pennsylvania and VisionQuest RAD-Townsend in Delaware were audited, and at this time the facilities are no longer operational. During the last audit cycle in December of 2023, the agency opened a new facility, VisionQuest RAD-Newark in Delaware. The facility was audited along with VisionQuest RAD-Milford. All final PREA Reports for the facilities are readily available to the public on the agency's website. According to MSYA on 11/18/2025, the facility was informed by Maryland Department of Juvenile Services to adhere to the PREA requirement of having a PREA audit conducted by 8/18/2026.

Listed are the following reports located on the agency's website:

- VisionQuest RAD-Milford in Delaware (formerly Sussex County RAD in Milford)- Final PREA audit 5/20/2019- No Longer Operational
- VisionQuest RAD-Townsend in Delaware (formerly Kent County RAD in Townsend)- Final PREA audit 5/20/2019- No Longer Operational
- Though they had separate facilities in different locations with separate staffing, it appears that the two Delaware RAD programs were audited together on 5/20/2019.
- VisionQuest RAD-Milford in Delaware Final Report 5/23/2022 and 8/14/2025- No Longer Operational
- VisionQuest RAD-Newark in Delaware Final Report 11/20/2024

During the last audit cycle, VisionQuest RAD-Milford was the only facility that was audited during the audit cycle. The new facility, VisionQuest RAD-Newark started the auditing process during the ending of the prior audit cycle. The auditor is unable to substantiate the reason that MSYA and other contracted facilities within Maryland Department of Juvenile Services were not assessed for PREA compliance until recently. The facility was operational since the inception of the PREA mandates, and the facility was providing services to court involved juveniles.

The agency is not substantially compliant with this provision, and it does not impact overall compliance with this standard.

115.401(b):

The agency has shown a precedent of ensuring that at least one-third of each facility type operated by the agency is audited. Review of documents and the website, the auditor determined that the agency has fulfilled the obligation in having PREA audits conducted. During a prior three-year cycle, PREA audits were conducted at Blue Ridge Academy in Pennsylvania and VisionQuest RAD-Townsend in Delaware. During the last two audit cycles, the agency audited VisionQuest RAD-

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| | Newark and VisionQuest RAD-Milford. During this audit cycle, MYSA will be the first facility audited.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.401(h):<br><br>The auditor was granted access and observed all areas of MSYA. During the site review, the auditor did a comprehensive site review of the interior and exterior of the buildings utilized for residents including housing units, multi-purpose building, administration, and education building. The auditor toured buildings and areas of the 55-acre property in areas that were no longer operational.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.401(i):<br><br>The auditor requested and received documents from VisionQuest through the pre-audit questionnaire (PAQ), and responses to issue logs via the supplemental file of OAS. Also, the auditor was given access to electronically stored information from ExtendedReach, the web-based case management software.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.401(m):<br><br>The auditor was provided with private locations in the education building and the multipurpose building to conduct private interviews with residents and staff.<br><br>The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>115.401(n)<br><br>The facility provided copies of time-stamped pictures of audit postings by email to the auditor. Audit postings were scheduled to be up by 1/12/2026. The auditor received pictures by email of the audit postings in all areas of the facility on 12/18/2025. Staff and residents confirmed that the postings were seen onsite. During site review, the auditor located the audit postings. There was no correspondence received by the auditor from MSYA.<br><br>According to the mailroom staff, residents’ mail is not examined or opened unless resident is present. Based on observation, there are no areas that residents are restricted or isolated that would prevent outgoing mail from being processed. The mailbox has limited staff access. There are only three staff that have keys. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if communicating with legal counsel. |

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| | The agency is substantially compliant with this provision and corrective action is not required at this time.<br><br>VQ has shown compliance in auditing all PREA mandated facilities within the agency except MSYA. The auditor is unable to substantiate the reason that contracted facilities were not assessed for compliance in Maryland. Based on information provided by MSYA, the facility is mandated by DJS to be in PREA compliance by 8/1/2026. Additionally, the auditor was given access and site reviewed both internal and external areas of the facility. The auditor was permitted to conduct confidential interviews with residents and staff. The auditor was able to determine during interviews that residents were permitted to send confidential information or correspondence to the auditor in the same manner as if communicating with legal counsel.<br><br>Based on this analysis, the agency is substantially compliant with this standard and there is no corrective action required at this time. |

| **115.403** | **Audit contents and findings** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Documents:<br><br>1. Final PREA Report VisionQuest Residential Alternative Detention Program-Newark (11/20/2024)<br>2. Final PREA Report VisionQuest Residential Alternative Detention Program-Milford (8/14/2025)<br><br>Site Review:<br><br>1. www.VQ.com<br><br>Findings (by Provision):<br><br>115.403(F):<br><br>Review of VisionQuest's website, the auditor confirmed that the agency has published the final PREA reports for the agency operated facilities except VisionQuest: Morning Star Youth Academy. This will be the first time that the facility has been audited. According to the information obtained from the website, the following facilities have completed PREA final audits in the preceding three years.<br><br>• VisionQuest Residential Alternative Detention Program-Milford (8/14/2025)-No Longer Operating |

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| | • VisionQuest Residential Alternative Detention Program-Newark (11/20/2024)<br><br>During review of the agency website, the auditor determined that the agency's final PREA audit reports were accessible to the public. The auditor located the final audit reports at VQ.com on the PREA tab. The audit reports were linked to the website for review by the public. The following reports were available for review:<br><br>• Final PREA Reports for VisionQuest Residential Alternative Detention Program-Milford (8/14/2025) and (5/23/2022)- No Longer Operating<br>• Final PREA Report VisionQuest Residential Alternative Detention Program-Newark (11/20/2024)<br>• Final PREA Report Kent and Sussex County Resident Alternative to Detention Milford and Townsend (5/10/2019)- No Longer Operating<br><br>Based on this analysis, the agency is substantially compliant with this standard, and corrective action is not required at this time. |

| Appendix: Provision Findings | | |
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| **115.311 (a)** | **Zero tolerance of sexual abuse and sexual harassment; PREA coordinator** | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| **115.311 (b)** | **Zero tolerance of sexual abuse and sexual harassment; PREA coordinator** | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| **115.311 (c)** | **Zero tolerance of sexual abuse and sexual harassment; PREA coordinator** | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| **115.312 (a)** | **Contracting with other entities for the confinement of residents** | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| **115.312 (b)** | **Contracting with other entities for the confinement of residents** | |

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| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | na |
| **115.313 (a)** | **Supervision and monitoring** | |
| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate | yes |

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| | staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |
| **115.313 (b)** | **Supervision and monitoring** | |
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | na |
| **115.313 (c)** | **Supervision and monitoring** | |
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |

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| | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | yes |
| **115.313 (d)** | **Supervision and monitoring** | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| **115.313 (e)** | **Supervision and monitoring** | |
| | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities ) | na |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities ) | 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 | na |

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| | functions of the facility? (N/A for non-secure facilities ) | |
| **115.315 (a)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| **115.315 (b)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |
| **115.315 (c)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |
| **115.315 (d)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |
| **115.315 (e)** | **Limits to cross-gender viewing and searches** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.315 (f)** | **Limits to cross-gender viewing and searches** | |

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| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.316 (a)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| **115.316 (b)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| **115.316 (c)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |
| **115.317 (a)** | **Hiring and promotion decisions** | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or | yes |

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| | coercion, or if the victim did not consent or was unable to consent or refuse? | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| **115.317 (b)** | **Hiring and promotion decisions** | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |
| **115.317 (c)** | **Hiring and promotion decisions** | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual | yes |

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| | abuse or any resignation during a pending investigation of an allegation of sexual abuse? | |
| **115.317 (d)** | **Hiring and promotion decisions** | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |
| **115.317 (e)** | **Hiring and promotion decisions** | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| **115.317 (f)** | **Hiring and promotion decisions** | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| **115.317 (g)** | **Hiring and promotion decisions** | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| **115.317 (h)** | **Hiring and promotion decisions** | |

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| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| **115.318 (a)** | **Upgrades to facilities and technologies** | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| **115.318 (b)** | **Upgrades to facilities and technologies** | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| **115.321 (a)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| **115.321 (b)** | **Evidence protocol and forensic medical examinations** | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based | yes |

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| | 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. ) | |
| **115.321 (c)** | **Evidence protocol and forensic medical examinations** | |
| | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| **115.321 (d)** | **Evidence protocol and forensic medical examinations** | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| **115.321 (e)** | **Evidence protocol and forensic medical examinations** | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory | yes |

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| | interviews? | |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| **115.321 (f)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.) | na |
| **115.321 (h)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | na |
| **115.322 (a)** | **Policies to ensure referrals of allegations for investigations** | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| **115.322 (b)** | **Policies to ensure referrals of allegations for investigations** | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| **115.322** | **Policies to ensure referrals of allegations for investigations** | |

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| **(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 |
| **115.331 (a)** | **Employee training** | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to | yes |

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| | mandatory reporting of sexual abuse to outside authorities? | |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |
| **115.331 (b)** | **Employee training** | |
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | no |
| **115.331 (c)** | **Employee training** | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| **115.331 (d)** | **Employee training** | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| **115.332 (a)** | **Volunteer and contractor training** | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |

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| **115.332 (b)** | **Volunteer and contractor training** | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| **115.332 (c)** | **Volunteer and contractor training** | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| **115.333 (a)** | **Resident education** | |
| | During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |
| **115.333 (b)** | **Resident education** | |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| **115.333 (c)** | **Resident education** | |

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

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| **(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 |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| **115.334 (c)** | **Specialized training: Investigations** | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| **115.335 (a)** | **Specialized training: Medical and mental health care** | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

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| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| **115.335 (b)** | **Specialized training: Medical and mental health care** | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| **115.335 (c)** | **Specialized training: Medical and mental health care** | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| **115.335 (d)** | **Specialized training: Medical and mental health care** | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| **115.341** | **Obtaining information from residents** | |

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| **(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 |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |
| **115.341 (b)** | **Obtaining information from residents** | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| **115.341 (c)** | **Obtaining information from residents** | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does | yes |

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| | the agency attempt to ascertain information about: Physical disabilities? | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |
| **115.341 (d)** | **Obtaining information from residents** | |
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |
| **115.341 (e)** | **Obtaining information from residents** | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| **115.342 (a)** | **Placement of residents** | |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |

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| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |
| **115.342 (b)** | **Placement of residents** | |
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |
| **115.342 (c)** | **Placement of residents** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.342 (d)** | **Placement of residents** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.342 (e)** | **Placement of residents** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.342** | **Placement of residents** | |

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| **(f)** | | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.342 (g)** | **Placement of residents** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.342 (h)** | **Placement of residents** | |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | na |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | na |
| **115.342 (i)** | **Placement of residents** | |
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | no |
| **115.351 (a)** | **Resident reporting** | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| **115.351 (b)** | **Resident reporting** | |

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| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |
| **115.351 (c)** | **Resident reporting** | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| **115.351 (d)** | **Resident reporting** | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |
| **115.351 (e)** | **Resident reporting** | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| **115.352 (a)** | **Exhaustion of administrative remedies** | |
| | Is the agency exempt from this standard?<br>NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |

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| **115.352 (b)** | **Exhaustion of administrative remedies** | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| **115.352 (c)** | **Exhaustion of administrative remedies** | |
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| **115.352 (d)** | **Exhaustion of administrative remedies** | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | no |
| | 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.) | no |
| | 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.) | no |

| 115.352 (e) | Exhaustion of administrative remedies | |
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| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | yes |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | yes |
| **115.352 (f)** | **Exhaustion of administrative remedies** | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does | yes |

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| | the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | |
| | 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.) | no |
| | 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.) | no |
| | 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.) | no |
| | 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.) | no |
| **115.352 (g)** | **Exhaustion of administrative remedies** | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| **115.353 (a)** | **Resident access to outside confidential support services and legal representation** | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |
| **115.353 (b)** | **Resident access to outside confidential support services and legal representation** | |

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| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| **115.353 (c)** | **Resident access to outside confidential support services and legal representation** | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| **115.353 (d)** | **Resident access to outside confidential support services and legal representation** | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |
| **115.354 (a)** | **Third-party reporting** | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| **115.361 (a)** | **Staff and agency reporting duties** | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |

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| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| **115.361 (b)** | **Staff and agency reporting duties** | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |
| **115.361 (c)** | **Staff and agency reporting duties** | |
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| **115.361 (d)** | **Staff and agency reporting duties** | |
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| **115.361 (e)** | **Staff and agency reporting duties** | |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? | yes |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? | yes |
| | If the alleged victim is under the guardianship of the child welfare | yes |

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| | 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.) | |
| | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? | yes |
| **115.361 (f)** | **Staff and agency reporting duties** | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| **115.362 (a)** | **Agency protection duties** | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| **115.363 (a)** | **Reporting to other confinement facilities** | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |
| **115.363 (b)** | **Reporting to other confinement facilities** | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| **115.363 (c)** | **Reporting to other confinement facilities** | |
| | Does the agency document that it has provided such notification? | yes |
| **115.363 (d)** | **Reporting to other confinement facilities** | |

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| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| **115.364 (a)** | **Staff first responder duties** | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| **115.364 (b)** | **Staff first responder duties** | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| **115.365 (a)** | **Coordinated response** | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |

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| **115.366 (a)** | **Preservation of ability to protect residents from contact with abusers** | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | no |
| **115.367 (a)** | **Agency protection against retaliation** | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| **115.367 (b)** | **Agency protection against retaliation** | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |
| **115.367 (c)** | **Agency protection against retaliation** | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |

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| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| **115.367 (d)** | **Agency protection against retaliation** | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| **115.367 (e)** | **Agency protection against retaliation** | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| **115.368 (a)** | **Post-allegation protective custody** | |
| | Is any and all use of segregated housing to protect a resident who | yes |

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| | is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | |
| **115.371 (a)** | **Criminal and administrative agency investigations** | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| **115.371 (b)** | **Criminal and administrative agency investigations** | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |
| **115.371 (c)** | **Criminal and administrative agency investigations** | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| **115.371 (d)** | **Criminal and administrative agency investigations** | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |
| **115.371 (e)** | **Criminal and administrative agency investigations** | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal | yes |

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| | prosecution? | |
| **115.371 (f)** | **Criminal and administrative agency investigations** | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| **115.371 (g)** | **Criminal and administrative agency investigations** | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| **115.371 (h)** | **Criminal and administrative agency investigations** | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| **115.371 (i)** | **Criminal and administrative agency investigations** | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| **115.371 (j)** | **Criminal and administrative agency investigations** | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |
| **115.371 (k)** | **Criminal and administrative agency investigations** | |

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| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |
| **115.371 (m)** | **Criminal and administrative agency investigations** | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| **115.372 (a)** | **Evidentiary standard for administrative investigations** | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| **115.373 (a)** | **Reporting to residents** | |
| | Following an investigation into a resident’s allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| **115.373 (b)** | **Reporting to residents** | |
| | If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| **115.373 (c)** | **Reporting to residents** | |
| | Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit? | yes |

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| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| **115.373 (d)** | **Reporting to residents** | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| **115.373 (e)** | **Reporting to residents** | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| **115.376 (a)** | **Disciplinary sanctions for staff** | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual | yes |

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| | harassment policies? | |
| **115.376 (b)** | **Disciplinary sanctions for staff** | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| **115.376 (c)** | **Disciplinary sanctions for staff** | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| **115.376 (d)** | **Disciplinary sanctions for staff** | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| **115.377 (a)** | **Corrective action for contractors and volunteers** | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| **115.377 (b)** | **Corrective action for contractors and volunteers** | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility | yes |

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| | take appropriate remedial measures, and consider whether to prohibit further contact with residents? | |
| **115.378 (a)** | **Interventions and disciplinary sanctions for residents** | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |
| **115.378 (b)** | **Interventions and disciplinary sanctions for residents** | |
| | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? | yes |
| **115.378 (c)** | **Interventions and disciplinary sanctions for residents** | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| **115.378 (d)** | **Interventions and disciplinary sanctions for residents** | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations | yes |

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| | for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? | |
| | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |
| **115.378 (e)** | **Interventions and disciplinary sanctions for residents** | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| **115.378 (f)** | **Interventions and disciplinary sanctions for residents** | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| **115.378 (g)** | **Interventions and disciplinary sanctions for residents** | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| **115.381 (a)** | **Medical and mental health screenings; history of sexual abuse** | |
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |
| **115.381 (b)** | **Medical and mental health screenings; history of sexual abuse** | |
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |

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| **115.381 (c)** | **Medical and mental health screenings; history of sexual abuse** | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| **115.381 (d)** | **Medical and mental health screenings; history of sexual abuse** | |
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |
| **115.382 (a)** | **Access to emergency medical and mental health services** | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| **115.382 (b)** | **Access to emergency medical and mental health services** | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| **115.382 (c)** | **Access to emergency medical and mental health services** | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| **115.382** | **Access to emergency medical and mental health services** | |

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| **(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 |
| **115.383 (a)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| **115.383 (b)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| **115.383 (c)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| **115.383 (d)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | na |
| **115.383 (e)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | na |
| **115.383 (f)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| **115.383 (g)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |

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| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| **115.383 (h)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| **115.386 (a)** | **Sexual abuse incident reviews** | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| **115.386 (b)** | **Sexual abuse incident reviews** | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| **115.386 (c)** | **Sexual abuse incident reviews** | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| **115.386 (d)** | **Sexual abuse incident reviews** | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |

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| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| **115.386 (e)** | **Sexual abuse incident reviews** | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| **115.387 (a)** | **Data collection** | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| **115.387 (b)** | **Data collection** | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| **115.387 (c)** | **Data collection** | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| **115.387 (d)** | **Data collection** | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| **115.387 (e)** | **Data collection** | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for | na |

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| | the confinement of its residents.) | |
| **115.387 (f)** | **Data collection** | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| **115.388 (a)** | **Data review for corrective action** | |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| **115.388 (b)** | **Data review for corrective action** | |
| | Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse? | yes |
| **115.388 (c)** | **Data review for corrective action** | |
| | Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| **115.388 (d)** | **Data review for corrective action** | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when | yes |

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| | publication would present a clear and specific threat to the safety and security of a facility? | |
| **115.389 (a)** | **Data storage, publication, and destruction** | |
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |
| **115.389 (b)** | **Data storage, publication, and destruction** | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| **115.389 (c)** | **Data storage, publication, and destruction** | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| **115.389 (d)** | **Data storage, publication, and destruction** | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| **115.401 (a)** | **Frequency and scope of audits** | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | no |
| **115.401 (b)** | **Frequency and scope of audits** | |
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |

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| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| **115.401 (h)** | **Frequency and scope of audits** | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| **115.401 (i)** | **Frequency and scope of audits** | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| **115.401 (m)** | **Frequency and scope of audits** | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| **115.401 (n)** | **Frequency and scope of audits** | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| **115.403 (f)** | **Audit contents and findings** | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |