PREA Facility Audit Report: Final

Name of Facility: VisionQuest Residential Alternatives to Detention Newark
Facility Type: Juvenile
Date Interim Report Submitted: 06/27/2024
Date Final Report Submitted: 11/20/2024

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:** 11/20/2024

AUDITOR INFORMATION	
Auditor name:	Hardy-Kesler, Tammy
Email:	codyemomma@msn.com
Start Date of On-Site Audit:	05/13/2024
End Date of On-Site Audit:	05/16/2024

FACILITY INFORMATION	
Facility name:	VisionQuest Residential Alternatives to Detention Newark
Facility physical address:	[redacted]
Facility mailing address:	

Primary Contact

Name:	Robert Palmer
Email Address:	Robert.Palmer@vq.com
Telephone Number:	302-943-3217

Superintendent/Director/Administrator	
Name:	Robert Palmer
Email Address:	Robert.Palmer@vq.com
Telephone Number:	302-943-3217

Facility PREA Compliance Manager	
Name:	Robert Palmer
Email Address:	robert.palmer@vq.com
Telephone Number:	(302) 422-7025

Facility Characteristics	
Designed facility capacity:	10
Current population of facility:	3
Average daily population for the past 12 months:	5
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex"	

and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	9-18
Facility security levels/resident custody levels:	Residential/Non Non-Secured
Number of staff currently employed at the facility who may have contact with residents:	10
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
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:	[redacted]
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Juan Alvarez	Email Address:	juan.alvarez@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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-13
2. End date of the onsite portion of the audit:	2024-05-16

Outreach

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 ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Survivors of Abuse in Recovery (SOAR) Just Detention International (JDI)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	10
15. Average daily population for the past 12 months:	5
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) 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	
18. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	0
19. 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
20. 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:	3
21. 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
22. 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
23. 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
24. 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

25. 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
26. 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
27. 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
28. 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
29. 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):	No additional comments
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	9
31. 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

32. 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:	1
33. 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:	No additional comments

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	3
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	VisionQuest RAD is a small facility that houses both males and female residents. The maximum capacity at the facility is 10 residents. The auditor interviewed all residents. At the time of the onsite audit, there were no female residents.

37. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	○ Yes ◉ No
37. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	VisionQuest is a small residential facility with the maximum capacity of 10 residents. At the time of the onsite PREA audit, there were three male residents to interview.
38. 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):	All residents were interviewed.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
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".	
40. 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

40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
40. 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).	Auditor met with all of residents at the facility. At the time of onsite audit, there were no residents that were physically disabled.
41. 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:	3
42. 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
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

42. 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).	Auditor met with all of residents at the facility. At the time of onsite audit, there were no residents that were blind or had low vision.
43. 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
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
43. 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).	Auditor met with all of residents at the facility. At the time of onsite audit, there were no residents that were deaf or hard of hearing.
44. 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
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

44. 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).	Auditor met with all of residents at the facility. At the time of onsite audit, there were no residents that were limited English proficient.
45. 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
45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
45. 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 resident interviews, the auditor inquired about residents' identification.
46. 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
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

46. 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 resident interviews, the auditor inquired about residents' identification.
47. 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
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
47. 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 resident interviews, the auditor inquired if the resident had been subject to sexual harassment or sexual abuse.
48. 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
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

48. 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).	At the time of the onsite audit, there were no residents of the three residents interviewed that disclosed prior sexual victimization. In review of resident risk assessments, there were no indications of prior sexual victimization.
49. 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
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
49. 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).	VisionQuest RAD-Newark does not have segregated housing, and the facility does not practice isolation.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers to interviewing targeted residents.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	11

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	All staff were interviewed using both random and specialized protocols.
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No
53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☑ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All staff were interviewed using both random and specialized protocols.

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.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
56. Were you able to interview the Agency Head?	(●) Yes ( ) No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
58. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
59. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	Grievance Coordinator Mailroom Classification Staff
61. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
62. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☑ Maintenance/construction ☐ Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	There are no additional comments regarding selecting and interviewing specialized staff.

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.

64. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
65. 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 ( ) No
66. 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 ( ) No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
68. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The site review included both internal and external tour of facility.

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.

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
71. 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 auditor requested files for all facility staff and residents for review.

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.

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

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

73. 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	4	0	4	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	4	0	4	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.

74. 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

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

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

Sexual Harassment Investigation Outcomes

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

76. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	4
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

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0

78. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse investigations involving the staff of VisionQuest-Newark. There was an allegation of sexual abuse reported to the facility pertaining to allegations of an outside entity's employee, and the facility followed reporting and documenting protocol. The auditor reviewed corresponding documents.
79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0

84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	4
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor reviewed all resident-on-resident administrative investigations of sexual harassment. There were no criminal investigations of sexual harassment.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. 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 ◉ No

Non-certified Support Staff

96. 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 ○ No
96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	2

AUDITING ARRANGEMENTS AND COMPENSATION

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

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Human Resource Standard Operating Procedure VQ.1.C.4: Zero-Tolerance for Sexual Misconduct of a Minor (effective 1/5/15) (revised 3/31/2023) 2. Zero-Tolerance for Sexual Misconduct: Standards for Professional Conduct Checklist Acknowledgement (updated July 2022) 3. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023) 4. Prison Rape Elimination Act Juvenile Facility Standards: United States Department of Justice Final Rule. 5. PREA Training Chart-Delaware (PREA Training 2018) 6. Delaware RAD Programs Facility Organizational Chart 7. Pre-Audit Questionnaire (PAQ)

8. Agency-Wide Organizational Chart
9. National Director of Compliance and Operations Job Description- PREA Coordinator
10. Delaware RAD's Organizational Chart
11. Program Director Job Description- PREA Compliance Manager

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager

Findings (by Provision):

115.311(a):

VisionQuest provided three documents in the Pre-Audit Questionnaire (PAQ) 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.

Stated in the VisionQuest Delaware RAD Program Standard Operating Procedure VQ.1.C.4: Zero-Tolerance for Sexual Misconduct of a Minor, it is the policy of VisionQuest to adhere to all local, state, and federal laws regarding any form of harassment or sexual abuse. VisionQuest has a "Zero-Tolerance" policy for all forms of sexual abuse, sexual harassment, and inappropriate sexual behavior for all staff, contractors and volunteers with the goal to prevent, detect, and respond to such conduct. The purpose of the zero-tolerance policy is to ensure that all children, youth, families and staff are treated with dignity and respect. This policy prohibits any type of sexual conduct of any form, whether from staff, contractor volunteer or from another client regardless of age, sexual orientation of either person.
To accompany the policy, upon hiring, staff are required to initial and sign during training the Zero-Tolerance for Sexual Misconduct: Standards for Professional Conduct Checklist Acknowledgement.

Similar language is located within the agency's PREA policy, VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1: Prison Rape Elimination Act. The policy specifically states, all programs operated by VisionQuest have zero-tolerance for sexual misconduct involving any youth. VisionQuest programs provide a safe, humane, and secure environment, free from sexual violence, misconduct, harassment, or retaliation, by establishing definitions of prohibited conduct and maintaining a program of prevention, detection, investigation, response and tracking of all alleged and substantiated sexual misconduct. Sexual misconduct between staff and youth, volunteers or contract personnel and youth, youth and youth, regardless of consensual status is prohibited and subject to administrative discipline and/or criminal sanctions.

Outlined in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1: Prison Rape Elimination Act, the VisionQuest demonstrated the

	implementation of the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The following subsections are located within the operational guidelines of the standard operating procedure: • Training • Youth Orientation and Education • Screening/Assessing Youth at Intake • Additional Screening/Assessing • Referrals for Special Housing and Program Placement • Sexual Misconduct Between Youth, Employees, and Non-Employees • Sexual Misconduct Between Juveniles • Supervision and Monitoring • Reporting • First Responder Instructions-All alleged Sexual Misconduct • First Responder Instructions-Allegations Involving Abuse, Assault or other Sexual Acts or Contact • Staff and Agency Reporting • Emergency Medical and Mental Health Services • Ongoing-Medical and Mental Health Care • Reporting to and from Confinement Facilities • Investigations • Investigation Process • Victim Support Person • Reporting to Juveniles • Debriefing and Incident Review • Prosecutions • Discipline/Corrective Action • Employee/Applicant Background Checks and References • Tracking • Classification Notification • Exhaustion of Administrative Remedies • Third Party Involvement • Data Collection • Data Review • Data Storage, Publication, and Destruction All three documents identified earlier provided have language that describe prohibited behaviors regarding sexual abuse and sexual harassment, but the language is inconsistent with the definitions that are outlined in the Prison Rape Elimination Act Juvenile Facility Standards: United States Department of Justice Final Rule. Specifically, VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1: Prison Rape Elimination Act utilizes terminology of sexual misconduct instead of sexual abuse and the definitions that utilized to describe. Also, the scope of the definition of sexual harassment is limited in comparison to the definition utilized in the Final Rule.

	Located in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.L.1-2: Prison Rape Elimination Act are the sanctions for those found to have participated in prohibited behaviors. The sanctions include the following: • Disciplinary sanctions for violations of this procedure relating to sexual misconduct 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. VisionQuest does not recognize, acknowledge or accept participation in collective bargaining agreement process. 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. • Youth are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. Also see VisionQuest's procedure on Program Rules and Consequences. VisionQuest includes a description and of the agency's strategies and responses to reduce and prevent sexual abuse and sexual harassment in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.A-M: Prison Rape Elimination Act Descriptions of strategies include both training both residents, volunteers, contractors, and employees including specialized training for employees. Within the document is the youth orientation process including screening and assessing youth at intake and support if deemed necessary from screening. Additionally, standard operating procedure(SOP) addresses housing and program placement and sexual misconduct between youth, employees, and non-employees. Contained in the SOP is the requirement in the section of supervision and monitoring the conducting of unannounced rounds by program administrators, supervisors, compliance managers, or the PREA coordinator. Further in the document, the agency established the reporting requirement for sexual misconduct and retaliation. The agency does not substantially meet the provision and corrective action is required at this time. 115.311 (b): VisionQuest provided the job description for the National Director of Compliance and

	Operations in the supplemental files of the Online Automated System (OAS). The responsibilities of the PREA coordinator are a part of the job description. The job description provided the outlined responsibilities and duties as it pertained to the Prison Rape Elimination Act. Within the bulleted section of the document was the following reference: Serve as PREA Coordinator under the direction of the COO and working in conjunction with the PREA Compliance Manager. Responsible for developing, implementing, and overseeing facility compliance with PREA standards and coordinating the program's response to allegations of sexual misconduct. Additional details provided in Operating Procedure VQ.IV.1, Prison Elimination Act. On the VisionQuest Agency's Organizational Chart, the position of National Director of Compliance and Operations 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. During the interview with the PREA coordinator, it was disclosed that the position was recently filled. The PREA Coordinator stated that there was adequate time to manage all the PREA-related responsibilities. Presently, there are only two facilities operated by VisionQuest that are required to comply with PREA mandates. The facilities include VisionQuest RAD-Milford and VisionQuest RAD-Newark. Also, it was stated by the PREA coordinator that communication does occur between the PREA compliance manager at VisionQuest RAD-Newark and the VisionQuest State Director of Operations in Delaware. The PREA coordinator responded if an issue with compliance with a PREA standard presented there would be routine unannounced visits and retraining of standards when issues are identified. The agency substantially meets this provision and there is no corrective action required at this time. 115.311(c): Designated in the VisionQuest Delaware RAD's organizational structure is the Program Director's position which includes the role as the PREA compliance manager. There was an error in the initial submission in the PAQ, which was later corrected and uploaded to the supplemental file of the OAS. According to the PREA compliance manager, there is sufficient time to coordinate the facility's effort to comply with the PREA standards. As the program director, the PREA compliance manager has the authority to coordinate the facility's efforts to comply with the PREA standards. The position reports to the Delaware RAD Director of Operations. During the audit of the VisionQuest RAD-Milford facility, there was another PREA compliance manager designated, and the PREA compliance manager for VisionQuest RAD-Newark was designated as secondary PREA compliance manager at the other facility.

The PREA compliance manager stated during onsite interview there was enough time to manage all of the PREA-related responsibilities. The auditor found that the PREA compliance manager had completed and submitted the PAQ. Completed inquiries and uploaded documents requested from the issue log. Additionally, the PREA compliance manager had maintained all training logs, unannounced round logs, and supported training of staff. As of December 2022, VisionQuest RAD-Newark was a newly acquired facility, and the PREA compliance manager was responsible for the initial implementation of PREA.

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

The agency has several written documents mandating zero-tolerance toward all forms of sexual abuse and sexual harassment that it operates. The standard of operations and the employee acknowledgement checklist of Zero-Tolerance for Sexual Misconduct outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The standard of operation documents includes definitions that are not in alignment 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.

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

Corrective Action:

1. The agency shall revise VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023) SOP DE.RAD.IV.1. PREA to include definitions in accordance with the Prison Rape Elimination Act Juvenile Facility Standards: United States Department of Justice: Final Rule.
2. The agency shall revise Zero-Tolerance for Sexual Misconduct: Standards for Professional Conduct Checklist Acknowledgement (updated July 2022) to Zero- Tolerance for Sexual Harassment and Sexual Abuse: Standards for Professional Conduct Checklist Acknowledgement. include definitions in accordance with the Prison Rape Elimination Act Juvenile Facility Standards: United States Department of Justice: Final Rule.
3. The agency shall train staff on the revisions and provide document with staff acknowledgement of training on revisions.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, VisionQuest submitted documentation via OAS on 10/11/2024, 10/18/2024, and 11/15/2024. The following documents were submitted:

- Revised Prison Rape Elimination Act (PREA) Zero Tolerance Policy VQ.NATL.HR.4(National-Agency) Effective Date: 10/10/2024
- Revised Prison Rape Elimination Act (PREA) Policy VQ.D.PREA.01(Domestic-Facility-Delaware) Effective Date: 10/10/2024
- Revised Procedure Prison Rape Elimination Act (PREA) VQ.D.PREA.01.A (Domestic-Facility-Delaware) Effective Date: 10/10/2024 (revision) 11/15/2024
- Acknowledgement of Training on PREA policy and procedures signed by staff-10/15/2024

Corrective Action Intent:

The intent of this corrective action was to ensure that VisionQuest updated the agency and facility PREA policy and procedures to include the definitions in accordance with the Prison Rape Elimination Act Juvenile Facility Standards: United States Department of Justice: Final Rule. In addition, VisionQuest educated staff members on the updates to the policies and procedures which included the definitions. Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Contract Between VisionQuest and State of Delaware 2. Department of Services for Children, Youth and Their Families: Operating Guidelines for Contracted Children and Family Programs and Services (effective 11/1/2022) Interviews: 1. Director of Operations 2. Delaware Division of Management Support Services Contractor Administrator

	Findings (by Provision): 115.312 (a & b): VisionQuest 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. VisionQuest is a private agency that operates VisionQuest RAD-Newark in the community of Newark, Delaware. The facility provides temporary detainment of youth through a contract with the State of Delaware. The average length of stay is 14 days. Residents are detained at the facility until a resolution is determined in Family Court. According to the contract and program guidelines between VisionQuest and the State of Delaware, VisionQuest RAD-Newark is required to comply with the mandates of the Prison Rape Elimination Act. Specifics are outlined in the Department of Services for Children, Youth and Their Families: Operating Guidelines for Contracted Children and Family Programs and Services. The agency is substantially compliant with this provision, and there are no corrective actions required at this time. Based on this analysis, the agency is substantially compliant with this standard, and there are no corrective actions required at this time.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. PREA Compliance Annual Review of Staffing Plan (10/02/23) 2. VisionQuest Delaware RAD Program Operating Procedure DE.RAD.II.4: Video Surveillance, Monitoring and Maintenance (revised 5/1/18) (reviewed 3/2023) 3. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.6.02: Supervision of Youth (revised 9/7/18) (reviewed 3/2023) 4. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1: Prison Rape Elimination Act (PREA) (revised 10/1/17) (reviewed 3/2023) 5. Unannounced Rounds (Dates ranging from 1/25/23-3/20/24)

6. Annual Review of Staffing Plan Delaware RAD-Newark 2023
7. Annual Review of Staffing Plan Delaware-RAD 2022
8. Annual Review of Staffing Plan 2021
9. Annual Review of Staffing Plan 2020
10. Annual Review of Staffing Plan 2019
11. Pre-Audit Questionnaire (PAQ)
12. Table of Designated Dates of Staff to Resident Ratios

Interviews:

1. Superintendent- Program Director
2. PREA Compliance Manager- Program Director
3. PREA Coordinator-National Director of Compliance
4. Intermediate or Higher-Level Staff Service Supervisor or Direct Care Supervisor

Site Review:

1. Supervision and Monitoring of Residents

Findings (by Provision):

115.313 (a):

According to the pre-audit questionnaire (PAQ), VisionQuest developed, implemented, and documented a staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. In place of the staffing plan was the PREA Compliance Annual Review of Staffing Plan (10/02/23). The review provided references to scheduling and staffing considerations, but it did not comply with the staffing plan requirements of the PREA standard. On the first day of onsite audit, the facility detained 3 residents. The facility has the capacity to detain 10 male and/or female residents.

During the first and second shift, staff to resident ratio at the time of onsite audit was 2:3 not including supervisory staff. During the third shift, the ratio was 1:3 not including supervisory staff. The facility was well within the minimum staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours. During the onsite audit, staff were placed according to the schematic provided in the supplemental files of the OAS.

During the onsite audit, the facility was provided with an example of a staffing plan that included all the required elements of a staffing plan. Staff line of sight was

	adequate in the activity area, kitchen, living room, staff office, and hallways. There were 13 cameras which captured exterior and interior areas of the facility. Cameras are not monitored live. There are 3 blind spots that would benefit from additional cameras. Those areas include the exterior backside facing the supply/maintenance shed, stairwell, and screened activity area. Cameras can be accessed remotely by program director and supervisors. The camera footage can be accessed for up to two weeks. Informal conversation with staff did not reveal any concerns surrounding overcrowding, failure to meet staffing ratios, or poor line of sight. The PREA compliance manager summarized that considerations are given for staffing levels and the use of video monitoring. The facility bases staffing levels based on the requirements of the Delaware state licensing agency. VisionQuest RAD- Newark is not under findings of inadequacy by judicial findings, federal investigative agencies, internal/external oversight bodies. There is consideration of blind spots, and staff placement. There is consideration of placement of male and female residents. Female residents are placed on the first-floor bedrooms, and male residents are housed on the second-floor bedrooms. Both males and females share common areas including the living room, kitchen, and recreation/education/ visitation areas. When there are no females in the facility and less than four males who can be housed together, the males are housed on the first-floor bedrooms. During the onsite audit, the auditor observed residents being supervised at all times by staff. The program director serves as both the superintendent, as well as the PREA compliance manager. Since the program director serves in both capacities, questions were asked from both sets of protocols. According to the PREA compliance manager, the facility develops a staffing plan, and the plan considers adequate staffing to protect against sexual abuse. It was confirmed that there is video monitoring. The staffing plan is documented, and daily adherence is checked by supervisory staff. Documentation of staffing plan can be accessed in the staff office. Informally, the auditor found that staffing can be determined through the agency’s web-based case management database, ExtendedReach, through the individual resident files. Further, the superintendent acknowledges staffing levels are mandated by licensing agencies, local laws, regulations, and standards. Additionally, it was stated that the facility had no findings of judicial or federal findings inadequacy nor any internal or external findings of inadequacy by oversight bodies. It was further made known that considerations of blind spots accounted for the staffing plan. The facility considered the composition of the population of both male and female residents. On all three shifts, there was a supervisor which was not counted as part of the staff to resident ratio. Consideration of facility programming occurring on a particular shift was considered specifically day shift which included both education and court transport. The superintendent affirmed the prevalence of substantiated and unsubstantiated incidents of sexual abuse are considered in the staffing plan. Lastly, the superintendent does monthly checks to assure compliance with the staffing plan

and the program supervisors check daily. During the interview with the National Director of Compliance, which is the designated PREA coordinator, the auditor was deferred to the Director of VisionQuest Delaware. The auditor had inquired about the assessment and adjustments to the staffing plans for VisionQuest RAD- Newark. Informally, the auditor was able to determine that any specific communication pertaining to assessing and adjustments of the staffing plan would be communicated between the Director of VisionQuest Delaware and the Program Director of VisionQuest RAD-Newark.

The facility is not substantially compliant with this provision and corrective action is required at this time.
115.313 (b):
According to the pre-audit questionnaire (PAQ), there were no times that the facility did not comply with ratios presented in the Annual Staffing Plan Review. The facility does not have a staffing plan that meets the criteria of the PREA mandates. The facility also states that there were no deviations from the Annual Staffing Plan Review. During the interview with the superintendent, it was stated that there were no exigent circumstances, and the facility was able to maintain staff to resident ratios. The auditor requested specific dates to determine staff to resident ratios. Review of the table, there were no instances that indicated staff to resident ratio was not maintained.

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

115.313 (c):

Found in the VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.6.02:I.A.1-3 is the staff to youth ratio requirement. According to the SOP, the facility at a minimum during waking hours has to maintain a staff to resident ratio of 1:5. It further states that there must be a minimum of one awake staff member in each living unit during the night. During the night, the SOP requires a staff to resident ratio of 1:10. Also, there is one staff awake and roving to 10 youth. The ratios mandated by PREA are greater than the ratios operated by the facility. In the PAQ, the facility documented there were no times the facility deviated from the staffing ratios of 1:8 during wake hours, and there were no times documented of deviating from the ratio of 1:16 during sleeping hours. During the interview the superintendent stated that OCCL (Office of Childcare Licensing) requires a staff to resident ratio of 1:5 during the day and 1:8 nightly. During the site review of the third shift on May 16, 2024, the auditor found the ratio of staff to resident to be 1:2 with an additional supervisory staff not included in the ratio. The facility is required to maintain ratios that exceed the PREA mandates.

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

115.313 (d):

	It should be noted that VisionQuest RAD-Newark has been open for only a year. The agency provided the VisionQuest RAD-Newark Annual Review of Staffing Plan in addition to other Delaware RAD operated facility Annual Review of Staffing Plans. Based on the interview with the National Director of Compliance who is the PREA coordinator the responsibility of the annual review of the staffing plan is deferred to the PREA compliance manager. Review of the documents provided, the auditor found that the PREA compliance manager was involved in the collaboration with the facility to review the staffing plan to see whether there was a need for adjustments to the staffing plan, prevailing staffing patterns, the deployment of monitoring technology, and the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. In attendance at the review were the PREA compliance manager and the facility's supervisors. Though the staffing plan did not meet the criteria for a PREA compliant staffing plan, the minutes listed the number and types of positions per shift. The Annual Review of Staffing Plan contained the following items: • Considerations • Corrective action plans from the prior year • Change of census of facility • Change of activities or schedule that challenges the allotted staff to youth ratio • Transportation events that will require consideration of staff changes • Any impact from unseasoned staff, lack of med cleared staff, or cleared drivers • Any expected impact concerning the severity of behaviors of youth upon staff as number of youth on risk plans, self-harm watch, or designated to one on one supervision • Any adjustments needed to: current staffing plan, prevailing patterns, deployment of monitoring technology • Acquire agency/facility resources to provide assistance to ensure compliance with staffing plan • The facility is substantially compliant with this provision and corrective action is not required at this time. 115.313(e): It should be noted that VisionQuest RAD-Newark 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 Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1: II.H Prison Rape Elimination Act (PREA) 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

misconduct. 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 PREA Compliance Random Check and Staff Census Deviation Form. The documentation ranged from 1/25/23-3/20/24. 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 check. The documentation of unannounced rounds provided are of all shifts.

Review of records provided; it appears that only the program director conducts the unannounced rounds as well as documents unannounced rounds. During interviews with supervisory staff, it was found that they conduct unannounced rounds, but they are not documented. In responses to the inquiry pertaining to the prevention of staff from alerting other staff during an unannounced round, the response was the supervisor just shows up. During informal conversation, it was determined that supervisory staff have remote access to cameras.

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

VisionQuest does not have a PREA compliant staffing plan though it adheres to the staff to resident ratios required by the PREA mandates. The facility maintained staff to resident ratios without a deviation so there was no need to document. The agency does have a SOP that outlines ratios, the ratios documented by the SOP exceed the requirements of the PREA mandates. The agency has a precedent of conducting annual reviews of staffing ratios per shift. The facility has demonstrated completing documented unannounced rounds though not mandated by PREA because of the facility's security status.

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

Corrective Action:

1. The agency shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.

- 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
- Generally accepted juvenile detention and correctional/secure residential practices
- Any judicial findings of inadequacy
- Any findings of inadequacy from Federal investigative agencies

- Any findings of inadequacy from internal or external oversight bodies
- All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)
- The composition of the resident population
- The number and placement of supervisory staff
- Institution programs occurring on a particular shift
- Any applicable State or local laws, regulations, or standards
- Any other relevant factors

Verification of Corrective Action since the onsite PREA audit:

In response to the corrective action, the facility submitted documentation via OAS on 8/5/2024. The following document was submitted:

VisionQuest Residential Alternative to Detention Newark Facility Staffing Plan 2023-2024. The staffing plan was created and signed by the director, direct care supervisor, and the service worker supervisor on 7/26/2024.The staff planning included all criteria mandated by the PREA standards.

Corrective Action Intent:

The intent of this corrective action was to ensure that in accordance with the PREA mandates VisionQuest developed, implemented, and documented a staffing plan to ensure adequate levels of staffing to protect residents against sexual abuse and sexual harassment. Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Operating Procedure DE.RAD.II.1: Searches (revised 1/28/22) (reviewed 3/2023) 2. VisionQuest Training and Development Individual Lesson Plan: Guidance on Cross-Gender and Transgender Searches 3. Video PRC: Guidance on Cross-Gender and Transgender Pat Searches Video https://vimeo.com 183649668 4. State of Delaware Department of Education: Office of Child Care Licensing: DELACARE Regulations for Residential Child Care Facilities and Day Treatment Program (revised March 2024) 5. Employee Files 6. Pre-Audit Questionnaire (PAQ)

Interviews:

1. Non-medical staff
2. Random Staff
3. Random Resident

Site Review:

1. Review of Bathrooms

Findings (by Provision):

115.315 (a):

The VisionQuest RAD-Newark 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 past 12 months. Based on the SOP provided in the pre-audit questionnaire (PAQ), cross-gender strip searches and cross-gender visual cavity searches are prohibited. VisionQuest Delaware RAD Program Operating Procedure DE.RAD.II.1: IV.A:Searches states strip searches, cavity searches, or cross-gender pat down searches are not permitted or conducted by VisionQuest employees. Interview of non-medical staff, the auditor inquired what urgent circumstances would require cross-gender strip searches and visual body cavity searches. Of the five staff, three responded that there were no searches allowed, and the remaining two responded that the possibility of a weapon would prompt a search. The three male residents confirmed there were no searches conducted by female staff. Further, it was explained by both residents and staff that during a search a wand would be utilized to detect metal. During the site review, the auditor did not observe any type of search.

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

115.315 (b):
The VisionQuest RAD-Newark refrains from conducting cross-gender pat down searches except in 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. Vision Quest Delaware RAD Program Operating Procedure DE.RAD.II.1: IV.F.4.a Searches prohibits

cross-gender pat-down searches. The SOP states a frisk search or surface search consists of asking the youth to roll up sleeves and pants and searching for items carried on a youth's person by "patting" outer clothing. The use of frisk searches is extremely limited and
outlined below:

- Must be conducted with two staff members, one being administrative team member.
- The staff performing the frisk search must be the same gender as the youth being searched.
- The staff observing may be of either gender.
- VisionQuest prohibits cross-gender frisk searches.

Out of the 11 random staff interviews, there were 4 staff that responded that staff were restricted from conducting cross-gender pat-down searches except in exigent circumstances, and there were 5 random staff that responded that cross-gender pat down searches could be conducted in the instance of a weapon. One staff was uncertain, and the other was still in training. Staff reiterated the use of the metal detection wand to detect any contraband. Additionally, staff stated that they were not allowed to go beyond utilizing the wand when searching residents. The auditor did not observe any type of search while at the facility. During the onsite audit, 3 male residents stated female staff had not conducted pat down searches on them. 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 occurring.

The facility is substantially compliant with this provision and no corrective action is required at this time.
115.315 (c):
Information provided on the PAQ and the Vision Quest Delaware RAD Program Operating Procedure DE.RAD.II.1: V.A-D, confirm following a search that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches be documented and justified. Specifically, the standard operating procedure requires:

V. Following a Search

A. The date, time, location and individuals conducting searches will be entered into the program Master Log Book .

B. A Search Event Report will be completed for each search conducted.

C. A program Event Report and Reportable Event Summary will also be completed to

	document the possession of contraband when the youth can be identified. D. The parent, and if applicable legal guardian, including the juvenile probation officer or caseworker will be contacted immediately following the search of youth. Notifications are documented in the youth's progress notes. The auditor was informed that all youth progress notes and searches would be documented and maintained on the web-based case management software, ExtendedReach. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.315(d): VisionQuest RAD-Newark documented on the PAQ that the facility has not implemented policies or 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 provided a schematic with the layout of the 2 full bathrooms and one half bathroom. All three rooms had doors that could be locked for privacy. Also, none of the cameras were capable of viewing residents while utilizing the facilities. Eleven random staff responded that residents were able to shower, perform bodily functions, and change clothing without the opposite gender viewing. During random interviews, all three male residents confirmed the ability to shower, perform bodily functions, and change clothes without being viewed by the opposite gender. VisionQuest RAD-Newark documented on the PAQ that the facility has not implemented policies or 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. During interviews of 11 random staff, nine out of elevens staff confirmed that they announce prior to entering the housing of the opposite gender. Additionally, three male residents disclosed that staff of the opposite gender would announce themselves when entering housing of the opposite gender. The facility has an undocumented practice that staff and residents cannot be in bedrooms at the same time. Residents must leave their room before staff can enter. Confirmed by both staff and residents, this practice is done during room searches. The facility is not substantially compliant with this provision and corrective action is required at this time. 115.315(e):

VisionQuest has a policy prohibiting staff from searching or physically examining transgender or intersex resident for the sole purpose of determining the resident's genital status. Cited in VisionQuest Delaware RAD Program Operating Procedure DE.RAD.II.1: IV.B Searches, staff is prohibited from conducting a youth search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. Based on information on the PAQ, there were no such searches within the past 12 months. There were no residents that identified as transgender or intersex during the onsite audit so the auditor was unable to interview. During random interview with 11 staff, all staff were aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident's genital status. The facility completes a risk assessment that would open the opportunity for the resident to disclose. Information pertaining to the resident is shared by the family court liaison prior to admission to the facility.

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

115.315(f):

At the time of PAQ submission, the agency reported that 100 percent of the staff had completed search training. At the time of onsite audit, there were two new employees that had not yet received search training. At the time of the onsite audit, there were 9 out of 11 random staff that had received the search training during their employee orientation. The facility provided the VisionQuest Training and Development Individual Lesson Plan: Guidance on Cross-Gender and Transgender Pat Searches. The curriculum includes:

- Introduction to Pat Searches
- Conducting Cross-Gender Searches
- Searches of Transgender and Intersex Residents
- Appropriate Documentation

The agency utilizes the following training materials a video by the National PREA Resource Center: Guidance on Cross-Gender and Transgender Pat Searches, the VisionQuest search policy, and an assessment.

Located in VisionQuest Delaware RAD Program Operating Procedure DE.RAD.II.1:VI.A Searches all staff will be trained on VisionQuest's search procedure and how to conduct each of the permitted searches as outlined above. In addition, using this procedure, staff will be trained on how to conduct search of all youth (including transgender and intersex youth) in a professional and respectful manner using the least intrusive method possible that is consistent with the safety and security needs of both the youth and the program.

	Within employee files, the auditor located copies of assessments pertaining to resident searches. The facility is substantially compliant with this provision and corrective action is not required at this time. VisionQuest refrains from conducting cross-gender strip searches, cross-gender cavity searches, and cross-gender pat down searches except in exigent circumstances. Staff are trained to document searches. The facility does not have policy or procedures to prohibit opposite gender viewing of residents when showering, performing bodily functions, or changing clothes, and there are no policies or 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 that opposite gender staff announce when entering housing units. Through policy, the agency prohibits the search of transgender and intersex residents for the purpose of determining genital status. Though staff are prohibited from conducting pat down searches, the agency has a curriculum and assessment to ensure that staff are trained in the practice of searching residents in a respectful manner. The facility does not substantially meet compliance for this standard and corrective action is required at this time. Corrective Action: • The agency shall add provision to policies or 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 agency shall add provision to policies or 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 agency shall provide documentation acknowledging staff have received training and understanding on the addition to policy. **Verification of Corrective Action since the onsite PREA audit:** In response to the corrective action, the facility submitted documentation via OAS on 10/10/2024, 10/18/2024, and 11/15/2024. The following documents were submitted:

- Revised Prison Rape Elimination Act (PREA) Policies VQ.NATL.HR.4(National-Agency) Effective Date: 10/10/2024 and VQ.D.PREA.01(Domestic-Facility-Delaware) Effective Date: 10/10/2024
- Revised Procedure Prison Rape Elimination Act (PREA) VQ.D.PREA.01.A (Domestic-Facility-Delaware) Effective Date: 10/10/2024 (revision 11/15/2024)
- Acknowledgement of Training on PREA policy and procedures signed by staff-10/15/2024

Corrective Action Intent:

The intent of this corrective action was to ensure that in accordance with the PREA mandates VisionQuest enabled residents to shower, perform bodily functions, and changing clothes 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 room checks including viewing via video camera. Additionally, the facility requires 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. Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure: DE.RAD.II.2:I-II Youth 2. Disabilities and Limited English Proficiency 3. VQ Training Table for Staff and Residents Interviews: 1. Agency Head 2. Residents with Disabilities 3. Random Staff 4. Issue Log

Site Review:

1. Intake 5/15/24

Findings (by Provision):

115.316 (a):

VisionQuest has established a SOP 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 Delaware RAD Program Standard Operating Procedure: DE.RAD.II.2:I:A-D Youth Disabilities and Limited English Proficiency outlines the following:

- When a youth has completed the established screening process and it has been deemed appropriate to accept this youth into the program, measures will be afforded to this youth when necessary to accommodate their disability.
- VisionQuest will take all appropriate steps to ensure that youth with disabilities (including 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, if applicable, have an equal opportunity to participate in or benefit from all aspects of our efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- To ensure effective communication with youth who are deaf or hard of hearing, we will provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary vocabulary.
- In addition, we have developed written materials in relation to PREA for youth in formats and methods that will ensure effective communication with youth with disabilities, including youth who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Within the SOP is a list of services providers for interpretation and translation services for disabled residents. Auditor was provided a better copy during post onsite audit.

During the intake process, all orientation materials was verbally delivered to resident with the use of electronic device including the PREA video, PREA Brochure, and Youth Rights/Grievance Procedure.

Review of the VQ PREA Training Table, there is no documentation of training on PREA compliant practices for residents with disabilities, but the facility practices reading aloud the information to all residents.

	VisionQuest RAD -Newark is a private facility and can deny admission if a disabled candidate is deemed inappropriate for placement based on the screening process. Based on interviews with disabled residents, the auditor was able to determine that learning disabled residents were provided information about sexual abuse and sexual harassment that they were able to understand through video, posters, and verbally by staff. Also, the residents were able to identify staff if they were in need of assistance in understanding information about their rights concerning sexual abuse and sexual harassment and how to report. During interviews with VisionQuest administration regarding residents with disabilities the approach is case by case, based on severity of disability; and there is a joint effort decision for acceptance into the facility. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.316 (b): VisionQuest has established a SOP 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. VisionQuest Delaware RAD Program Standard Operating Procedure: DE.RAD.II.2:II.A-B Youth Disabilities and Limited English Proficiency outlines the following: • It is imperative that youth have a clear understanding of program expectations, instruction and directives. Accommodation will be taken to ensure that youth are provided with the necessary services including interpreters, to obtain a clear understanding of the message being communicated to them. • When necessary, interpreters will be able to interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. (See attached list of approved vendors for translator services) Within the SOP is a list of services providers for interpretation and translation services for disabled residents. Auditor was provided a better copy during post onsite audit. A request for bilingual materials was made through the issue log, and there were no materials provided by facility. At the time of onsite audit, there were no residents that were identified as limited English proficient for auditor to interview.

	VisionQuest RAD -Newark is a private facility and can deny admission if a limited English proficient candidate is deemed inappropriate for placement based on the screening process. The agency is not substantially compliant with this provision, and corrective action is required at this time. 115.316 (c): VisionQuest Delaware RAD Program Standard Operating Procedure: DE.RAD.II.2:II.C Youth Disabilities and Limited English Proficiency prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations. 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. VisionQuest RAD -Newark is a private facility and can deny admission if a limited English proficient candidate is deemed inappropriate for placement based on the screening process. The agency substantially meets compliance with this provision and corrective action is not required at this time. VisionQuest has implemented policy and procedures to ensure that disabled residents are provided the equal opportunity to benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has not provided bilingual materials for limited English proficient residents equal opportunity to benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency prohibits the use of resident interpreters, resident readers, and other types of resident assistants except in limited circumstances. 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 training materials 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. Materials shall include posters and bilingual resident training materials PREA Brochure and Youth Rights/Grievance Procedure. **Verification of Corrective Action since the onsite PREA audit:** In response to the corrective action, the facility submitted documentation via OAS on 8/26/2024. The following documents were submitted: • PREA related postings in Spanish- No Significa No and No Deje Que Un Abuso Sexual Contorle Su Mundo. • PREA related pamphlet in Spanish- Rompa El Silencio • PREA related pamphlet- No Significa No • VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.48 "Youth Rights" Information Provided to Children and Their Family in Spanish • VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86 "Youth Grievance Process" in Spanish Auditor returned for site review on 9/19/2024. During the returned site review, the auditor located the PREA related postings throughout the building in Spanish and English. **Corrective Action Intent:** The intent of this corrective action was to ensure that in accordance with the PREA mandates VisionQuest provided training materials 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. The materials included both PREA related posters and bilingual resident training materials that included the PREA brochure and Youth Rights/ Grievance Procedure in Spanish. Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.M: Prison
   Rape Elimination Act (PREA) (effective 1/1/2018) (reviewed 4/2023)
2. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure:
   DE.RAD.3.13-2: Evaluating, Promoting, and Disciplining Staff (effective 1/5/2017) (reviewed 3/2023)
3. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure:DE:.HR.I.3: Employee Background Screening (revised 4/13/2022) (reviewed 4/2023)
4. Staff Files
5. VisionQuest Employment Application
6. Contractor's Criminal Record Background Check and Child Abuse Registry Consult

Interviews:

1. Human Resources

Findings (by Provision):

115.317(a):

VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure: DE.RAD.3.13-2:V.D.8: Evaluating, Promoting, and Disciplining Staff (effective 1/5/2017) (reviewed 3/2023) 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). According to the SOP, there is a verification of completed criminal history record information check and child abuse registry information check. Also, three references from persons who are unrelated to the employee or volunteer, one of which shall be from any previous employer and for job applicants who have worked with an agency that provides care or services to children, one of the three references must be from the prior childcare employer.

Located in VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.M Prison Rape Elimination Act there is reference to VisionQuest considers any incidents of sexual misconduct in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with youth.
Further found in VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure:DE:.HR.I.3.II. A-B Employee Background Screening is specific guidance as it relates to PREA. Find below staff clearances specific to PREA:

The following criteria prohibits the hiring of new staff or promotion of existing staff who may have contact with youth –

- Documented history of engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- Conviction of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion.
- This also includes convictions where the victim did not consent or was unable to consent or refused.
- Civil or Administrative adjudication to having engaged in the activity described in (A. 2.) above.

The review of nine 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 Department of Services for Children, Youth and Their Families (DSCYF). Once checks are completed, DSCYF sends a copy of eligibility letter to VisionQuest. Employee reference checks are completed by VisionQuest.

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

115.317 (b):

Located in VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.M Prison Rape Elimination Act there is reference to VisionQuest considers any incidents of sexual misconduct in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with youth.

Further found in VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure:DE:.HR.I.3.II.B Employee Background Screening is specific guidance as it relates to PREA. It is stated consideration will be made of any known incidents of sexual harassment prior to determining whether to hire new staff or promote existing staff.

According to 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 contact with residents.

115.317 (c):

VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure: DE.RAD.3.13-2:V.D.8: Evaluating, Promoting, and Disciplining Staff 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). According to the SOP, there is a verification of completed criminal history record information check and child abuse registry information check. Also, three references

	from persons who are unrelated to the employee or volunteer, one of which shall be from any previous employer and for job applicants who have worked with an agency that provides care or services to children, one of the three references must be from the prior childcare employer. At the time of the PAQ submission, there were nine employee files provided and one contractor file. All files employee files contained required background checks and the child abuse registry consult from DSCYF. The contractor's documentation of eligibility was provided post onsite audit. Located in the employee files were reference checks completed, which included contact to prior institutional employers. During the interview with human resources department, it was affirmed 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. It was added that child abuse registry is consulted for the state of Delaware. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.317 (d): VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure:DE:.HR.I.3: Employee Background Screening requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. Cited in the SOP: A criminal history record check and child protection registry check are required under Title 11, Chapter 85, Subchapter V and Title 11, Chapter 85, Section 8563 of the Delaware Code. The purpose of these checks is the protection of children. To this end, applicants seeking licensure for a childcare facility, as well as employees, volunteers, substitutes, or any person having direct access to children at any licensed facility shall be subject to a criminal history record check and child protection registry check. During the onsite audit, the contractor had not completed the criminal records background check or child registry consult. The contractor provides maintenance to the facility and does not provide direct services to the residents. The auditor explained it is good practice to complete background checks on all individuals that routinely come to the facility. During the onsite audit, the PREA compliance manager submitted the contractor's information for background check and child abuse

consult. The completed background check and child abuse registry was provided post onsite audit.

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

115.317 (e):
Criminal background records checks are completed for staff every 5 years at a minimum according to VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure:DE:.HR.I.3:II.C Employee Background Screening. VisionQuest RAD-Newark has only been open since December 2022. There were no employees or contractors requiring a 5 year criminal records background check be conducted at this time.
According to the human resource department, DSCYF completes all criminal background records checks and child registry consult, and these checks are completed at least once every 5 years.

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

115.317 (f):

Located on the VisionQuest Employment Application were questions required by provision 115.317(a). Candidates were asked in the past year, have you been subject to any misconduct allegations including the following:

1. Any civil or criminal convictions, charges, arrests, investigations, or adjudications
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?
3. Having been civilly or administratively adjudicated to have engaged in or attempted to engage in any of the activities listed above?

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.

On the Employee Declaration and Drug/Alcohol Prohibition Acknowledgement Form, there are references to the questions required in provision 115.317(a). During the review of staff files, the auditor located the form in all 9 staff files.

There were no documents provided that demonstrated a continuing affirmative duty

to disclose behaviors described in provision 115.317(a).
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. The auditor was unable to determine due to the lack of documentation of the practice in staff files. The practice of disclosure was evident in new hire documentation, but not in current employee documentation. At the time of the onsite audit, there were no promoted employees. The auditor was unable to determine the practice of continuing affirmative duty to disclose with a promoted employee.

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

115.317 (g)

Material omissions regarding sexual misconduct, and/or the provision of materially false information regarding such misconduct, are grounds for termination of employment are located in VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure:DE:.HR.I.3.II.D Employee Background Screening. The auditor requested the list of terminated employees for the prior 12 months. During the interview with the PREA compliance manager, there were no employees listed that were terminated due to material omission regarding sexual misconduct, or the provision of materially false information.
The agency is substantially compliant with this provision and corrective action is not needed at this time.

115.317(h)
According to VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.M: Prison Rape Elimination Act, 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.

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.

Auditor requested documentation of receipt of such request. The PREA compliance manager informed the auditor there had been no inquiries pertaining to substantiated or unsubstantiated allegations of sexual abuse or sexual harassment involving a former employee.
The agency is substantially compliant with this provision and corrective action is not required at this time.

	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 completed and a child abuse registry consult be completed. Additionally, the agency makes best 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 5 years. VisionQuest's policy states that material omissions regarding misconduct or materially false information shall be grounds for termination. Agency policy and the human resources department confirms 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. The agency is not substantially compliant with this standard and corrective action is required at this time. Corrective Action: The agency shall develop a document to capture the continuing affirmative duty to disclose any such previous misconduct referenced in provision 115.317(a) by employees and promoted employees during annual performance reviews and promotions. Recommendations: Amend the first question on the VisionQuest Employment Application to reference engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution in order for the question to be in alignment with provision 115.317(a). For all employment candidates, utilize the VisionQuest Employment Application that includes the questions referencing provision 115.317(a). **Verification of the Corrective Action since the onsite PREA audit:** In response to the corrective action, VisionQuest submitted documentation via OAS 8/5/2024. The following documents were submitted: • The agency developed a document to capture the continuing affirmative duty to disclose any such previous misconduct referenced in provision 115.317(a) by employees and promoted employees during annual performance reviews and promotions. • The agency provided signed documents for the eight employees that are presently employed at the facility. **Corrective Action Intent:**

	The intent of this corrective action was to ensure that VisionQuest developed a document to capture the continuing affirmative duty to disclose any such previous misconduct referenced in provision 115.317(a) by employees and promoted employees during annual performance reviews and promotions. Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Schematic of Facility including staff and camera locations 2. Site Plans 3. Zoning Certificates 4. Land Use Permits 5. OCCL Relocation Application 6. Security System Invoices Interviews: 1. Agency Head 2. Superintendent- Program Director Site Review: 1. Interior review of basement, first floor, and second floor 2. Exterior review of facility including locked supply/maintenance shed Findings (by Provision): 115.318(a): VisionQuest RAD-Newark is a newly acquired facility in New Castle County, Delaware. The facility was opened December 19, 2022. Currently, VisionQuest is the only provider in Delaware that offers residential alternatives to detention programs (RAD) for both male and female juveniles ages 10-17 years old. The auditor completed a site review of VisionQuest RAD-Newark. The facility is a three-level residential house with 5 bedrooms and 2 ½ bathrooms. In the basement, is storage, laundry area and the sprinkler system reservoirs. Residents are prohibited from the area, and it is locked at all times. On the first floor, there is the

main living area with kitchen, living room, staff office, 2 bedrooms, 1 ½ bathrooms, and activity area. In the rear of the first floor is a screened porch area which leads to the second floor stairwell. The first floor is designated for female residents, but when there is a low count of male residents and no female residents the first floor is utilized for males. The second floor has three bedrooms and a bathroom. The second floor is designated for male residents unless there are no females and a low count of males. Also, there is a small area for storage or a prep area. The facility provided a schematic of the building with camera locations and staff placement. Sightlines are adequate and the internal camera placement provides footage of the building without capturing bathrooms or inside bedrooms.

During the acquiring of the new facility, the agency head stated considerations were to ensure the agency's ability to protect residents from sexual abuse. The agency head outlined the following was considered:

- Adequate supervision
- Staffing
- Residential living to accommodate both males and females
- Camera placement
- Geographical location of facility

Reported in the PAQ, the facility uploaded documents demonstrating the state licensing/permits, invoices of monitoring equipment, site plans, and the OCCL Relocation Application.
The facility is substantially compliant in this provision and there is no corrective action required at this time.

115.318 (b):

VisionQuest RAD-Newark installed 13 cameras in the interior and exterior of the facility. There are 3 additional slots that cameras can be added to the existing system. Footage can be maintained on the system for 2 weeks. There is remote access, but there is no continuous monitoring of the system. There were several blind spots that would benefit with either 360 cameras or additional cameras. On the exterior of the building, three sides of the building can be viewed by cameras, but the far side of the building with the maintenance shed can not be viewed by cameras. During site review, staff stated that residents were not allowed to access that particular section of the yard.
The agency head responded that to enhance the protection of residents from incidents of sexual abuse using monitoring technology there needs to be the use of specific cameras specifically made for the facility and the needs.

The state director for Delaware VisionQuest programs stated that placement of cameras and staff were considered in the purchase of the monitoring technology.
The facility is substantially compliant with this provision, and there is no corrective action required at this time.
VisionQuest RAD-Newark has demonstrated planning and implementation of the PREA standards in the opening of a new facility. Also, there was consideration of the

	standards and the facility's ability to protect residents from sexual abuse. The facility has implemented the use of monitoring equipment that would assist in the monitoring and collection of evidence in the event of an allegation of sexual abuse at the facility. Based on this analysis, the facility is substantially compliant with this standard and there is no corrective action required at this time. Recommendation: 1. The facility would benefit from additional cameras in the following areas: • Rear and side of building facing the storage shed • Stairwell

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.I.8 Prison Rape Elimination Act (PREA) (effective 1/1/2018) (reviewed 4/2023) 2. PREA First Responder Checklist (1/2022) 3. Memorandum of Understanding with Christiana Care (4/9/2018) 4. Memorandum of Understanding with the Delaware State Police Troop 2 (4/16/2024) 5. Memorandum of Understanding with the Survivors of Abuse in Recovery (SOARS) (4/19/2024) 6. Memorandum of Understanding with A.I. Dupont Nemours (2/15/2018) 7. State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect (2017) 8. Pre-audit Questionnaire (PAQ) 9. U.S. Department of Justice's Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Issue Log

Interviews:

1. Random Sample of Staff
2. SAFEs/SANEs Staff – Christiana Care Hospital
3. PREA Compliance Manager -
4. Delaware State Police (DSP)

Findings (by Provision):

115.321(a):

According to agency policy, VisionQuest RAD-Newark is responsible for conducting administrative sexual abuse investigations of both resident on resident and staff on resident. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.I.8 Prison Rape Elimination Act cites in the section investigative process, 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 sexual abuse criminal investigations, including resident on resident and staff on resident are not conducted by the facility. Criminal investigations of sexual abuse are conducted by the Delaware State Police (DSP) Troop #2.

When conducting a sexual abuse investigation, the agency identified the PREA Institutional Response Plan RAD and the PREA First Responder Checklist as the uniform evidence protocol. The protocol information provided had sufficient technical detail to aid responders in obtaining usable physical evidence. Found in the Memorandum of Understanding with Delaware State Police Troop 2, there is language requiring Delaware State Police (DSP) to utilize a protocol that is based on 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.

Staff were able to identify the steps for obtaining usable physical evidence if a resident alleges sexual abuse. There were 11 staff interviewed, and all responded to separate victim and perpetrator, as well as to preserve and secure area of incident. Of the 11, there were 3 staff that further detailed not to allow residents to shower or drink. Out of 11 staff, 9 were able to identify who was responsible for investigating allegations of sexual abuse.

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

115.321 (b):

	The agency identified the PREA Institutional Response Plan RAD and the PREA First Responder Checklist as the uniform evidence protocol. Both documents were developmentally appropriate for youth. 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." Further, the PREA compliance manager confirmed on the issue log the adaption of the U.S. Department publication in the design of the documents utilized at the facility. The agency is substantially compliant with this provision and there is no corrective action required at this time. 115.321 (c): VisionQuest RAD-Newark offers all residents who experience sexual abuse access to forensic medical examinations. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.I.2.F Prison Rape Elimination Act (states in all cases of alleged abuse, assault 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. VisionQuest does not offer onsite forensic examinations for residents who experience sexual abuse. The facility has existing memorandums of understanding with two local hospitals in Newark, Delaware. Both Memorandums of Understanding with Christiana Care Hospital and the Memorandum of Understanding with A.I. Dupont Nemours offer all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. It is stated in the updated Memorandums of Understanding with Christiana Care that victims receive services at no cost. It is further detailed in VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.I.4.d Prison Rape Elimination Act. The SOP states that 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. Community based programs will work in collaboration with the youth's placing agency to coordinate treatment services. In both memorandums of understanding, examinations would be conducted by sexual assault forensic examiners or sexual assault nurse examiners. The SANE/ SAFE coordinator at Christiana Care Hospital-Newark indicated there are SANE/SAFE available in the emergency department. It was confirmed that there is an existing memorandum of understanding for conducting forensic examinations for VisionQuest RAD-Newark. In the prior 12 months, there have been no sexual abuse allegations requiring a forensic examination be conducted.

	The agency is substantially compliant with this provision and there is no corrective action required at this time. 115.321 (d): VisionQuest RAD-Newark has established a Memorandum of Understanding with the Survivors of Abuse in Recovery (SOARS). The memorandum provides victim support during forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals. According to the PREA compliance manager, there is an existing memorandum of understanding with Survivors of Abuse in Recovery (SOARS). The document was recently updated, and there is language in the document to ensure victim advocates meet required qualifications. During a meeting with SOARS, it was confirmed there was an existing memorandum of understanding with both Delaware RAD facilities. During the onsite audit, there were no residents who reported sexual abuse for the auditor to interview. The agency is substantially compliant with this provision and there is no corrective action required at this time. 115.321 (e): In the Memorandum of Understanding with SOARS, it is documented that if requested by the victim that victim advocacy services would be provided. The following is stated in the document: 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 The agency is substantially compliant with this provision and there is no corrective action required at this time. During an interview with SOARS, it was confirmed that upon request residents who have alleged sexual abuse would be provided the services listed, and it was further confirmed by the PREA compliance manager. During the onsite audit, there were no residents who alleged sexual abuse to further confirm practice. The agency is substantially compliant with this provision and there is no corrective action required at this time. 115.321 (f): Criminal Allegations of sexual abuse are conducted by Delaware State Police (DSP) Troop #2. VisionQuest RAD-Newark has established a Memorandum of

	Understanding with the Delaware State Police Troop #2. Within the document, there is reference to the use of a uniform evidence protocol based on 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 similar comprehensive and authoritative protocols developed after 2011. The auditor researched the uniformed evidence protocol utilized by DSP. It is the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect (2017). The document is comprehensive and contains authoritative protocols. The document outlines the agencies utilized to provide all requirements of PREA standard 115.321(a-e). During the interview with the representative of DSP, there was reference to items listed in the multidisciplinary protocol. 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): During the interview with SOAR, the auditor inquired about the qualifications of the victim advocates employed at the agency. It was stated that all are master level clinicians in social work and/or mental health. Review of the agency website detailed the education attainment and certifications of staff. Staff members are either licensed or in the pending status of receiving licensure. The agency is substantially compliant with this provision and there is no corrective action required at this time. VisionQuest RAD-Newark is responsible for conducting administrative investigations of alleged sexual abuse, and DSP Troop #2 is responsible for conducting criminal investigations of alleged sexual abuse. Uniform evidence protocols are followed for both administrative and criminal allegations of sexual abuse. The protocols are developmentally appropriate for youth, and they are adapted from 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. Residents who allege sexual abuse are provided access to forensic examination through two memorandums of understanding with two local hospitals. There is an established memorandum for victim advocacy services with SOAR 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.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.I.7.a-h Prison Rape Elimination Act (PREA) (effective 1/1/2018) (reviewed 4/2023) 2. Division of Rehabilitative Services in accordance with the Department of Services for Children, Youth and Their Families: Operating Guidelines for Contracted Children and Family Program and Services. (11/1/2022) 3. Sexual Harassment and Sexual Abuse Investigative Files 4. Pre-Audit Questionnaire (PAQ) Interviews: 1. Division of Management Support Services Contract Administrator 2. Agency Head 3. VisionQuest Director of Operations Delaware Findings (by Provision): 115.322(a): VisionQuest ensures in a SOP that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.I.7.a-h Prison Rape Elimination Act reads as follows: Investigations: 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.
- Investigations will only be conducted by those individuals who have received the appropriate training in sexual abuse investigations.
- The Investigator is responsible for conducting and fully documenting the investigation in accordance with program policy and procedure.

There were 5 investigative files of sexual abuse and sexual harassment submitted to the pre-audit questionnaire (PAQ). Based on information provided to the PAQ, there were 3 allegations of sexual abuse and sexual harassment. There were no allegations referred for criminal investigation.

The agency head reported that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. In the case of allegations, immediately allegations would be reported to DSP and the licensing authority and staff suspension until investigation. Lastly, youth separated into new placements. The director of operations confirmed that the agency would ensure that administrative and criminal investigations would be completed in cases of sexual abuse and sexual harassment. Additionally, the following contacts would be made to the program director, director of operations Delaware, PREA coordinator, Christiana Care, SOAR, DSP, Child Abuse Hotline, and OCCL.

Further, the auditor contacted the Delaware Division of Management Support Services Contract Administrator to ensure all 5 allegations of sexual abuse and sexual harassment were reported. It was confirmed by the administrator that information was obtained by the Division of Rehabilitative Services in accordance with the Department of Services for Children, Youth and Their Families: Operating Guidelines for Contracted Children and Family Program and Services. (11/1/2022).

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

115.322 (b):

	VisionQuest has a SOP that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.I.8.e-f Prison Rape Elimination Act states that the DE Child Abuse Hotline will have a representative from the Institutional Abuse Investigative Unit (IAIU) interview the youth, ensure their safety and conduct an investigation. The Department of Family Services (DFS) will notify the appropriate law enforcement agency if they determine a criminal investigation is warranted and to pursue prosecution. VisionQuest 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). VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1 is published on the agency website www.vq.com/prea. The SOP is not available directly from the agency's website. A link must be provided in order to access the SOP pertaining to the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation. The facility PREA investigator stated the agency policy require 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. There were no sexual abuse or sexual harassment allegations that were referred for criminal investigation in the prior 12 months. In the PAQ, the agency did provide documents of all referrals of allegations of sexual abuse or sexual harassment for administrative investigation for the prior 12 months. The agency is not substantially compliant with this provision and corrective action is required at this time. 115.322 (c): VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.I.7-8 describes the responsibilities of conducting criminal investigations for VisionQuest, Delaware State Police(DSP), and Institutional Abuse Investigative Unit (IAIU). Specifically, VisionQuest and IAIU shall cooperate with external investigators and endeavor to remain informed about the progress of the investigation. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.322 (d): The auditor is not required to audit this provision.

	The agency substantially meets compliance with this provision and no corrective action is required at this time. 115.322 (e): The auditor is not required to audit this provision. The agency substantially meets compliance with this provision and no corrective action is required at this time. The agency has demonstrated ensuring that administrative or 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 not readily accessible to the public without a direct link provided. The agency is not substantially compliant with this standard and corrective action is required at this time. Corrective Action: 1. On VisionQuest's website, the agency shall publish VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV. for readily accessible review by the public. **Verification of the Corrective Action since the onsite PREA audit:** In response to the corrective action, VisionQuest submitted documentation via OAS on 10/11/2024. The following documents were submitted: • Revised Prison Rape Elimination Act (PREA) Policy VQ.NATL.HR.4(National-Agency) Effective Date:10/10/2024 • Revised Prison Rape Elimination Act (PREA) Policy VQ.D.PREA.01(Domestic-Facility-Delaware) Effective Date: 10/10/2024 • Revised Procedure Prison Rape Elimination Act (PREA) VQ.D.PREA.01.A (Domestic-Facility-Delaware) Effective Date: 11/15/2024 The agency updated with revised policy and procedures on 11/19/2024. Corrective Action Intent: The intent of this corrective action was to ensure that VisionQuest publishes the PREA policies and procedures, so they are readily accessible by the public. Based on the review of the agency's website, the auditor finds the facility substantially compliant with this standard.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest PREA Training Chart with Updates 2. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1: Prison Rape Elimination Act (PREA) (effective 1/1/2018) (reviewed 4/2023) 3. VisionQuest Human Resources Standard Operating Procedure VQ.1.C.4 Zero Tolerance for Sexual Misconduct of a Minor (revised 3/31/2023)(reviewed 3/2024) 4. Zero Tolerance for Sexual Misconduct Acknowledgement Checklist 5. Pre-Audit Questionnaire (PAQ) 6. Video on Guidance on Cross-Gender and Transgender Pat Searches 7. Child Abuse and Neglect Training PowerPoint 8. Child Abuse Reporting Law-Delaware Code Title 16 901, 903, & 904 9. VisionQuest Mandated Reporter Training Acknowledgement 10. PREA Resource Center PowerPoint- Prevention and Detection of Sexual Abuse and Sexual Harassment 11. VisionQuest Employee Handbook 12. PREA Resource Center Unit 3 Part 1 : Prevention and Detection of Sexual Abuse and Sexual Harassment PowerPoint 13. PREA Resource Center Unit 5: Effective and Professional Communication with Inmates Powerpoint 14. VisionQuest Residential Alternative to Detention Concern and Grievance Policy 15. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.3.86:Youth Grievance Process (revised 1/28/2022) (reviewed 3/2023) 16. VisionQuest Delaware Residential Programs Operating Procedure DE#3.48: Youth Rights-Information Provided to Children and Their Family (revised 12/1/2017) (reviewed 3/1/2018) 17. VisionQuest Boundaries Training 4/17/2014 18. Unit 1: The Prison Rape Elimination Act (PREA) Overview of the Law and Your Role PowerPoint

Staff Files

1. Orientation Template Training Form
2. Vision Annual Training Form

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 two of its standards of operations and an acknowledgement document.

Within VisionQuest Human Resources Standard Operating Procedure VQ.1.C.4.II.A.2, it 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. 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.

To accompany the SOP, the agency utilizes 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 initial that they have been made aware of each prohibited behavior.

In VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.A.1.a, the agency states that all program employees shall receive instruction related to this procedure and the following critical points, and it further lists the VisionQuest's zero-tolerance for sexual misconduct as one of the points.

The agency further specifies the remaining training mandated by the PREA standards in VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.A.1.b-k. The SOP states that all program employees shall receive instruction related to this procedure and the following critical points:

- How employees should fulfill their responsibilities under VisionQuest's sexual abuse and sexual harassment prevention, detection, reporting, and response

policies and procedures.

- Youth’s right to be free from sexual misconduct (to include sexual abuse and sexual harassment).
- The right of youth and employees to be free from retaliation for reporting sexual misconduct.
- The dynamics of sexual misconduct in confinement.
- The common reactions of sexual misconduct victims.
- How to detect and respond to signs of threatened and actual sexual misconduct.
- How to avoid inappropriate relationships with youth.
- How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming youth. How to comply with relevant laws related to mandatory reporting of sexual misconduct to outside authorities.
- Relevant laws regarding the applicable age of consent.

Further in the SOP, it details that all employees will receive this training as part of their initial orientation training and prior to any regular or significant contact with youth. All employees shall receive refresher training on these subjects every year as part of their annual training requirements. In the event an employee is reassigned from a facility housing the opposite gender, the employee will receive additional training regarding the treatment and supervision issues specific to that gender.

For each critical point identified, the agency provided the curriculum utilized to deliver the training. This information was provided on the amended VisionQuest PREA Training Table and the information provided in the PAQ. Below find on the table the combined information provided for training:

Subject Matter	Instructional Material Utilized
The Agency's Zero -Tolerance Policy for Sexual Abuse and Sexual Harassment	VisionQuest Human Resources Operating Procedure VQ.1. C.4.Zero Tolerance for Sexual Misconduct of a Minor Zero-Tolerance for Sexual Misconduct Acknowledgement Checklist VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1: Prison Rape Elimination Act PREA 101 Video

How to Fulfill Their Responsibilities Under Agency Sexual Abuse and Sexual Harassment Prevention, Detection, Reporting and Response Policies and Procedures	VisionQuest Human Resources Operating Procedure VQ.1.C.4. Zero-Tolerance for Sexual Misconduct of a Minor Child Abuse and Neglect Training PowerPoint Child Abuse Reporting Law-Delaware Code Title 16 901, 903, & 904 VisionQuest Mandated Reporter Training Acknowledgement
Resident's Rights to be Free from Sexual Abuse and Sexual Harassment	VisionQuest Delaware Residential Programs Operating Procedure DE# 3.48: Youth Rights-Information Provided to Children and Their Family
The Right of Residents and Employees to be Free from Retaliation for Reporting Sexual Abuse and Sexual Harassment	PREA Video 101 VisionQuest Human Resources Operating Procedure VQ.1.C.4. Zero-Tolerance for Sexual Misconduct of a Minor VisionQuest Delaware RAD Program Human Resources Standard Operating Procedures DE.RAD.IV.1: Prison Rape Elimination Act VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86:Youth Grievance Process
The Dynamics of Sexual Abuse and Sexual Harassment in Juvenile Facilites	PREA Resource Center Unit 3 Part 1 Prevention and Detection of Sexual Abuse and Sexual Harassment PowerPoint
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

How 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 VisionQuest Employee Handbook
How to Avoid Inappropriate Relationships with Residents	VisionQuest Human Resources Operating Procedure VQ.1.C.4. Zero-Tolerance for Sexual Misconduct of a Minor VisionQuest Boundaries Training
How to Communicate Effectively and Professionally with Residents Including Lesbian, Gay, Bisexual, Transgender, Intersex, or Gender Nonconforming Residents	PREA Resource Center Unit 5: Effective and Professional Communication with Inmates PowerPoint
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 Powerpoint
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 Child Abuse and Neglect Training PowerPoint Child Abuse Reporting Law Delaware Code Title 16 901, 903, & 904 VisionQuest Mandated Reporter Training Acknowledgment Form

During interviews with 11 random staff, all of the staff stated that they had received the above-listed training during orientation. For those few staff that have been at the facility for a year, they stated that they received refresher training in the same material. In review of nine staff files, the auditor further confirmed that the PREA mandated training occurred for all nine staff members.

	The facility is compliant with this provision and no corrective action is required at this time. 115.331 (b): VisionQuest RAD-Newark is a facility that services both male and female residents. 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. The facility utilizes the PREA Resource 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 both male and female residents. The facility is compliant with this provision and no corrective action is required at this time. 115.331(c): VisionQuest RAD-Newark reported that between the every two year refresher training that staff is provided, during the years there is no refresher training, they receive refresher information on current sexual abuse and sexual harassment policies. Review of the Orientation Template Training Form, the auditor determined that refresher training consisted of 4 hours specific to standard operations procedures for PREA and a few hours to other related PREA trainings. The training included the agency's PREA SOP, agency's zero-tolerance SOP, child abuse and reporting, and boundaries training. According to information provided on the PAQ, staff is provided trainings annually. It should be noted that the facility has only been open for a little over a year. There are very few staff that have been at the facility over a year. The auditor did locate in the staff files copies of the Orientation Template Training Form and Annual Training Form indicating that staff had received annual training. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.331 (d): 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. 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, Annual Training Form, Orientation Training Form, and the Mandated Reporter Training Form. The agency is substantially compliant with this provision and no corrective action is needed at this time. The agency ensures that staff are trained on the agency's zero-tolerance policy.

	Staff are trained at orientation on the required PREA training. VisionQuest trains staff to work with both male and female residents. Staff receive PREA refresher training every two years, and the years that are opposite those years, staff is provided sexual abuse and sexual harassment policy related training. The agency documents through employee signature that employees understand the training they have received. Based on this analysis, the agency is substantially compliant with this standard and no corrective action is required.

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.A.2 Prison Rape Elimination Act (PREA) (effective 1/1/2018) (reviewed 4/2023) 2. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure VQ.1.C.4.II.3 (revised 3/21/2023) (reviewed 3/2024) 3. Pre-Audit Questionnaire (PAQ) 4. Zero Tolerance for Sexual Misconduct (7/2022) Findings (by Provision): 115.332(a): VisionQuest RAD-Newark 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. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.A.2 Prison Rape Elimination Act (PREA) addresses the training of volunteers and contractors. Cited in the SOP is volunteers and contractors will be trained on their responsibilities under VisionQuest's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. In addition, they will be notified of our Zero Tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Training for non-employees may be tailored to reflect the extent of time they are in the facility and their access to youth.

In VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure VQ.1.C.4.II.3 that contractors and volunteers will receive a copy of Zero Tolerance for Sexual Misconduct of a Minor and Code of Conduct documents before having access to youth. Specifically, the SOP states that VisionQuest has a “Zero Tolerance” policy for all forms of sexual abuse, sexual harassment, and inappropriate sexual behavior for all staff, contractors, and volunteers with the goal to prevent, detect, and respond to such conduct. Found in the pre-audit questionnaire (PAQ) is the Zero-Tolerance for Sexual Misconduct Checklist. The facility uses the form Zero-Tolerance for Sexual Misconduct Checklist to conduct training and to document staff’s participation and understanding.

Included on the form:

- Agency’s Expectations and Actions-Investigation, Reporting, and Discipline
- Definitions of Sexual Misconduct, Abuse or Harassment
- Standards of Professional Conduct

The form includes a checklist for initials and a section for staff’s signature of acknowledgement of participation and understanding.

In the pre-audit questionnaire (PAQ), there was one contractor documented as being trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The contractor received training on 6/15/2022. Uploaded to the supplemental files of the OAS was a copy of the completed Zero-Tolerance for Sexual Misconduct form completed by the contractor. Informally, the auditor inquired of staff and residents if there were any other volunteers or contractors that provided services to the residents. It was confirmed that there was only one contractor.

The auditor attempted to contact the contractor for an interview by telephone, but there was no return call from the contractor by the time of the interim submission of the report.

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

115.332 (b):

VisionQuest contracts with a construction company to maintain the facility. The contractor has limited contact with residents. The scope of the training covered on the Zero-Tolerance for Sexual Misconduct was sufficient for the limited contact with residents. The training included the agency’s zero-tolerance for sexual misconduct, and the definitions of sexual misconduct, abuse and harassment. Lastly, the form included the standards for professional conduct. The completed form has the contractor’s initials for each standard listed on the professional conduct section. 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 and sexual abuse and how to report incidents. The form states that the individual is a mandatory reporter but does not have the specific information to report to the Child Abuse Hotline. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.332(c): VisionQuest RAD-Newark maintains documentation of the training with contractors and volunteers. The facility provided the copy of the completed Zero-Tolerance for Sexual Misconduct form for the contractor documented in the PAQ. The facility is substantially compliant with this provision and corrective action is not required at this time. VisionQuest has trained volunteers and contractors on the agency's zero-tolerance for sexual abuse and sexual harassment of residents. The level of training is 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 and volunteers. Based on this analysis, the facility is substantially compliant with this standard and corrective action is not needed at this time. Recommendation: Add the contact information for the Child Abuse Hotline to the Zero-Tolerance for Sexual Misconduct form.

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023) SOP DE.RAD.IV.1.II.B.1-4 2. PREA Policy VQ Delaware-Newark- Acknowledgement 3. VisionQuest Delaware RAD Program Standard Operation Procedure DE.RAD.IV.1II.B.1-4 (revised 2/7/2022)(reviewed 3/2023) 4. VisionQuest Training Table 5. PREA Youth Orientation and Education Brochure

6. VisionQuest PREA Program Orientation Review Acknowledgement
7. VisionQuest RAD Concern and Grievance Policy Acknowledgement
8. Pre-Audit Questionnaire (PAQ)
9. Table of Providers of Interpretation and Translation Services
10. Resident Files

Interviews:

1. Random Residents
2. Intake Staff

Site Review:

1. Vulnerability Assessment Log
2. VisionQuest Youth PREA Orientation Log
3. Accessible PREA-Related Information
4. Intake

Findings (by Provision):

115.333(a):

According to the VisionQuest Delaware RAD Program Standard Operation Procedure DE.RAD.IV.1II.B.1, all youth admitted or transferred into a VisionQuest facility from an inside agency or outside agency, shall receive verbal and written information about sexual misconduct within the first 10 days of intake. The policy is inconsistent with the standard. On the other hand, the VisionQuest Training Table identifies two separate PREA training sessions. PREA orientation training is during the intake process, and comprehensive PREA training occurs within 10 days of intake. The practice of the facility is to combine both the orientation and comprehensive PREA training during the intake process. The trainings include all required PREA education for both orientation and comprehensive.

VisionQuest RAD-Newark provides residents information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. According to information from the pre-audit questionnaire (PAQ) and the VisionQuest Training Table, residents are provided 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, PREA Youth Orientation and Education Brochure, and the VisionQuest RAD Concern and Grievance Policy Acknowledgement form.

The auditor observed the PREA education conducted verbally and documented by electronic signature of both staff and resident in the web-based case management database, ExtendedReach. Service workers are assigned to facilitate PREA training and vulnerability assessments to youth. Residents are read aloud by staff the PREA Policy VQ Delaware-Newark- Acknowledgement Form which includes the zero-

	tolerance policy. During the training, the staff checked for youth understanding of PREA training. Additionally, a resident was shown the agency's PREA video. Resident reviewed the PREA Youth Orientation and Education Brochure. Information pertaining to reporting incidents of sexual abuse and sexual harassment was located on the PREA Youth Orientation and Education Brochure. Lastly, the staff read aloud the VisionQuest RAD Concern and Grievance Policy Acknowledgement form. The policy outlines the process of submitting a grievance and the acknowledgement of receipt. There are several line items that are specific to emergency grievances that relate to incidents of allegations of sexual abuse and sexual harassment. Once complete, the resident and staff signed the PREA Program Orientation Review Acknowledgement which acknowledges the receipt or review of the brochure, PREA video, and the grievance procedure. Intake staff corroborated that residents are provided with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. All three random residents confirmed the receipt of receiving PREA-related information on the facility's rules against sexual abuse and sexual harassment. According to the PAQ, there were 71 residents that received the PREA orientation training. Due to the residents having varying reading capabilities and some residents having documented learning disabilities, the facility takes the approach of reading aloud PREA-related training information. The information is provided in an age-appropriate fashion for all to benefit. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.333 (b): VisionQuest RAD-Newark 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 for reporting such incidents and the agency's policies and procedures for responding to such incidents. The documents utilized to facilitate the trainings are found in the PREA Policy VQ Delaware-Newark- Acknowledgement, PREA Youth Orientation and Education Brochure, and the VisionQuest RAD Concern and Grievance Policy Acknowledgement. Though the delivery is not within the 10 days of intake, the elements of the PREA comprehensive training are delivered. The facility is substantially compliant with this provision and corrective action is needed at this time. 115.333(c):

	During the onsite audit, all residents received PREA training at intake. Review of four resident files, all four files contained evidence of PREA education. According to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1:II.B.1 Prison Rape Elimination Act if transferred from another VisionQuest facility, they will be educated, to the extent that the policies of the new facility differ from those of the previous facility. 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. The intake worker responded that the facility continued providing PREA education as well as document the trainings in ExtendedReach. The facility is substantially compliant with this provision and no corrective action is needed at this time. 115.333(d): VisionQuest RAD-Newark does not provide PREA education in all formats accessible to all residents including those who are limited English proficient. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.B.3: Prison Rape Elimination Act 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. PREA-related training materials were not available in Spanish. The facility has accessibility to a list of providers for interpretation and translation services to assist with communication of Limited English proficient and sign language for those who maybe deaf or are hard of hearing. The facility does read aloud to all residents, which benefits both residents who may have disabilities or are cognitively impaired. VisionQuest is a private facility that screens residents for appropriateness. 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 residents that were learning disabled residents, and they stated that they understood PREA education material. During site review, there were no Spanish PREA-related items. The facility is not substantially compliant with this provision and corrective action is required at this time. 115.333 (e) According to the PAQ, the agency maintains documentation of resident participation in PREA education sessions through the Vulnerability Assessment Log and the VisionQuest Youth PREA Orientation Training Log. Both logs are maintained and

secured at the facility in the staff office.

Further, all PREA training related signed acknowledgements are maintained in the agency's web-based case management software, ExtendedReach. The acknowledgements include:

- PREA Policy VQ Delaware-Newark- Acknowledgement
- VisionQuest PREA Program Orientation Review Acknowledgement
- VisionQuest RAD Concern and Grievance Policy Acknowledgement

To further corroborate, the auditor was provided through the PAQ four 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)

VisionQuest RAD-Newark displayed PREA-related information throughout the facility. Information was readily available to residents and third parties. PREA-related information was in the living room area, kitchen, activity room, and hallways in housing area. The information is readily available through PREA-related posters and posted copies of the PREA Youth Orientation and Education Brochure.

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

VisionQuest RAD-Newark 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 provides 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 for reporting 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 be given PREA education. The facility does not provide PREA-related information for all to access specifically limited English proficient residents and third-party reporters. VisionQuest does maintain documentation of PREA-related education sessions in facility logs and the web-based case management software, ExtendedReach. The facility ensures that PREA-related information is continuously and readily available through posters and posted brochures.

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

Corrective Action:

1. The facility shall ensure that PREA-related education material is available for

residents and third-party reporters that are limited English proficient. Material shall be used during the PREA education sessions and continuously and readily available throughout the facility.

Verification of Corrective Action since the onsite PREA audit:

In response to the corrective action, the facility submitted documentation via OAS on 8/26/2024. The following documents were submitted:

- PREA related postings in Spanish- No Significa No and No Deje Que Un Abuso Sexual Contorle Su Mundo.
- PREA related pamphlet in Spanish- Rompa El Silencio
- PREA related pamphlet- No Significa No
- VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.48 “Youth Rights” Information Provided to Children and Their Family in Spanish
- VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86 “Youth Grievance Process” in Spanish

Auditor returned for site review on 9/19/2024.

During the returned site review, the auditor located the PREA related postings throughout the building in Spanish and English. Information was readily available throughout the facility, including the visitation area.

Corrective Action Intent:

The intent of this corrective action was to ensure that in accordance with the PREA mandates VisionQuest provided training materials 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. Additionally, the information is readily available to third-party reporters that maybe limited English proficient. The materials included both PREA related posters and bilingual resident training materials that included the PREA brochure and Youth Rights information that is provided to children and their families translated in Spanish. Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.A.1.K.2 Prison Rape Elimination Act (PREA) (effective 1/1/2018) (reviewed 4/2023)
2. Certificate PREA: Investigating Sexual Abuse in A Confinement Setting-2/16/2022
3. Pre-Audit Questionnaire (PAQ)

Interviews:

1. Investigative Staff

Findings (by Provision):

115.334(a):

VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.A.1.K.2 Prison Rape Elimination Act requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The SOP specifically cites that specialized training is provided for employees who respond to incidents of sexual misconduct. This training includes facility policy, procedure, crime scene management, elimination of contamination, evidence collection protocol for confinement settings, techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, and the criteria and evidence required to substantiate a case.

The facility has an investigative staff that confirmed receiving National Institute of Corrections (NIC) training specific to conducting sexual abuse and sexual harassment investigations in confinement settings.

Provided in the pre-audit questionnaire (PAQ) was a copy of the National Institute of Correction’s training certificate for PREA: Investigating Sexual Abuse in A Confinement Setting.

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

115.334 (b):

The facility investigator at VisionQuest RAD-Newark completed 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 The facility investigator confirmed during the interview 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 VisionQuest RAD-Newark 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 agency is substantially compliant with this provision and no corrective action is required at this time. 115.334(d): Auditor is not required to audit this provision. VisionQuest has a SOP that requires specialized training for investigators. The training criteria complies with the requirements set by PREA standard 115.334(b). The agency maintains documentation of the specialized training. The agency is substantially compliant with this provision and no corrective action is required at this time. 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 at the completition of the program. Based on this analysis, the agency is substantially compliant with this provision, and corrective action is not required at this time.

115.335	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.A.3.a-d Prison Rape Elimination Act (PREA) (effective 1/1/

2018) (reviewed 4/2023)

Findings (by Provision):

115.335(a):

VisionQuest has a SOP that references the training of medical and mental health practitioners who work regularly in its facilities. The SOP requires in addition to the training for non-employee personnel described above, all medical and mental healthcare practitioners who work regularly in the facility shall be trained in:

- How to detect and assess signs of sexual misconduct.
- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to victims of misconduct.
- How and to whom to report allegations or suspicions of sexual misconduct.

VisionQuest RAD-Newark does not employ medical or mental health practitioners. Medical and mental health services are provided by external medical and mental health facilities. Medication is distributed by staff that are certified Limited Lay Administration of Medication (LLAM) trained.

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

115.335(b):

Forensic medical examinations are not conducted at VisionQuest RAD-Newark. The agency has memorandums of understanding with Christiana Care Hospital and A.I. Dupont Nemours for forensic examinations for incidents of allegations of sexual abuse.

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

115.335(c):

The agency does not maintain documentation showing medical and mental health practitioners have completed the required training, because the facility does not employee medical or mental health practitioners.

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

115.335(d):

Mandated PREA training for PREA standard 115.331 and PREA standard 115.332 does not apply, because there are no medical or mental health practitioners employed or contracted at VisionQuest RAD-Newark.

The facility is substantially compliant with this provision and corrective action is not

	required at this time. This standard does not apply to VisionQuest RAD-Newark. 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**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.C.1-3 (revised 2/7/2022)(reviewed 3/2023) 2. Pre-Audit Questionnaire (PAQ) 3. PREA Victim Vulnerability Assessment Interviews: 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening Site Review: 1. Intake 2. Direct Care Workers Access to ExtendedReach Findings (by Provision): 115.341(a): VisionQuest has an SOP 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 sexually abuse within 72 hours of their intake. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.C.1 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 RAD intake 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. 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. Based on information provided on the PAQ, there were 52 residents that length of stay was 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents. The assessment was completed within 72 hours of entry to the facility. Further in the SOP, there is a requirement that resident's risk level be reassessed periodically throughout their confinement. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.D.5 (revised 2/7/2022)(reviewed 3/2023) 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. During the onsite audit, the auditor observed a risk assessment. Service workers at VisionQuest RAD-Newark are tasked with completing the vulnerability assessments. The intake process is done privately in the staff office. During the site review, the living room was utilized for space, and the room was closed off for privacy from the other residents. Resident appeared to be at ease during the inquiry process. The vulnerability screening is done electronically on the web-based case management software, ExtendedReach. Inquiry of intake staff (service worker), the auditor was able to determine that within 72 hours of admission residents were assessed for risk of sexual abuse victimization or sexual abusiveness toward other residents. Information was obtained from admission screenings, court information, and interviewing residents. Residents are reassessed as needed. VisionQuest is a temporary placement so the length of stay on average is approximately 14 days. The auditor requested 18 out of 51 risk assessments completed within the prior 12 months. It was determined that all risk assessments were done within 72 hours of admission to the facility. It was determined from interviews with three random residents, that all recall 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. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.341 (b): VisionQuest provided in the pre-audit questionnaire the PREA Victim Vulnerability Assessment. It is used as the objective screening instrument to identify sexual victimization or sexual abusiveness of residents.

	The facility is substantially compliant with this provision and corrective action is not required at this time. 115.341(c): The facility utilizes an objective screening instrument that screens for sexual victimization and sexual abusiveness that collects the following information: • Prior victimization • Gender Nonconforming or identify as LGBQTI • Current charges and offenses • Age • Level of emotional and cognitive development • Physical size or stature • Mental illness and mental disability • Intellectual or developmental disabilities • Physical disability • Residents own perception of safety • Additional specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from other residents Review of Vulnerability Assessment, it was determined 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. According to staff that perform risk screenings, the instrument considers background, comfort levels, past history, age, size, prior sexual victimization, and propensity for victimization. Review of 18 of the 51 vulnerability assessments completed, all 18 contained the criteria required by PREA standard 115.341(c). The facility is substantially compliant with this provision and corrective action is not required at this time. 115.341(d): According to the SOP, VisionQuest performs the Primary Health Assessment along with the Vulnerability Assessment during the intake process. According to informal conversation with the the PREA compliance manager, resident information is made available from the courts, case managers, and probation officers prior to intake. Information provided to the facility assists with the completion of the Vulnerability Assessment along with the conversation with the resident. The facility is substantially compliant with this provision and corrective action is not required at this time.

115.341(e)

In accordance with VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.D.3 (revised 2/7/2022)(reviewed 3/2023) 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.

The agency has not implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Through ExtendedReach the web-based case management software, residents' responses to the Vulnerability Assessment are available to all staff at the facility. The information should only be accessible to the service worker supervisor and the service workers. Recommendations only should be shared for housing and program placement to direct care supervisor and direct care workers. The auditor requested access to a direct care worker's profile, and the auditor found that the direct worker could access resident's Vulnerability Assessment.

Inquiry pertaining to accessibility of the Vulnerability Assessment was made to the PREA coordinator, PREA compliance Manager, and staff responsible for risk assessments. The auditor determined that there are no controls to the dissemination of resident responses to the Vulnerability Assessment on ExtendedReach.

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

VisionQuest has a SOP that requires screening for risk of sexual abuse victimization or sexual abusiveness. The policy requires that the resident's risk level be reassessed periodically. The facility utilizes an objective screening instrument. The screening instrument includes all 11 criteria in accordance with PREA standard 115.341(c). The information to complete the risk screening is ascertained through conversation with resident, health assessments, and information obtained during admissions process. The agency has not implemented appropriate controls for information contained in the risk assessment instrument, the Vulnerability Assessment.

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

Corrective Action:

1. The agency shall implement appropriate controls on the dissemination of the responses to the Vulnerability Assessment (risk screening) pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Verification of the Corrective Action since the onsite PREA audit:

	In response to the corrective action, VisionQuest submitted documentation via OAS on 8/5/2024. The following documents were submitted: • Affirmation from the facility director attesting to the limitations of access of the Vulnerability Assessment (risk screening). • Email correspondence between the agency and facility requesting and granting limited access to the Vulnerability Assessment specifically to the service care workers and supervisors. • Sample of four recommendations from the Vulnerability Assessment sent to the facility director. Auditor's access to ExtendedReach was provided virtually on 10/3/2024. • The auditor requested a shared screen with a direct care worker. The worker logged in to ExtendedReach. The auditor reviewed access, and the Vulnerability Assessment was not available. • The auditor requested a shared screen with the service care supervisor. The supervisor logged in to ExtendedReach. The auditor reviewed the access, and the Vulnerability Assessment was available for the service care supervisor. **Corrective Action Intent:** The intent of this corrective action was to ensure that VisionQuest implemented appropriate controls of the dissemination of the responses to the Vulnerability Assessment (risk screening). Further, pursuant to this standard to ensure that sensitive information is not exploited to the residents' detriment by staff or other residents. Based on review of the information received and the review of the levels of accessibility, the auditor finds the facility substantially compliant with this standard.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.D.2 Prison Rape Elimination Act (revised 2/7/2022)(reviewed 3/2023) 2. VisionQuest Human Resources Standard of Operation VQ.1.C.4.II.B Zero

Tolerance for Sexual Misconduct of a Minor (revised 3/31/2023)(reviewed 3/2024)
3. PREA Victim Vulnerability Assessment
4. Pre-Audit Questionnaire (PAQ)
5. Issue Log

Interviews:

1. Superintendent
2. PREA Coordinator
3. PREA Compliance Manager

Site Review:

1. PREA Binder
2. Single Occupancy Room
3. Bathroom Configuration

Findings (by Provision):

115.342(a):

VisionQuest implemented a SOP for 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. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.D.2 states if at any time a youth is identified as a sexual predator or as a victim/potential victim, the youth shall be re-evaluated for appropriate housing, available programs, monitoring and counseling. The facility utilizes the PREA Victim Vulnerability Assessment for risk screening in accordance with PREA standard 115.341.

The PREA compliance manager confirmed the use of the PREA Victim Vulnerability Assessment for room assignments and supervision. The staff responsible for risk screening stated the information obtained from the screening was for the placement of residents.

The PREA Vulnerability Assessment considers all 11 criteria required by PREA standard 115.341. The screening tool has a scoring component which assists in the decision making of appropriate placement. The service worker supervisor and the service workers are responsible for completing the risk screening. The form scores each component individually from zero to four. The next step obtains the overall score for vulnerability to victimization and overall score for sexually aggressive behavior. For the vulnerability of victimization criteria an overall score of nine or higher indicates yes, and an overall score of 4 or more in the category of sexually aggressive behavior indicates yes. On the bottom of the form, the service workers designate the room assignment, and there is an additional area for related narrative

	and files. There is a binder maintained by the service workers which indicates resident scores and room placement. Before placing a resident in a room, the book is referenced for placement decision. Review of the screening tool and the binder, the auditor determined that facility utilizes the information for housing and bed assignments. The facility does not have a work assignment component and residents are provided education either virtually from their local education authority or they are transported to school. Program assignments are limited due to the facility being a temporary placement usually the length of stay is less than 14 days. During any facility programming staff supervision and placement appears to be relied upon to ensure resident safety. Resident census is low, and the staff to resident ratios are well within the requirements of the PREA standards. VisionQuest RAD -Newark is substantially compliant with this provision and there is no corrective action needed at this time. 115.342 (b): During site review, the auditor observed that VisionQuest RAD-Newark does not practice isolation or any type of room restriction. Within the facility, there is a single room that can be utilized for room placement for a resident that has been identified as either vulnerable to victimization or sexually aggressive behavior. DE.RAD.IV.1.II.D.2-3 (revised 2/7/2022)(reviewed 3/2023) states youth identified as potential or confirmed victims of sexual assault or as having a tendency to act out with sexually aggressive behavior shall be considered for High Risk Supervision or placement in a unit or other appropriate setting where they are housed in a single room without being housed with a roommate. This arrangement will only be when less restrictive measures have been considered and continue until an alternative means of keeping all residents safe. Juveniles who are determined as a potential risk will not be singled out. However, they will be closely monitored by the staff and their behavior will be evaluated throughout their stay. It is further stated in the SOP, VisionQuest does not use isolation; however, 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. The PREA Binder was reviewed onsite, and there were no residents identified as vulnerable to victimization nor residents with sexually aggressive behavior. In the pre-audit questionnaire, the facility did not place a resident at risk of sexual victimization in isolation in the past 12 months. The superintendent stated that there is no use of isolation or room restriction, but there is a single room that can be utilized in the case if a resident was identified as at risk of sexual victimization or sexual aggressive behavior. Inquiry was made to a direct care supervisor regarding the use of isolation and room restriction, it was stated that the facility does not use either isolation or room restriction. During the onsite audit, there were no residents identified as at risk of victimization or alleged

	to have suffered sexual abuse at the facility. There were no residents identified as sexually aggressive. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.342(c): VisionQuest through SOP prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely based on such identification. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.E.1-3 cites that transgender or intersex youth's personal view regarding their own safety shall be given serious consideration. Special housing or program assignments for transgender or intersex youth will be made on a case-by-case basis. Any employee may make a referral for particular housing, bed or other assignments based on their observation of the youth's behavior or at the youth's request, with concerns that a youth may be at significant risk of sexual victimization and not solely based on youth's sexual identification or status as an indicator to increase the likelihood of being sexually abused. Additionally in another SOP, the agency prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. In VisionQuest Human Resources Standard of Operation VQ.1.C.4.II.B Zero Tolerance for Sexual Misconduct of a Minor, VisionQuest acknowledges that LGBTQI minors have the right to be free from discrimination and harassment based on actual or perceived sexual orientation or gender identity. VisionQuest may not label a child or youth as a likely abuser or punish a child for his or her sexual orientation, gender identity, or gender expression. All children and youth must be treated fairly and equally and provided with inclusive, safe, and nondiscriminatory services. During the onsite audit, there were no residents that identified as transgender, intersex, gay, lesbian, or bisexual. The auditor requested by issue log for a list of residents that identified as transgender, intersex, gay, lesbian, or bisexual, there was no list provided. When inquiring if the facility has special housing units for lesbian, gay, bisexual, transgender, or intersex residents, he PREA compliance manager stated that the facility does not have special housing, but there is a single room in the facility for special request by residents. The PREA coordinator has not visited the facility to give a definite answer to the inquiry. During the site review, there was a room that was set up for single occupancy on the second floor. VisionQuest RAD-Newark is substantially compliant with this provision and no corrective action is required at this time. 115.342(d):

	In accordance with the VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.E.2 special housing or program assignments for transgender or intersex youth will be made on a case-by-case basis. Within the prior 12 months, there were no residents that identified as transgender or intersex at the facility for the auditor to determine the practice of considering housing and programming assignments on a case-by-case basis. The PREA compliance manager stated the facility would determine housing and programming assignments for transgender and intersex residents on a case-by-case basis with monitoring periodically. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.342(e) In accordance with the VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.E.6 placement and programming for transgender and intersex youth will be assessed twice a year to review any threats to safety experienced by the youth. The PREA compliance manager confirmed that the agency considers whether the placement will ensure the resident's health and safety. According to staff responsible for risk screening, transgender and intersex residents' views of their safety would be given serious consideration in the placement and programming assignments. There were no residents that were identified as transgender or intersex for the auditor to determine the practice of assessing twice a year. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.342 (f): VisionQuest RAD-Newark addresses in a SOP the consideration of transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. According to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.E.1, transgender or intersex youth's personal view regarding their own safety shall be given serious consideration. According to staff responsible for risk screening, transgender and intersex residents' views of their safety would be given serious consideration in the placement and programming assignments. The PREA compliance manager affirmed the agency would consider whether the placement of a transgender or intersex resident would present management or security problems. The agency is substantially compliant with this provision and no corrective action is required at this time.

	115.342 (g): VisionQuest RAD-Newark allows for transgender and intersex residents the opportunity to shower separately from other residents. The facility is a house converted into a facility. The building maintains the original two full bathrooms and one-half bathroom. This configuration allows for all residents to shower and perform bodily functions separately from others. The compliance manager and the staff responsible for risk screening both confirmed that transgender and intersex residents would be given the opportunity to shower separately from other residents. The facility is substantially compliant with this provision and there is no corrective action required at this time. 115.342 (h): Within the prior 12 months, there were no residents that were isolated at VisionQuest RAD-Newark pursuant to the PREA standard that require the documentation of the facility's concern for the resident's safety and the reason for no alternative means of separation could be arranged. The facility does not use isolation or room restriction. It has a single occupancy room that can be used to separate residents if necessary. The referencing of isolation is found cited in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.E.4 this referral (isolation/separation) shall be documented on a memo to the program's Chief Administrator and then placed in the youth's file (ExtendedReach). This memo will contain reason for the concern for the youth's safety and why no other means of separation can be arranged. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.342(i) Residents are not held in isolation at VisionQuest RAD-Newark. During informal conversation with residents, the auditor determined that isolation was not a practice at the facility. The facility is substantially compliant with this provision and no corrective action is required at this time. VisionQuest RAD-Newark utilizes information from the risk screening to inform housing, bed, work, education, and program assignments. The facility has implemented an SOP to address residents at risk of sexual victimization may be separated 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. The facility prohibits placing Lesbian, gay, bisexual, transgender, or intersex residents in a particular housing assignment solely on identification or status. The facility housing and programming considerations on a case-by-case basis to ensure resident's health and safety and whether the placement would present management and security problems. In policy, the agency requires transgender and

	intersex residents are reassessed at least twice a year. Additionally, the agency requires through SOP that transgender and intersex resident's own views with respect to his or her own safety shall be given serious consideration. Also, transgender and intersex residents are given the opportunity to shower separately from other residents. The facility documents all housing and programming including the facility's concern and reasoning for no other alternative means of separation can be arranged in the web-based case management software, ExtendedReach. Based on this analysis, VisionQuest RAD-Newark is substantially compliant with this standard and no corrective action is required at this time.

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.P-Q.1-2 Prison Rape Elimination Act (PREA) (effective 1/1/2018) (revised 2/07/2022)(reviewed 4/2023) 2. VisionQuest Human Resources Standard Operating Procedure VQ.1.C.4 Zero Tolerance for Sexual Misconduct of a Minor (revised 3/31/2023)(review 3/2024) 3. VisionQuest Standard of Operation Delaware RAD Program DE.RAD.3.86: Youth Grievance Process 4. VisionQuest Residential Alternative to Detention Concern and Grievance Policy-Residents 5. Pre-audit Questionnaire (PAQ) 6. Issue Log 7. VisionQuest Youth Advocate/Grievance Forms Within the Prior 12 Months 8. PREA Youth Orientation and Education Brochure Interviews: 1. Random Resident 2. Random Staff 3. PREA Compliance Manager 4. Random Staff 5. VisionQuest Employee Handbook p.47 Site Review: 1. Grievance Boxes -Living Room and Activity Area

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 Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.P-Q.1-2 which states that 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 misconduct. A youth who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and such grievance shall not be referred to a staff member who is the subject of the complaint.

Additionally in VisionQuest Standard of Operation Delaware RAD Program DE.RAD.3.86.II.B-C: Youth Grievance Process, it states youth may file grievances verbally, in writing or anonymously at any time regardless of when an incident occurred. A youth may also file a private grievance by placing a handwritten grievance in the box located at the facility or by filing a report on www.vq.com using the VQ Report It link. Further in the policy, all emergency grievances alleging sexual abuse and having feelings they are at risk of imminent sexual abuse, will be responded to immediately.

According to VisionQuest Human Resources Standard Operating Procedure VQ.1.C.1 Zero Tolerance for Sexual Misconduct of a Minor (revised 3/31/2023)(review 3/2024) all VisionQuest staff, contractors and volunteers are responsible for reporting allegations of sexual behavior between minors and between staff and minors. Allegations may be made from a minor about another minor, from a minor about a staff member, contractor or volunteers.

Located in VisionQuest Residential Alternative to Detention Concern and Grievance Policy-Residents, it states grievances alleging sexual abuse are considered emergency grievances and will be addressed immediately. Upon receipt of an emergency grievance, the staff retrieving the grievance will immediately contact the Agency’s PREA coordinator or PREA compliance manager, in the coordinator’s absence.

Of the 11 random staff interviewed, all the staff 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 and verbally to staff or supervisor, 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 three residents were able to respond with several ways to report. Their responses included reporting to staff, parents, and the Child Abuse Hotline. There were no responses by residents to use the grievance process. 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 PREA compliance manager provided two completed forms. The forms were listed in supplemental files as samples, but later it was confirmed there were only two completed for the year. During the site review, there was contact information posted for the Child Abuse Hotline and the community rape crisis center, Survivors of Abuse in Recovery (SOAR). Information was located throughout the facility, and all the information was only available in English. Locked grievance boxes were in the living room and the activity area, and paper and writing utensils were accessible to residents. The agency provides residents with electronic means to report through the agency's website. Residents are supervised by staff when accessing the internet for virtual education. Residents have no access to their cell phones. Residents access the agency's telephones to make supervised calls. With the low census, residents have access to staff to report any incidents. Informally, the auditor inquired of both residents and staff about the processes for sending and receiving mail, and both residents and staff responded that there is not a lot of mail sent or received due to the short length of stay at the facility. Incoming mail would be checked for contraband in front of the resident, and for outgoing mail the resident would seal the envelope and it would be placed in the mailbox outside of the facility. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.351 (b): 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. The information provided was for third party reporters. In the issue log, the PREA compliance manager supplied a list of sources posted at the facility that residents could report to externally. The list included SOAR, Child Abuse Hotline, DSCYF, and PBH Health Services. During the site review, the auditor did locate posters with the information supplied by the PREA compliance manager. On the PREA Youth Orientation Education Brochure, the auditor located the Child Abuse Hotline contact information, as well as the information for SOARS, VisionQuest RAD-Newark does not admit residents detained solely for civil immigration purposes. The facility is contracted by the state of Delaware for the

	detainment of youth by the family court. The PREA compliance manager stated that one-way residents can report either externally or internally by contacting the Child Abuse Hotline. According to the PREA compliance manager, the procedure does enable the receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency officials. Inquiry of residents of who they would report of an incident of sexual abuse or sexual harassment outside of the facility, residents responded parents and the Child Abuse Hotline. In response to whether they could make an anonymous report, two out of three responded yes. During the site review, the auditor was able to complete a test of the Child Abuse Hotline. The auditor was on hold for 10 minutes and was able to complete a test of the system. The grievance boxes were located, and residents could leave an anonymous grievance in the box. The grievance boxes are not used exclusively for the reporting of sexual abuse and sexual harassment. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.351(c): 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. VisionQuest Human Resources Standard Operating Procedure VQ.1.C.3 Zero Tolerance for Sexual Misconduct of a Minor states VisionQuest will ensure that every allegation of sexual abuse and sexual harassment is referred to the appropriate authorities. Reports will be accepted from minors, staff, contractors, volunteers, third party reporters, and anonymous reporters. VisionQuest Standard of Operation Delware RAD Program Youth Grievance Process: DE.RAD.3.86.IV.B states VisionQuest accepts third party grievances that can be filed verbally, in writing, or anonymously. Third party grievances can be filed through the company website (www.vq.com) using the VQ Report It link or by contacting the program Compliance Director/PREA Manager. Prior to onsite audit, the auditor made a report through the VQ Report It link. The agency did respond to the report. According to information provided in the PAQ, staff are required to document verbal reports. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.IV.1.II.I.1.a requires immediately documenting reports. The SOP states Any staff member or non-youth, who receive a report of sexual misconduct, whether verbally or in writing, shall immediately notify their supervisor and the PREA compliance manager and complete an event report. During interview with random staff, it was determined that all staff were informed that residents can report incidents of sexual abuse and sexual harassment in

	writing, anonymously, and through third party. All 11 staff confirmed that they would immediately or as soon as possible document reports of sexual abuse and sexual harassment. All three residents responded reports of sexual abuse or sexual harassment can be in person or in writing. They also confirmed that someone else could make the report for them. The agency is substantially compliant with this provision and no corrective action is needed at this time. 115.351(d): In the PAQ, it was 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. Auditor inquired if the facility did not have copies of the grievance form were residents allowed to use plain paper. The staff said that residents could use plain paper, if necessary. The PREA compliance manager stated that grievance forms are provided for residents to report sexual abuse, sexual harassment, retaliation, and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility provided two grievances for the prior 12 months, and both grievances were on grievance forms. During the onsite audit, there were no residents who reported sexual abuse for the auditor to assess the reporting mechanisms. The facility is substantially compliant with this provision and corrective action is not needed at this time. 115.351(e) According to the PAQ, the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Found in the VisionQuest Employee Handbook p.47 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. The agency is substantially compliant with this provision and no corrective action required at this time.

	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. The facility's staff accepts reports verbally, in writing, anonymously, and from third parties. Items for written reports are available to residents. Lastly, the agency provides a method for staff to privately report allegations of sexual abuse and sexual harassment of residents. Based on this analysis, the facility is substantially compliant with this standard and no corrective action is needed at this time. Recommendation: 1. All policies pertaining to reporting of PREA related incidents should use the following language: • Sexual abuse and sexual harassment • Retaliation by other residents or staff for reporting sexual abuse and sexual harassment • Staff neglect or violation of responsibilities that may have contributed to such incidents

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023) 2. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86: Youth Grievance Process (effective 1/5/2017)(revised(1/28/2022)(reviewed 3/2023) 3. VisionQuest Residential Alternative to Detention Concern and Grievance Policy-Resident #5 4. Pre-Audit Questionnaire (PAQ) 5. Grievance Form Site Review: 1. Grievance Boxes

2. 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. The agency does not have an administrative process for dealing with resident grievances regarding sexual abuse.

The grievance process is a means of reporting acts of sexual abuse, sexual harassment, and retaliation of such acts. The process is not used as an administrative procedure or remedy. According to the VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86.II.E-F it references that all major grievances, which include allegations of abuse or neglect, are responded to immediately and reported to state authorities. Further, the SOP references once the emergency grievance is submitted for alleging sexual abuse or risk of imminent sexual abuse, the grievance is responded to immediately and the investigation process is initiated and completed within 5 calendar days.

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

115.352 (b):

VisionQuest Residential Alternative to Detention Concern and Grievance Policy-Resident #5 states that youth may file a grievance dealing with sexual abuse at any time. There are no time limits regarding a grievance alleging sexual abuse or sexual harassment.

VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.I.7 details in the reporting section that a report pertaining to sexual misconduct, sexual contact, and sexual abuse be considered whether the allegation was made in a timely manner or not.

The agency does not require in policy for residents to use an informal grievance process or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

115.352(c):

The agency reported in the PAQ that a resident who alleged sexual abuse may submit grievance without submitting same to staff member who is the subject of the complaint, nor such grievance is not referred to staff member who is the subject of the complaint.

VisionQuest Residential Alternative to Detention Concern and Grievance Policy-Resident #6 youth alleging sexual abuse or sexual harassment do not have to

	submit their grievance form to any staff member who is subject of the complaint. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86.II.A-C details the procedure that residents can utilize to submit grievances. Residents can submit their grievances anonymously, verbally, and in writing. A resident can file a private grievance by placing grievance in the grievance box and by filing a report on www.vq.com using the VQ Report It link. The SOP or procedure does not specifically reference that a resident grievance alleging sexual abuse is not referred to the staff member who is the subject of the complaint. Since the grievance would be handled by state authorities and investigated internally, it should diminish the opportunity for the grievance to be referred to as the subject of the complaint. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.352(d): Resident grievances are not a part of an administrative procedure. The grievance process when pertaining to sexual abuse and sexual harassment is a reporting mechanism for residents. Once the emergency grievance is received, it is reported to outside authorities and the investigative procedures begin. During At the time of the onsite audit, there were no residents who reported sexual assault. The auditor was unable to determine the practice of the grievance process with a resident who reported sexual abuse. In the prior 12 months, there were no grievances filed alleging sexual abuse. VisionQuest is substantially compliant with this provision and no corrective action is required at this time. 115.352(e) VisionQuest confirmed that the agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and 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. According to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.IIQ.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 may contact the program directly, use the posted website hotline, contact state police or call DE Child Abuse Hotline directly at 800-292-9582. Further in the SOP, 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 if the resident has declined assistance. For the prior 12 months, VisionQuest provided no third-party sexual abuse grievances with a decline of third-party assistance. 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. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.352(f) The agency has a SOP 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 Delaware RAD Program Standard Operating Procedure DE.RAD.3.86.II.F is the procedures for responding to emergency grievances pertaining to imminent sexual abuse. According to the SOP, all emergency grievances alleging sexual abuse and having feelings they are at risk of imminent sexual abuse, will be responded to immediately. An internal investigation will be initiated and completed within 5 calendar days. In the prior 12 months, there were no emergency grievances filed pertaining to allegations of substantial risk of imminent sexual abuse. The agency has provided policy pertaining to this provision, but the auditor has determined that the emergency grievance process is a reporting mechanism rather than an administrative remedy. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.352(g) VisionQuest responded that the agency has a written policy that limits its 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. In VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86.II.N youth will be encouraged to report any grievances but will be informed that they could face disciplinary and possibly legal action if these grievances or allegations are found to be intentionally filed in bad faith. There were no grievances filed by residents alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. The agency is substantially compliant with this provision and no corrective action is required at this time. The agency is exempt from this standard. The emergency grievance procedure is for

	reporting purposes only. Once the emergency grievance is received by the agency, it is referred to external agencies for external investigation, and internal investigation begins. There is no resolution through the grievance process for either sexual abuse or imminent risk of sexual abuse. 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**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest PREA Youth Orientation and Education Brochure 2. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023) 3. Memorandum of Understanding Between VisionQuest and Survivors of Abuse in Recovery, Inc. (SOAR) 4. VisionQuest Delaware Residential Programs Operating Procedure DE#3.48: Youth Rights-Information Provided to Children and their Family (effective 3/1/2017)(revised 12/1/2017)(reviewed 3/1/2018) 5. Pre-Audit Questionnaire (PAQ) Interviews: 1. Random Residents 2. SOARS 3. PREA Compliance Manager 4. Superintendent Site Review: 1. SOAR Postings Findings (by Provision): 115.353(a): VisionQuest RAD-Newark reported that the facility provides residents with access to

	outside victim advocates for emotional support services related to sexual abuse. The facility provided 3 documents demonstrating evidence that the facility provided access to outside victim advocates for emotional support services related to sexual abuse. The VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.9 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. In the section Treatment and Counseling of the VisionQuest PREA Youth Orientation and Education Brochure, it states that you may obtain victim services from Healthcare Staff, a victim support person, Program Director, or the program's PREA compliance manager. They will know how to obtain the services you will need. Underneath the statement, the contact information is provided for Survivors of Abuse in Recovery (SOAR), Christiana Care Health System, and Alfred I. Dupont Nemours Hospital for Children. Lastly, the Memorandum of Understanding Between VisionQuest and Survivors of Abuse in Recovery, Inc. (SOAR) outlines the responsibility of both entities. The responsibility of SOAR 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. On the back of the VisionQuest PREA Youth Orientation and Education Brochure, the facility provided contact information for SOAR. During the interview with SOAR, it was determined the agency would either communicate confidential in person, by telephone, or via telehealth appointments. Informally, the PREA compliance manager informed the auditor that confidential onsite communication between residents and SOAR would be conducted in the staff office. Out of 3 residents, there was only one resident that recalled where to find information pertaining to SOAR. The residents were not aware of the services provided by SOAR nor the level of confidentiality. During the site review, there were postings pertaining to SOAR. Residents are able to send and receive mail. Informally, the auditor was told that there is limited amount of mail, because residents have a short length of stay. Mail would be checked for contraband in front of residents, and for outgoing mail residents' letters are not read. They are stamped and placed in mailbox. During the onsite audit, there were no residents who reported sexual abuse for the auditor to interview.

	The facility is substantially compliant with this provision and no corrective action is required at this time. 115.353 (b): VisionQuest RAD-Newark responded that the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. In SOP VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.Q.5 it 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. Also, it was reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. Review of the SOP yielded the same evidence of residents being informed prior to being given access to outside support services. When interviewed, all 3 residents were unaware if their conversations with victim advocates would be told to or listened to by someone else. 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. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.353(c): In the PAQ, VisionQuest RAD-Newark responded that the facility maintains memorandums of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse. The facility uploaded the Memorandum of Understanding with VisionQuest and Survivors of Abuse in Recovery (SOAR) dated 12/1/2017. Prior to the onsite audit, the auditor was provided with the updated memorandum of understanding dated 4/19/2024. The PREA compliance manager maintains copies of the memorandum of understanding. The facility is substantially compliant with the provisions and no corrective action is required at this time. 115.353(d): VisionQuest RAD-Newark provided VisionQuest Delaware Residential Programs

	Operating Procedure DE#3.48: Youth Rights-Information Provided to Children and their Family as evidence of the facility providing residents with reasonable and confidential access to their attorneys or other legal representation. Stated in the phone call section of the SOP, VisionQuest 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. Under the same provision, the facility provides residents with reasonable access to parents or legal guardians. Under this SOP, residents are also allowed family visits and mail. During the interview with the superintendent/PREA compliance manager, the auditor was made aware that residents had daily phone calls with parents/ guardians, and residents were given private phone access to attorneys or other legal representatives. Random residents informed the auditor that they were given private access to their attorneys by telephone, and all 3 also stated that they were given access to their parent/guardian daily. During the onsite, there were no residents who reported sexual abuse to interview. VisionQuest RAD-Newark is substantially compliant with the provisions and no corrective action is required at this time. VisionQuest RAD-Newark provides residents with access to outside victim advocates for emotional support services. Residents are provided 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 memorandum. Based on this analysis, the facility is substantially compliant with this provision and no corrective action is required at this time. Recommendations: 1. Revise VisionQuest PREA Youth Orientation and Education Brochure to add that prior to giving residents access to outside support services, the extent to which such communications will be monitored. 2. Revise VisionQuest PREA Youth Orientation and Education Brochure to add that prior to giving residents access to outside support services, advise of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. 3. Add more victim advocacy information in the PREA orientation and comprehensive education for residents.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023) 2. Pre-Audit Questionnaire (PAQ) 3. Picture Audit Postings Site Review: 1. WWW.VQ.com/PREA 2. Audit Postings English and Spanish 3. SOAR Posters 4. Child Abuse Hotline Posters 5. Sexual Safety Information Poster 6. PREA Posters of How to Report Findings (by Provision): 115.354(a): In VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.Q.1, VisionQuest lists the methods to receive third-party reports of resident sexual abuse or sexual harassment. The facility included the following as methods to receive third-party reports of sexual abuse: File administrative remedies relating to sexual abuse on behalf of a resident-grievance process 1. Contact program directly 2. Contact the VisionQuest Website 3. Contact State Police 4. Contact Delaware Child Abuse Hotline directly 1-800-292-9582 During the site review of the facility, the auditor observed the various postings listing the above information. There was information in public areas such as the living room and the activity room. The auditor was informed that the activity room is where family visits occur. Any attorney or any other legal representative interviews

or meeting would occur in the staff office.

All PREA related postings were located on the second and third floor. 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 were only in English.

The facility does not publicly distribute information of the list of methods on how to report resident sexual abuse or sexual harassment. The link with PREA information is not accessible to the public.

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 about an hour received contact via email.

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. Information is not accessible to limited English proficient third-party reporters, and third-party methods are not readily accessible to the public through the agency's website.

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

Corrective Action:

1. The agency shall provide readily accessible information for third-party reporters that may be limited English proficient. Since Spanish is the second spoken language in Delaware, the facility shall post information in Spanish for third-party reporters.
2. The agency shall make publicly accessible the third-party reporting methods.

Verification of Corrective Action since the onsite PREA audit:

In response to the corrective action, the facility submitted documentation via OAS on 8/26/2024. The following documents were submitted:

- PREA related postings in Spanish- No Significa No and No Deje Que Un Abugso Sexual Contorle Su Mundo.
- PREA related pamphlet in Spanish- Rompa El Silencio
- PREA related pamphlet- No Significa No
- VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.48 "Youth Rights" Information Provided to Children and Their Family in Spanish
- VisionQuest Delaware RAD Program Standard Operating Procedure

DE.RAD.3.86 “Youth Grievance Process” in Spanish

Auditor returned for site review on 9/19/2024.

During the returned site review, the auditor located the PREA related postings throughout the building in Spanish and English.

Website

Agency improved website to make third party reporting more accessible on 11/19/2024. The accessibility allows for third party reporters to have information for reporting to an external entity. Though embedded in the Annual Report, it is the first page when the link is opened in the annual report. Additionally, on the agency website there is an internal report link VQ Report It.

Corrective Action Intent:

The intent of this corrective action was to ensure that in accordance with the PREA mandates VisionQuest provided training materials 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. The materials included both PREA related posters and bilingual resident training materials that included the PREA brochure and Youth Rights/Grievance Procedure in Spanish. Based on review of the information received, the auditor finds the facility substantially compliant with this standard. Additionally, the intent of the corrective action was to ensure that third party reporting information was accessible to the public for external entities.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023) 2. VisionQuest First Responder Checklist 3. Pre-Audit Questionnaire (PAQ) 4. DSCYF Reportable Event Form Interviews: 1. Random Staff

	Findings (by Provision): 115.361(a): 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 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. All 3 requirements were located in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I which states all employees and non-employees have an affirmative duty to immediately report to the Program Administrators, Supervisors, Compliance Manager or PREA Coordinator any knowledge, suspicion, or information regarding sexual misconduct involving a youth and/or any retaliation or neglect in violation of this procedure. According to 11 random staff, they were aware of the agency requirement that all staff 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. Out of the 11 random staff, there were 9 who recalled the name of the policy or procedure to report information related to sexual abuse as PREA. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.361 (b): According to the PAQ, VisionQuest requires all staff to comply with any applicable mandatory child abuse reporting laws. Found in the employee training section of the agency SOP is outlined the requirement pertaining to mandatory child abuse reporting laws. It states in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.A.1.j. how to comply with relevant laws related to mandatory reporting of sexual misconduct to outside authorities. Following the child abuse reporting laws is also found in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.1.a. The SOP states all employees must also follow Child Abuse and Neglect Reporting policy. During the interview with 11 random staff, all 11 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.

	The facility is substantially compliant with this provision and no corrective action is required at this time. 115.361(c): 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. Cited in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.3.a 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. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.361(d): Though VisionQuest does not employ medical and mental health practitioners at VisionQuest RAD-Newark, they reported that they have an established SOP that requires medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials as well as designated state and local services agency where required by mandatory reporting laws. Also, such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.3.b states medical and mental health practitioners are also required to report sexual abuse to the PREA coordinator and state Child Protective Services agency. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.361(e) VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.3.c-d, details the facility heads responsibility of notification of sexual abuse to the parents, legal guardians or the caseworker if the child is under the guardianship of the child welfare system. If the child is under the jurisdiction of the courts, the notification would be reported to the attorney or legal representative. The SOP specifically states 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. 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 regulations. On the DSCYF Reportable Event Form, there is an area that requires the time and date of notification of parent, guardian, DSCYF case manager, DSCYF contract manager, Child Abuse Hotline, and Office of Child Care Licensing and blank spaces to add parties. According to the PREA compliance manager, allegations of sexual abuse are reported to Child Abuse Hotline and the Delaware State Police (911). If the victim is under the guardianship of the child welfare system, the allegation of sexual abuse would be reported to DFS caseworker. In the case of residents that the court retains jurisdiction, the notification of allegation of sexual abuse there is no communication with attorneys. All appropriate parties are notified as soon as possible. There were no reports of sexual abuse at VisionQuest RAD-Newark. The auditor was unable to determine the practice of notification regarding sexual abuse. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.361(f) VisionQuest RAD-Newark requires the reporting of all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.7.g-i states 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 source of the report is from a third-party or anonymous source. Investigations will only be conducted by those individuals who have received the appropriate training in sexual abuse investigations. The investigator is responsible for conducting and fully documenting the investigation in accordance with program policy and procedure. There were no investigative files that were reported by a third-party or an anonymous source. The program director (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 which include the facility investigator and the Institutional Abuse investigators. Based on the limited documentation provided in the allegations of sexual harassment investigative files, it appears the VisionQuest investigator completed the reporting documentation to DSCYF. It should be noted that the program director has the additional role as the facility PREA investigator.

	The facility is substantially compliant with this provision and no corrective action is required at this time. 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 mandatory child abuse reporting laws. Found in a SOP, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary. Though the agency does not employ medical or mental health practitioners at the facility, the agency has a policy pertaining to medical and mental health practitioner's duty to report and the limitations of confidentiality. There is a SOP pertaining to notification of sexual abuse to all appropriate parties, and the facility head is aware of the notification process to all appropriate parties. Established in a SOP, all allegations of sexual abuse and sexual harassment are to be reported to the facility's designated investigators. 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**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023) 2. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86: Youth Grievance Process 3. Pre-Audit Questionnaire (PAQ) Interviews: 1. Agency Head 2. Superintendent 3. Random Staff

	Findings (by Provision): 115.362(a): Based on information obtained on the pre-audit questionnaire (PAQ), VisionQuest RAD-Newark responded when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Review of the agency's SOP, the auditor found the expectation is for the facility to immediately take measures to protect the resident. In VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.1.b, 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 direct the program's response to all allegations of sexual misconduct, including prompt assignment of a Victim Support Person, Investigator, and/or referral to medical/mental health services when warranted. Prior to this provision of the SOP, the agency states the Supervisor and PREA Compliance Manager shall ensure that the alleged victim and aggressor are physically separated, either through the placement of the youth on a high risk behavior plan with one-to-one youth to staff ratio, on one of the special needs units or some other effective means. In the SOP for the grievance process, VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86.II.F cites that all emergency grievances alleging sexual abuse and having feelings they are at risk of imminent sexual abuse, will be responded to immediately. An internal investigation will be initiated and completed within 5 calendar days. According to the facility's response to the PAQ, there were no times in the past 12 months that a resident was subject to a substantial risk of imminent sexual abuse. During interview, the agency head responded that upon learning that a resident is subject to substantial risk of imminent sexual abuse, the immediate protective action that is expected is within 24 hours the resident should immediately be placed on 1:1 status, a report generated of incident, and an emergency meeting held to discuss placement. The superintendent answered that the resident should be immediately separated, preservation of the scene, and contacting the Child Abuse hotline. The 11 random staff at VisionQuest RAD-Newark replied that the residents should be immediately separated. There were further responses by some staff that included report to supervisor and transfer to another facility. The facility is substantially compliant with this provision and no corrective action is required at this time. The agency requires in their SOP that staff are to respond immediately when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse and takes actions to protect the resident. 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023) 2. Pre-Audit Questionnaire (PAQ) 3. Investigative Files Interviews: 1. Agency Head 2. Superintendent Findings (by Provision): 115.363(a): VisionQuest responded in the pre-audit questionnaire (PAQ) that the agency has a SOP 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 Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.6.a upon receiving an allegation that a youth was sexually abused 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. In the past 12 months, there were no allegations to VisionQuest RAD-Newark that a resident was abused while confined at another facility. Review of investigative files revealed no allegation of sexual abuse that occurred at another facility. If another agency or a facility within the agency refers an allegation of sexual abuse or sexual harassment that occurred within one of your facilities, the agency head reported that the designated point of contact for VisionQuest RAD-Newark would be the program director(superintendent) and the director of operations of Delaware. It was disclosed that there were no examples of such allegations being reported from another facility or agency at this time. The program director (superintendent) stated that upon receiving an allegation from

	another facility or agency that an incident of sexual abuse or sexual harassment occurred at VisionQuest the process would include calling the Child Abuse Hotline and follow the same investigative process as if it was reported at VisionQuest RAD-Newark. It was also confirmed that there were no examples of another facility or agency reporting sexual abuse or sexual harassment allegations. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.363(b): It was confirmed in the PAQ, VisionQuest requires that the facility head of VisionQuest RAD-Newark provides notification as soon as possible, but no later than 72 hours after receiving the allegation of sexual abuse that occurred while confined at another facility. According to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.6.b, 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 on the PAQ, the agency responded that it documents that it has provided such notification within 72 hours of receiving the allegation. The agency provided VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.6.c states that the facility shall document that it has provided such notification. 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. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.363(d): VisionQuest stated via the PAQ, the agency SOP requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.6.d allegations received by other agencies/facilities are investigated

	in accordance with PREA standards. 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. The facility is substantially compliant with this provision and no corrective action is required at this time. VisionQuest has a SOP that details the procedures when receiving allegations that a resident was sexually abused while confined at another facility. The SOP also requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. Based on this analysis, the facility is substantially compliant with this standard and no corrective action is required at this time.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023) 2. PREA First Responder Checklist 3. Investigative Files Interviews: 1. Security Staff First Responders 2. Random Staff 3. PREA Compliance Manager Findings (by Provision): 115.364(a): VisionQuest has a first responder SOP for allegations of sexual abuse. It is stated in

VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.2.a-g, for allegations involving abuse, assault or other sexual acts or contact:

- Separate the alleged victim and abuser.
- If within 120 hours of alleged incident, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- If within 120 hours of alleged incident, advise the victim and make efforts that the alleged perpetrator do not shower or otherwise clean themselves, or if the assault was oral, not to eat, drink, brush their teeth, chew gum or otherwise take any action that could damage or destroy evidence.
- Secure the scene of the alleged assault if feasible and secure any video coverage of the alleged incident. Secure but do NOT gather evidence.
- Notify the PREA Compliance Manager who will assume responsibility for handling the sexual misconduct allegations and who will, in consultation with the PREA Coordinator, decide whether to notify law enforcement. Cases involving alleged sexual acts will be reported to law enforcement.
- In all cases of alleged abuse, assault 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.
- 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.

Review of investigative files of sexual abuse and sexual harassment, there were no cases of sexual abuse that occurred in the prior 12 months at VisionQuest RAD-Newark. There were no security staff or non-security staff who have acted as a first responder in an allegation of sexual abuse. The PREA compliance manager explained that all staff are considered security staff. The auditor inquired of 5 staff utilizing the protocols from staff who have acted as a first responder. All 5 staff recalled the steps required when responding to an incident of sexual abuse. Also, the auditor was provided with the First Responder Checklist, which outlines the steps. During the onsite audit, there were no residents to interview who reported sexual abuse.

115.364(b):

VisionQuest has policy that 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. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.2.g states 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.

In the prior 12 months, there were no sexual abuse allegations responded to by a

	non-security staff member. At the time of the onsite audit, there were no non-security staff first responders that were employed at the facility. According to the PREA compliance manager, all staff are considered security staff at VisionQuest RAD-Newark. During the interviews with random staff, the auditor determined that the staff was aware of contacting immediate supervisor, as well as the steps taken as a first responder in separating, requiring no action by victim or perpetrator, and preserving the area. The facility is substantially compliant with this provision and no corrective action is required at this time. The agency has outlined in a SOP the first responders' responsibilities during an incident of sexual abuse. Additionally, the agency has outlined through SOP the responsibilities of non-security staff members during an incidence of sexual abuse. 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**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest-Newark RAD PREA Institutional/Response Plan Interviews: 1. Superintendent-Program Director Findings (by Provision): 115.365(a): In the PAQ, the VisionQuest responded 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. It should be noted that the facility does not have medical/mental health practitioners internally. Review of the updated

coordinated response plan was uploaded prior to onsite audit to the supplemental files, the auditor determined the facility has a coordinated plan specific to the facility. The coordinated plan is called the VisionQuest-Newark RAD PREA Institutional/Response Plan. Every position is identified on the plan except for the investigator position and duties which are incorporated into the duties of the PREA compliance manager. It will be recommended that the investigator title and duties be separated in case those two positions are not held simultaneously by one position.

The coordinated plan identifies the title as well as the required response of each title. The positions include:

1. First Responder
2. PREA Compliance Manager
3. PREA Coordinator and Quality Assurance Manager

Also, the facility incorporated the PREA First Responder Checklist which includes date, time and initial of each response. The responses listed include:

1. Separate the alleged victim and abuser
2. Request that the alleged victim refrain from and prevent alleged perpetrator from taking any actions that could destroy any physical evidence
3. Notify compliance manager
4. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence

Once the responses are complete, the first responder is to sign and initial the form at the bottom.

The auditor inquired that 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 the response to sexual abuse the coordinated efforts would include accessing services including forensic examination and the rape crisis center, SOAR. Additionally, there would be a change in accommodation which would include separation of bedrooms, up to and including transferring a resident to the VisionQuest RAD-Milford facility.

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

VisionQuest RAD-Newark has developed a coordinated response plan. The response plan includes all required positions and duties. The duties for the investigator's role and responses should be separated, but they were included in the plan. The facility also has a separate checklist for the first responders, in order to ensure that residents are separated and the preservation of evidence on persons and the scene.

Based on this analysis, the facility is substantially compliant, and no corrective

	action is required at this time. Recommendation: 1. Place a copy of the VisionQuest-Newark RAD PREA Institutional/Response Plan in the staff office. 2. On the VisionQuest-Newark RAD PREA Institutional/Response Plan, separate and label the duties of the investigator.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023) Interviews: 1. Agency Head Findings (by Provision): 115.366(a): As a part of VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.L.3, 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. The SOP states VisionQuest does not recognize, acknowledge or accept participation in collective bargaining agreement process. 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.

	According to the agency head, there are no collective bargaining agreements. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.366(b): The Auditor is not required to audit this provision. The agency is substantially compliant with this provision and no corrective action is required at this time. The agency is not limited to removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether, and to what extent discipline is warranted. 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**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Human Resources Standard Operating Procedure VQ.1.C.4: Zero Tolerance for Sexual Misconduct of a Minor (effective 1/5/2015)(revised 3/31/2023)(reviewed 3/2024) 2. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023) 3. Pre-Audit Questionnaire (PAQ) Interviews: 1. Agency Head 2. Superintendent 3. Designated Staff Member Charged with Monitoring Retaliation Findings (by Provision): 115.367(a): In the 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. Within two provisions of the SOP VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act, the agency establishes the protection of both resident and staff for acts of retaliation. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.F.3 Retaliation against a youth who refuses to submit to sexual activity, or retaliation against individuals (including witnesses) because of their involvement in the reporting or investigation of sexual misconduct, is also prohibited and possible grounds for disciplinary action including termination and criminal prosecution. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.B.1.f-g Juveniles who report sexual misconduct are protected from retaliation. Juveniles who engage in retaliation are subject to discipline. The superintendent (program director) is the designated staff member charged with monitoring retaliation. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.367(b): 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. According to the agency head, VisionQuest protects residents and staff from retaliation for sexual abuse and sexual harassment allegations by educating to prevent allegations. Also, it was mentioned that the agency has the ability to transfer staff and residents to other facilities, if necessary. Lastly, termination of staff for any substantial acts of retaliation. According to the superintendent, preventive methods would include investigation and mentoring. Also, it was mentioned in the case of resident-on-resident retaliation that the agency can authorize movement to another facility and/or place sanctions during investigations. In the case of staff retaliatory acts, staff also can be relocated and/or have sanctions placed against them, up to termination. At the time of onsite audit, there were no residents who reported sexual abuse to interview, and there were no residents in isolation for risk of victimization or who alleged to have suffered sexual abuse to interview. The auditor did not locate documentation in the PAQ of any documented protective measures employed. The agency is substantially compliant with this provision and no corrective action is

	required at this time. 115.367(c): According to the designated staff member who monitors retaliation, residents are monitored for retaliation until they are released from the facility. There was not a specific amount of time in a SOP. According to the PAQ, the facility states they act promptly to remedy any such retaliation. The facility did not specify a length of time or a continued effort beyond 90 days if the initial monitoring indicates a continuing need. There were no incidents reported in the prior 12 months of retaliation by the facility. The superintendent (program director) stated that investigation and separation are measures that would be taken if there is a suspicion of retaliation. The staff who monitors retaliation stated when assessing whether a resident is being retaliated against, the staff monitors language, gestures, and actions toward someone. Additionally, the staff would monitor the behavior modification point sheets to see if staff is retaliating against a resident. The facility is not substantially compliant with this provision and corrective action is required at this time. 115.367(d) According to the staff member charged with monitoring retaliation, they would continue to monitor the conduct and treatment of residents and staff that report or allege sexual abuse. It was also mentioned that residents would be monitored until their release. It should be noted that residents' average length of stay at VisionQuest RAD-Newark is 14 days. There were no specific times for status checks given. It was also stated that if there was a concern that potential retaliation might occur, the maximum length of time that the facility would monitor conduct and treatment would be for a few weeks. The facility is not substantially compliant with this provision and corrective action is required at this time. 115.367(e): If an individual expresses fear of retaliation due to cooperating with an investigation, the agency head stated the agency would investigate the incident. Also, the agency may transfer the person to another facility or terminate the staff member who may perpetrate the retaliation. 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 SOP established to protect staff and residents from retaliation for reporting and alleging sexual abuse. The facility has a designated staff member to monitor retaliation. The agency does not 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. The facility does not have a procedure to ensure that there is a periodic status check of residents that allege or report sexual abuse. The facility takes appropriate measures to protect staff 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 by adding to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act a provision that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and residents who suffer sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days, if the initial monitoring indicates a continuing need. 2. The agency shall revise by adding to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act a provision for a procedure for monitoring residents for retaliation, including periodic status checks. Recommendation: Designate a direct care supervisor or service worker supervisor as a staff member charged with monitoring retaliation. **Verification of the Corrective Action since the onsite PREA audit:** In response to the corrective action, VisionQuest submitted documentation via OAS on 10/11/2024. The following document was submitted: Revised Procedure Prison Rape Elimination Act (PREA) VQ.D.PREA.01.A (Domestic-Facility-Delaware) Effective Date: 10/10/2024 (revision 11/15/2024) VQ.D.PREA.01.A.3.6.2 states For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of youth or employees 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. VQ.D.PREA.01.A.3.6.3-4 states the program will monitor the following actions 3.6.3.1. Disciplinary reports 3.6.3.2. 3.6.3.3. Housing 5 Program changes 3.6.3.4. Negative performance reviews or reassignments of staff 3.6.4. The program shall continue such monitoring beyond 90 days, if the initial monitoring indicates a continuing need **Corrective Action Intent:** The intent of this corrective action was to ensure that VisionQuest revised the PREA procedures to ensure that retaliation monitoring is conducted in alignment with the PREA standards. Based on the review of PREA Procedure VQ.D.PREA.01.A.3.6.2-.4, the auditor finds the facility substantially compliant with this standard.

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023) 2. Pre-Audit Questionnaire Interviews: 1. Superintendent Site Review: 1. Housing

	Findings (by Provision): 115.368(a): According to information on the pre-audit questionnaire (PAQ), VisionQuest RAD-Newark does not practice isolation of residents. The facility does not have a SOP 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. Instead VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.E.5, reads as follows VisionQuest does not use isolation; however, 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. During the interview with the superintendent, it was disclosed that the facility does not practice the use of isolation. In the prior 12 months, there were no residents placed in isolation. Informally, residents shared that there were no times that they were placed in isolation while residing at VisionQuest RAD-Newark. 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. It should be noted there are no medical or mental health practitioners employed at the facility. During the site review, the auditor did not observe any areas of isolation. There was a single occupant bedroom on the unit that could be utilized to separate residents. If a resident was placed in the single occupant bedroom, they would continue to use the other parts of the house for the other residents and be supervised by the same staff. The facility is substantially compliant with this provision and no corrective action is required at this time. VisionQuest does not practice isolation. 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.J.2: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023) 2. Sexual Abuse and Sexual Harassment Investigative Files 3. Memorandum of Understanding with Delaware State Police 4. State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect 2022. 5. PREA Investigator Certificate PREA: Investigating Sexual Abuse in Confinement Setting- National Institute of Corrections 3-hour training. 6. Pre-Audit Questionnaire (PAQ) 7. Table of Allegations of Sexual Abuse and Sexual Harassment for the Prior 12 Months 8. PREA Investigation Report Template-(recently implemented) 9. Pictures of Secured Retained Files of Allegations of Incidents of Sexual Abuse and Sexual Harassment Interviews: 1. Facility Investigator 2. Delaware State Police (DSP) 3. PREA coordinator 4. PREA compliance manager 5. Superintendent-Program Director Site Review: 1. Staff Office-Location of Secured Retained Files of Allegations of Incidents of Sexual Abuse and Sexual Harassment Findings (by Provision): 115.371 (a):-1 VisionQuest reported there is a SOP related to criminal and administrative agency investigations. According to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.7 states all reports of sexual misconduct, sexual contact or sexual abuse must be considered credible and promptly investigated criminally and/or administratively. It further lists without regard whether to several criteria. Within the criteria includes that reports must be taken from third party or an

	anonymous source. The agency includes sexual harassment in its definition for sexual misconduct. In the pre-audit questionnaire, the facility provided 5 investigative files of sexual harassment and/or sexual abuse. Out of the five allegations, four of the sexual harassment allegations were found to be unsubstantiated, and the sexual harassment/sexual abuse allegation outcome was unknown. Upon review of the investigative files provided, there was limited documentation. The auditor was provided for each file the First Responder Checklist and DSCYF Reportable Event Summary. In two of the investigative files, it appears that dates are consistent on both forms, but the remaining three forms there are inconsistencies which would have impeded the promptness of an investigation. The facility does not conduct thorough investigations of allegations of sexual abuse and sexual harassment. Due to the lack of documentation, the auditor was unable to determine the objectiveness of the investigations. During the first day of onsite, the auditor was provided a recently developed PREA Investigation Report Template. By implementing the template, the facility's investigations of sexual abuse and sexual harassment would reflect a more thorough and objective investigation. The PREA investigative staff reported investigations of sexual abuse and sexual harassment are investigated right away, and during the investigation, interviews of staff and resident are conducted and the review of footage. The facility is not substantially compliant with this provision and corrective action is required at this time. 115.371(b)-1 The agency provided a PREA investigators certificates through the PAQ for the facility investigator. The training taken was the NIC PREA: Investigating Sexual Abuse in a Confinement Setting. 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 administratively and referral for prosecution. According to the VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.7.i specifies that investigations are to only be conducted by individuals that have been trained in sexual abuse investigations, and the investigator is responsible for conducting and documenting the investigation in accordance to the program policy and procedure. Out of the five PREA investigative files, there were three files that were investigated or completed by a certificated PREA investigator. The DSCYF form completed does not require that the form is completed by an investigator. Upon submission of the form, The PREA investigator at VisionQuest RAD-Newark signed in the role as program director. By implementing the VisionQuest Investigation Report Template, it will clearly distinguish the role of reporter from the role as investigator. This form would be in addition to completing the DSCYF Reportable Event Summary. The agency is substantially compliant with this provision and corrective action is not required at this time.

	115.371(c)-1 In the cases of investigation that are determined by Child Abuse Hotline to be handled by the facility administratively, the facility PREA investigator would be responsible for handling the investigation. During the interview with the PREA investigator, an investigation would begin by gathering footage and interviewing the victim, witnesses, and perpetrator. Also, the collection of any circumstantial evidence including footage or written correspondence between victim and perpetrator. Review of the PREA investigative files yielded no documentation of interviews, description of footage, and descriptions of other evidence utilized to make a finding. The agency is not substantially compliant with this provision and corrective action is required at this time. 115.371(d)-1 VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.7.e 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 Delaware State Police Troop #2 (DSP) and the facility PREA investigator, the investigation continues and does not terminate if the source of the allegation recants. Review of the PREA investigative files provided showed no indication of any of the victims recanting. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.371(e)-1 According to the facility PREA investigator and Delaware State Police (DSP) in the prior 12 months, there were no sexual abuse investigations that rose to criminal threshold. Investigations that meet the criminal threshold are jointly investigated by DSP and Delaware’s Institutional Abuse (IA) department. In the case of compelled interviews, confirmation was made by DSP that the responsibility of consultation with the prosecutor (Attorney General’s Office) prior to conducting a compelled interview would be done by DSP. The agency is substantially compliant with this provision and there is no corrective action required at this time. 115.371(f)-1 According to the interview with DSP, assessment of the credibility of an alleged victim, witness, or suspect is based on the evidence presented. It is not based on the individual’s status as a resident or staff member. The facility PREA investigator stated that there is no judgement of credibility. Review of the investigative files did not indicate an assessment of credibility. The information provided in the files

	appeared to be solely informational. DSP and the facility PREA investigator stated the agencies do not require 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 VisionQuest in order to confirm the facilities practices of credibility assessments, polygraph examination, or truth telling devices. The agency is substantially compliant with this provision and there is no corrective action required at this time. 115.371(g)-1 Review of documents provided in the investigative files, there was no indication of a determination by the investigator whether staff actions or failures to act contributed to any sexual abuse. Also, there were no documents describing any physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts or findings. The facility did provide the PREA Investigation Report Template for future allegations of sexual abuse and sexual harassment. The new form includes everything listed except credibility assessment and whether staff actions or inactions contributed to the abuse. 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 footage, written statements, and descriptions. It was also stated that there are efforts to determine whether staff actions or failure to act contributed to the sexual abuse through reviewing of footage and statements. The agency is not substantially compliant with this provision and corrective action is required at this time. 115.371(h)-1 Within the prior 12 months, VisionQuest has not reported any allegations that have met the threshold of criminal sexual abuse. The interview with DSP yielded that criminal investigations would be documented in a summary, and to obtain a full report, the agency would have to request a Freedom of Information Act (FOIA) request. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.371(i)-1 VisionQuest does not conduct criminal investigations. Based on VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.8.e-f, any allegations that that involve potentially criminal behavior are investigated by Institutional Abuse Investigative Unit (DFS) in conjunction with DSP. During the interview with DSP, the auditor determined that substantiated allegations of

	conduct that appear to be criminal are referred for prosecution. It was explained prior to being referred for prosecution, DSP confers with the Attorney General's Office. The agency reported that there were three substantiated allegations that were referred for prosecution, it is believed that this information was in error. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.371(j) The agency has established a SOP for all written reports of sexual abuse retention. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.8.l 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. VisionQuest RAD-Delaware provided photographs of the 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. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.371(k)-1 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. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.7.a-b reiterates that investigations are to be considered whether resident are in custody or not, and staff members named in allegation are currently employed or not. According to interviews with DSP 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. The PREA compliance manager advised that due to the short length of stay, residents are usually released prior to the end of an investigation. This could possibly impede residents being notified of the outcomes of allegations. The agency is substantially compliant with this provision and there is no corrective action required at this time. 115.371(l)-1

	The Memorandum of Understanding with Delaware State Police(DSP) and VisionQuest ensures that DSP conducts investigations in accordance with 1157.371(a)-(k). The agency is substantially compliant with this provision and there is no corrective action required at this time. 115.371(m) The auditor confirmed through interviews with the superintendent, PREA compliance manager, facility investigator, and the PREA coordinator would remain in communication with the point of contact provided during investigation. It should be noted that the program director was interviewed utilizing the protocols from the superintendent, PREA compliance manager, and facility PREA investigator. The agency is substantially compliant with this provision and there is no corrective action needed at this time. The evidence provided shows that the agency has a policy related to criminal and administrative investigations of sexual abuse and sexual harassment. There were three out of 5 investigative files of sexual abuse and sexual harassment that the auditor was able to determine the practice of certified PREA investigators conducting investigations of sexual abuse and sexual harassment. The auditor determined that promptness, objectiveness and thoroughness of investigations were of concern. The facility is implementing a PREA investigative report template. VisionQuest did not demonstrate the practice of documenting interviews, collecting direct and/or circumstantial evidence, collecting video footage, and the review of prior reports and complaints of alleged perpetrator through providing prior history in reports. Interviews of investigators have confirmed that investigations are not terminated due to the source of the allegation being recanted, and credibility is assessed the facts of the allegation without 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 to115.371(j). It was confirmed criminal investigations of sexual abuse and sexual harassment are conducted by DSP jointly with IA, and there is a process by which the agency would be able to obtain the summary of the criminal report of sexual abuse Based on this analysis, VisionQuest is not compliant with this standard, and corrective action is required at this time. Corrective Action: 1. The agency shall implement the use of the PREA Investigation Report Template when conducting investigations of allegations of sexual abuse and sexual harassment. 2. Facility PREA investigators, agency/facility administrators, PREA compliance manager, and PREA coordinator shall be trained on investigating allegations

	of sexual abuse and sexual harassment in a prompt, thorough, and objective manner which includes completing the VisionQuest PREA Investigation Report for each allegation of sexual abuse and sexual harassment. Provide the auditor with signed rosters of attendees and the curriculum. Since the facility is a national agency, the training can be facilitated virtually. 3. Facility PREA investigators, agency/facility administrators, PREA compliance manager, and PREA coordinator shall complete training of 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. Provide the auditor with signed rosters of all required attendees and completed investigative files from the two scenarios. Since the facility is a national agency, the training can be facilitated virtually. Recommend 1. Add an additional agency/facility PREA investigator for the Delaware RAD Programs **Verification of the Corrective Action since the onsite PREA audit:** In response to the corrective action, VisionQuest submitted documentation via OAS on 9/17/2024. The following documents were submitted: • Two completed mock PREA Investigation Report Templates and supporting documents • Mock Sexual Abuse Review Report (SAIR)Form • Signed Attendance Sheet for Mock Scenario Training **Corrective Action Intent:** The intent of this corrective action was to ensure that VisionQuest RAD-Newark staff became knowledgeable in responding and administratively investigating utilizing the PREA Investigation Report Template. An allegation of sexual abuse and an allegation of sexual harassment were used in the scenarios. Further, the facility experienced conducting two mock sexual abuse reviews utilizing the SAIR form. Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire (PAQ)
2. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.8.c Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023)
3. State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect: Child Abuse Protocol p.35, DFS (IA)

Interviews:

1. Facility PREA investigator

Findings (by Provision):

115.372 (a)-1:

According to the pre-audit questionnaire (PAQ), VisionQuest 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.

VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.8.c requires that no standard higher than the preponderance of the evidence be considered in determining whether allegations of sexual misconduct are substantiated.

Additionally, VisionQuest RAD-Newark is under the jurisdiction of Department of Services for Children Youth and Their Families who employees institutional abuse investigators (IA). Those investigators are mandated to investigate in accordance with the PREA mandates. The investigators are a part of a multidisciplinary response team which investigates based on the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect: Child Abuse Protocol p.35. The memorandum requires that DFS (IA) make a finding within 45 days once it has established that a preponderance of the evidence exists.

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.

Within the last 12 months, there were 5 allegations of sexual abuse and/or sexual harassment investigations documented on the PAQ. To further review the application of the evidentiary standard, the auditor reviewed the allegations, but there was limited information regarding outcomes. On the excel spreadsheet of allegations of sexual abuse and sexual harassment, there were 4 allegations that were unsubstantiated and an allegation that was determined unknown. Based on documentation provided, the auditor was unable to determine the practice of applying the evidentiary standard of preponderance of the evidence.

	Review of both the VisionQuest SOP and the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect: Child Abuse Protocol and the interview with the facility PREA investigator, the auditor has determined that VisionQuest does not impose a standard higher than a preponderance of the evidence when substantiating allegations of sexual abuse or sexual harassment. The agency is substantially compliant with this standard and no corrective action is required at this time.

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023) 2. PREA Investigation Report Template 3. VisionQuest RAD-Newark Sexual Abuse and Sexual Harassment Table Interviews: 1. Superintendent-Program Director 2. Facility PREA Investigator-Program Director Site Review: 1. ExtendedReach-Web Based Case Management Database Findings (by Provision): 115.373(a): VisionQuest provided in the pre-audit questionnaire (PAQ) a SOP 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 Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.10.a states Following an investigation into a youth’s allegation of sexual abuse in the facility, the PREA Compliance Manager

	shall inform the youth whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. The agency reported that there were three criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the facility in the past 12 months. According to the Sexual Abuse and Sexual Harassment Table, there were five sexual abuse and/or sexual harassment allegations that were completed. Of the five investigations, there was four sexual harassment investigations that were unsubstantiated, and there was a sexual harassment/ sexual abuse investigation that the outcome was unknown due to the investigation being handled by a state agency. It appears the allegation was reported to the facility, but the allegations did not definitively occur while the resident was in custody at VisionQuest. The auditor determined that there were no investigations of sexual abuse that required a notification of outcome to a resident. The superintendent confirmed that the facility notifies a resident who makes an allegation of sexual abuse that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Following the report of the outcome of the investigation, the notification is documented in the residents file in ExtendedReach, the web-based case management database. Also, the investigative staff was aware that when a 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. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.373(b): Based on information provided in the PAQ, when VisionQuest RAD-Newark does not conduct an investigation, it shall request the relevant information from the investigative agency in order to inform the resident. According to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.8.i, 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. During the interview with the Delaware State Police (DSP), the auditor determined that in order to obtain a summary of an investigation of sexual abuse, VisionQuest must make a FOIA request (Freedom of Information Act). There were no allegations of sexual abuse that were investigated by external facilities, and the auditor was unable to determine the facility’s practice of obtaining investigative outcomes. The facility is substantially compliant with this provision and corrective action is not required at this time.

	115.373(c): According to the PAQ, VisionQuest RAD-Newark stated 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 Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.10.b.1-4 If the allegation involved a staff member, the PREA Compliance Manager shall inform the youth whenever. 1. The staff member is no longer assigned within the youth's unit; 2. The staff member is no longer employed at the facility; 3. The staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The staff member has been convicted on a charge related to sexual abuse within the facility. In the prior 12 months, there were no substantiated or unsubstantiated complaint of sexual abuse by a staff member against a resident at VisionQuest Rad-Newark. During the onsite audit, there were no residents who reported sexual abuse for the auditor to interview. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.373(d): 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 Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.10.c.1-2 is specified that If the allegation involved another youth, the PREA Compliance Manager shall inform the alleged victim when the alleged abuser has been: 1. Indicted on a charge related to sexual abuse within the facility; or 2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility. In the prior 12 months, there were no substantiated or unsubstantiated complaint of sexual abuse by a resident against a resident at VisionQuest Rad-Newark. During the onsite audit, there were no residents who reported sexual abuse for the auditor to interview. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.373(e):

	VisionQuest provided a policy that all notifications to residents described under this standard are documented. Cited in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.10.d, all such notifications or attempted notifications shall be documented. During the onsite audit, the auditor was given the PREA Investigation Report Template. The facility is planning to implement this template to assist in organizing investigations of sexual abuse and sexual harassment. In section 13, there is a dedicated section titled Outcome of PREA Allegation Investigation. By utilizing this template, residents would sign that they received the notification of the outcomes of investigations. Presently, the facility documents outcomes of sexual harassment allegations in the ExtendedReach. Notifications that were documented were for sexual harassment allegations and not for sexual abuse allegations. The agency documented an error in the PAQ. During the onsite audit, there were no residents who reported sexual abuse. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.373(f): The auditor is not required to audit this provision. The agency is substantially compliant with this provision and corrective action is not required at this time. VisionQuest has policy that any resident who makes an allegation of sexual abuse in the facility will be notified of outcomes. When the facility does not conduct the investigation, it shall obtain outcomes of allegations from external investigative entities. There is a SOP 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 in ExtendedReach, and the facility plans to further provide notification with documentation of resident’s signature. 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**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023)
2. VisionQuest Human Resources Standard Operating Procedure VQ.1.C.4: Zero Tolerance for Sexual Misconduct of a Minor (effective 1/5/2015)(revised 3/31/2023)(reviewed 3/2024)
3. List of Terminated Staff
4. Pre-Audit Questionnaire (PAQ)

Findings (by Provision):

115.376(a):

In the pre-audit questionnaire, the VisionQuest responded that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The agency addresses discipline sanctions in two of the SOPs.

In VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.L.1-2, it states disciplinary sanctions for violations of this procedure relating to sexual misconduct 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.

In the Zero Tolerance SOP, VisionQuest Human Resources Standard Operating Procedure VQ.1.C.4.II.D.1, it states the nature of the sanctions will depend on the gravity and extent of the abuse and/or harassment. 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. Violations of this policy will be subject to disciplinary action, up to and including termination, and may be prosecuted. The sanctions that were listed in the SOP were:

a. Verbal and/or Written Warning

b. Write-Up

c. Note-to-File (NTF)

d. Suspension

e. Termination

f. Prosecution

During an informal interview, the PREA compliance manager and the auditor discussed the termination list that was provided. There were no terminated staff in the prior 12 months terminated or resigned due to an impeding allegation of sexual abuse or sexual harassment.

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

115.376(b):

Based on information provided on the PAQ, there were no staff that had violated agency sexual abuse or sexual harassment policies. During informal conversation with the PREA compliance manager, the auditor determined within the prior 12 months that there were no staff that violated agency sexual abuse or sexual harassment policies, and there were no staff terminated or resigned as a result of violating agency sexual abuse or sexual harassment policies. There was a review of the termination list, and it was further confirmed that there were no staff terminated or resigned for violating the agency’s sexual abuse and sexual harassment policies.

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

115.376(c):

In the PAQ VisionQuest RAD-Newark 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.

VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.II.L.1, explains that disciplinary sanctions for violations of this procedure relating to sexual misconduct 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.

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. The auditor was not provided documentation of a disciplinary sanction taken against staff for violation of the agency sexual abuse or sexual harassment policies for the prior 12 months.

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

115.376(d):

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 Found in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.K, 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. Also, there is reference to prosecution for violation of agency sexual abuse and sexual harassment policy in VisionQuest Human Resources Standard Operating Procedure VQ.1.C.4:II.D.1. 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. The facility is substantially compliant with this provision and no corrective action is required at this time. VisionQuest had policy that requires 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. 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**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023)
2. VisionQuest Human Resources Standard Operating Procedure VQ.1.C.4: Zero Tolerance for Sexual Misconduct of a Minor (effective 1/5/2015)(revised 3/31/ 2023)(reviewed 3/2024)
3. Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent

Findings (by Provision):

115.377(a):

In the pre-audit questionnaire (PAQ), the facility provided a SOP 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.

The SOP specifically listed contractor and volunteer. Cited in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.L.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.

In the PAQ, the agency provided a SOP that requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.L.2, 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. 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 no corrective action is 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. Through the SOP the agency addressed appropriate remedial measures for contractors and volunteers. In VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.L.2, 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. The superintendent stated that at the time the facility did not have any volunteers. Further it was explained that if a contractor was found to have committed sexual abuse or sexual harassment, there would be a removal of the contractor and the services would be suspended. The facility is substantially compliant with this provision and no corrective action is required at this time. Recommendation: 1. The agency has required in policy that contractors and volunteers who engage in sexual abuse be reported to law enforcement and other licensing bodies. Additionally, volunteers and contractors who engage in sexual abuse are prohibited from contact with residents. Through 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.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/

2023)
2. VisionQuest Human Resources Standard Operating Procedure VQ.1.C.4: Zero Tolerance for Sexual Misconduct of a Minor (effective 1/5/2015)(revised 3/31/2023)(reviewed 3/2024)
3. VisionQuest Residential Alternative to Detention Concern and Grievance Policy
4. PREA Policy for Residents
5. Pre-Audit Questionnaire (PAQ)

Site Review:

1. Bedroom Use

Findings (by Provision):

115.378(a):

VisionQuest responded 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.

VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.II.L.4 youth are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

The SOP only references criminal findings of guilt for resident-on-resident sexual abuse, but not administrative findings of guilt for resident-on-resident sexual abuse.

In the prior 12 months, VisionQuest RAD-Newark reported no cases of administrative or criminal findings of resident-on-resident sexual abuse.

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

115.378(b):

VisionQuest RAD-Newark does not practice the utilization of isolation. During the site review, there were no bedrooms utilized for isolation purposes. Formal and informal discussion with staff, the auditor determined that there were no rooms 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.

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 written documentation to the parole officer. Also, it was stated the sanctions are proportionate to the nature and circumstances of the abuses committed, the resident’s disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Additionally, resident’s mental disability and mental illness are taken into

consideration when determining sanctions. Lastly, the superintendent disclosed that isolation is not utilized at the facility.

In the inspection of the investigative files, there were no resident allegation of sexual abuse at VisionQuest RAD Newark in the prior 12 months.

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

115.378(c):

VisionQuest RAD reported in the PAQ that the disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Based on the information obtained from VisionQuest Delaware Day Treatment Programs Operating Procedure DT#3.74-1.III.A.1-5: Behavior Management, the facility in determining an appropriate consequence following a program expectation violation, staff must evaluate several factors which include:

1. The youth’s overall behavior in the program.
2. Frequency of the behavior.
3. Opportunity for the youth to learn.
4. Severity of the incident.
5. The youth’s treatment/service plan goals.

The auditor determined the criteria listed would take into consideration the youth's mental health and mental illness.

The facility uses Aggression Replacement Training (ART) as the cognitive behavioral intervention program.

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

115.378(d):

VisionQuest does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

There are no medical or mental health practitioners employed at VisionQuest RAD-Newark.

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

115.378(e):

In the pre-audit questionnaire (PAQ), the agency provided three documents detailing the agency’s discipline of residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Upon review of the 3

documents provided, there was no specific language that stated that residents would be disciplined for sexual conduct with staff upon determining staff member did not consent.

In the PREA Policy for Residents, it states that any type of forced or unwanted sexual activity, including but not limited to touching and sexual harassment between staff and youth is criminal and prohibited.

In the introduction of VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act, it states sexual misconduct between staff and youth, volunteers or contract personnel and youth, youth and youth, regardless of consensual status is prohibited and subject to administrative discipline and/or criminal sanctions.

In the third document, VisionQuest Human Resources Standard Operating Procedure VQ.1.C.4: Zero Tolerance for Sexual Misconduct of a Minor, there were no references to the discipline of residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

From the documentation provided, the auditor could not determine if a resident would be disciplined for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

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

115.378(f):

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 evidence sufficient to substantiate the allegation.

The agency's position is specified in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.I.J.1-6. The SOP states any act of vengeance, covert or overt action, or threat of action taken against an individual in response to their claim of sexual misconduct, sexual contact or sexual abuse or cooperation in the reporting or investigation of sexual misconduct, regardless of the disposition of the complaint. Examples of retaliation include:

1. Unnecessary discipline
2. Verbal or physical intimidation or threats
3. Unnecessary changes in housing classification
4. Unnecessary changes in work or program assignments
5. Unjustified denials of privileges or services
6. Any action to compromise the victim or witness's safety including refusal or failure to protect

Cited in VisionQuest Residential Alternative to Detention Concern and Grievance

	Policy item #10, youth will not be retaliated against for filing a concern or a grievance, and any youth filing a grievance in good faith shall not be disciplined regardless of the findings of the investigation of the allegations on the grievance. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.378(g) Indicated in the PAQ, VisionQuest prohibits all sexual activity between residents and it's communicated through a standard operating procedures. Cited in the VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.G.1, sexual contact, sexual acts, and other sexual misconduct between juveniles are prohibited regardless of whether it is alleged to be consensual. The agency is substantially compliant with this provision and no corrective action is required at this time. VisionQuest has established disciplinary sanctions for residents through a formal disciplinary process except that administrative findings are not included. 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 not offer counseling or therapy. The agency does not have a SOP 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 for both good faith reporting by residents and prohibition of sexual activity between residents. Based on this analysis, VisionQuest is not compliant with this standard and corrective action is required at this time. Corrective Action: 1. The agency shall add to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023) that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. 2. The agency shall add to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023), VisionQuest Human Resources Standard Operating Procedure VQ.1.C.4: Zero Tolerance for Sexual Misconduct of a Minor (effective 1/5/2015)(revised 3/31/2023)(reviewed 3/2024) and the PREA Policy for Residents that residents can be disciplined for sexual conduct with staff only upon finding that the staff member did not consent to such contact. **Verification of the Corrective Action since the onsite PREA audit:**

	In response to the corrective action, VisionQuest submitted documentation via OAS on 10/11/2024. The following documents were submitted: • Procedure Prison Rape Elimination Act (PREA) VQ.D.PREA.01.A (Domestic-Facility-Delaware) Effective Date: 10/10/2024 (revision 11/15/2024) • Revised Prison Rape Elimination Act (PREA) Policy VQ.D.PREA.01(Domestic-Facility-Delaware) Effective Date: 10/10/2024 VQ.D.PREA.01.A.3.19.2.1 revised to 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. VQ.D.PREA.01.4.3.2 revised to youth perpetrators are subject to discipline only upon finding that the employee did not consent to such contact. **Corrective Action Intent:** The intent of this corrective action was to ensure that VisionQuest updated the agency and facility PREA policy and procedures to ensure that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process. Also, to make certain that residents can be disciplined for sexual conduct with a staff member only upon finding that the staff member did not consent to such contact. Based on review of the policy and procedure received, the auditor finds the facility substantially compliant with this standard.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest PREA Youth Orientation and Education Brochure 2. Pre-Audit Questionnaire (PAQ) 3. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023) 4. Outpatient Clinic Vulnerability Assessment Follow-Up Log 5. Youth Rights Attestation 6. Admission Consent Attestation 7. Concern and Grievance Policy Attestation 8. Review of 18 sample Vulnerability Assessments

Interviews:

1. Staff Responsible for Risk Screenings

Site Review:

1. Onsite PREA Binder

Findings (by Provision):

115.381(a):

According to the PAQ, VisionQuest RAD-Newark 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 PREA Youth Orientation and Education Brochure and VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1. Review of the VisionQuest PREA Youth Orientation and Education Brochure did not address this provision, but the SOP gave details of the services provided.

Cited in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.D youth identified as high risk with a history of sexually assaultive 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. Such youth will also be monitored by mental health services and counseled.

The assessment by a mental health or other qualified health practitioners would not be conducted at VisionQuest RAD-Newark. An appointment would have to be made externally, because the facility does not employ mental health or other qualified health practitioners. Based on information on the SOP, residents would be scheduled within 14 days of the intake screening.

According to information obtained from the PAQ, there were no residents that disclosed prior victimization during the prior 12 months.

The service workers supervisor and the service workers conduct the risk screenings of risk of victimization and abusiveness and maintain the Outpatient Clinic Vulnerability Assessment Follow-Up Log. The document lists residents in need of services pertaining to PREA standard 115.381. There were no residents listed on the log for the prior 12 months. Review of a sample of 18 risk screenings, and the auditor did not locate residents that were either identified as high risk of victimization nor high risk of sexual abusiveness.

During the onsite interviews, there were no residents who disclosed sexual victimization at risk screening at the facility to interview. In speaking with 3 staff members who are responsible for performing risk screenings, it was confirmed that

	the facility would provide a resident who has experienced prior sexual victimization with a follow-up meeting with a mental health practitioner. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.381(b): VisionQuest reported in the PAQ that all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Again both the VisionQuest PREA Youth Orientation and Education Brochure and VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1. were provided for evidence. Only the SOP applied to this provision. Specified in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.D youth identified as high risk with a history of sexually assaultive 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. Such youth will also be monitored by mental health services and counseled. The assessment by a mental health or other qualified health practitioners would not be conducted at VisionQuest RAD-Newark. An appointment would have to be made externally, because the facility does not employ mental health or other qualified health practitioners. Based on information in the SOP, residents would be scheduled within 14 days of the intake screening. 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. The service workers supervisor and the service workers conduct the risk screenings of risk of victimization and abusiveness and maintain the Outpatient Clinic Vulnerability Assessment Follow-Up Log. The document lists residents in need of services pertaining to PREA standard 115.381. There were no residents listed on the log for the prior 12 months. Review of a sample of 18 risk screenings, and the auditor did not locate residents that were either identified as high risk of victimization nor high risk of sexual abusiveness. According to the staff responsible for screening for risk of victimization and abusiveness, all three confirmed that an indication of a resident previously perpetrating sexual abuse they would offer a follow-up meeting with a mental health practitioner. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.381(c):

	VisionQuest indicated on the PAQ that Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The facility does not employ either medical or mental health practitioners. Since there are no medical or mental health practitioners, the facility confirmed 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. 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 all staff in the facility had access to sensitive information on the victimization assessments instead of just the service workers supervisor and the service workers. The facility is not substantially compliant with this provision and corrective action is required at this time. 115.381(d): 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. The facility does not employ medical and mental health practitioners, and the facility does not admit residents that are 18 years of age or older. A resident may turn 18 years old while detained at VisionQuest RAD-Newark. The agency did establish a SOP pertaining to this provision. In VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.D.4 states staff shall obtain consent from residents over the age of 18 years old before reporting information about prior sexual victimization that did not occur in an institutional setting. The agency has demonstrated practice of obtaining informed consent from residents before reporting information. During the intake process, the facility requires residents to attest to several documents including a consent document. The documents include the following: • Youth Right's Attestation • Admission Consent Attestation • Concern and Grievance Policy Attestation With the residents being under the age of 18 and all staff are mandatory reporters, staff is not required to obtain consent before reporting information about prior sexual victimization that did not occur in an institutional setting. The facility is substantially compliant with this provision and no corrective action is required at this time.

VisionQuest provides within 14 days of risk screening a follow-up 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 not established limits to access to risk screenings. The facility obtains informed consent from resident that are 18 years of age before reporting prior victimization that did not occur in an institutional setting.

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

Corrective Action:

1. The facility shall only provide access to vulnerability assessments to the service worker supervisor and service workers. All others will be given a recommendation to assist with treatment plans and security management decisions. The auditor will return to the facility to check for accessibility of vulnerability assessments and provide the auditor with a list of recommendations to ensure that treatment plans and security management decisions are considered.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, VisionQuest submitted documentation via OAS on 8/5/2024. The following documents were submitted:

- Affirmation from the facility director attesting to the limitations of access of the Vulnerability Assessment (risk screening).
- Email correspondence between the agency and facility requesting and granting limited access to the Vulnerability Assessment specifically to the service care workers and supervisors.
- Sample of four recommendations from the Vulnerability Assessment sent to the facility director.

Auditors return for onsite review of access to ExtendedReach on 9/19/2024.

- There was no direct care worker available during the return onsite visit to review and compare the accessibility of Vulnerability Assessment. Only the director, service worker supervisor, and service worker were available. A decision by all was to complete the review virtually.

Auditor’s access to ExtendedReach was provided virtually on 10/3/2024.

- The auditor requested a shared screen with a direct care worker. The worker logged in to ExtendedReach. The auditor reviewed access, and the Vulnerability Assessment was not available.
- The auditor requested a shared screen with the service care supervisor. The supervisor logged in to ExtendedReach. The auditor reviewed the access,

and the Vulnerability Assessment was available for the service care supervisor.

Corrective Action Intent:

The intent of this corrective action was to ensure that VisionQuest implemented appropriate controls of the dissemination of the responses to the Vulnerability Assessment (risk screening). Further, pursuant to this standard to ensure that sensitive information is not exploited to the residents' detriment by staff or other residents. Additionally, the facility implemented the use of recommendations to ensure that treatment plans and security management decisions were considered. Based on review of the information uploaded to OAS, the review of the levels of accessibility, and the implementation of using recommendations to communicate information from the Vulnerability Assessment, the auditor finds the facility substantially compliant with this standard.

115.382	Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023)
2. Memorandum of Understanding Between VisionQuest and Survivors of Abuse in Recovery (SOAR)
3. Pre-Audit Questionnaire (PAQ)
4. First Responder Checklist

Findings (by Provision):

115.382(a):

Visionquest responded that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility did not provide evidence of either services being rendered. Further research by the auditor located two documents that indicated resident victims of sexual abuse would receive access to said services.

VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.4.a Alleged victims of sexual abuse shall receive timely, unimpeded

	access to qualified emergency medical treatment that have SANEs/SAFEs and crisis intervention services, the nature and scope of which are to be determined by medical and mental health practitioners. In the Memorandium of Understanding Between VisionQuest and SOAR, 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 Nemours Hospital for Children, Christiana Care Emergency Department, or Milford Hospital Emergency Department for a forensic medical exam and to meet with a mental health professional from the SOAR Inc. VisionQuest does not employ medical or mental health practitioners. Based on informal conversation with PREA compliance manager with the absence of medical and mental health practioners, the service worker would maintain documentation of timeliness of emergency medical treatment and crisis intervention services on the ExtendedReach, web-based case management software. At the time of the onsite audit, there were no residents who reported sexual abuse. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.382(b): The provision requires that if there are no qualified medical or mental health practitioners on duty at the time of recent sexual abuse, the staff 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 Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.2.a-g. and the First Responder Checklist, the facility has developed procedures for the absence of mental health and medical practitioners at the time of a recent sexual abuse. Detailed steps are included in the VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.2.a-g. Included is the first responder instructions which include the preliminary steps 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 VisionQuest RAD-Newark, the local hospitals with existing memorandum of understanding with the facility are Christiana Care Hospital and I.A Dupont Nemours Hospital. The First Responder Checklist requires an initial and signature acknowledging that each step was completed during an incident of sexual abuse or sexual harassment. The steps on the First Responder Checklist are: 1. Separate the alleged victim from abuser 2. Request that the alleged victim refrain from and prevent alleged perpetrator from taking any actions that could destroy evidence

3. Notify Compliance Manager
4. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.

During interviews with security staff, the auditor determined that they were aware of the responsibilities as a first responder. Four of the security staff responses included separating alleged victim and alleged perpetrator, request that the alleged victim and perpetrator refrain from any actions, preserve area, and notify supervisor.

115.382(c)

In the PAQ, VisionQuest RAD-Newark responded the resident victims of sexual abuse while incarcerated are offered timely information about timely access to emergency contraception and sexually transmitted infections prophylaxis. In the VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.4.c outlines that Alleged victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis where medically appropriate.

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

115.382(d):

Within the PAQ, VisionQuest provided evidence through a SOP 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 Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.4.d 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.

At the time of the onsite audit, there were no residents who reported sexual abuse at the facility.

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

The facility provides resident victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention. Staff first responders take preliminary steps to protect the victim 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 emergency contraception and sexually transmitted infections prophylaxis.

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

	Recommendation: 1. Add to First Responder Checklist to notify the appropriate medical and mental health practitioners (SANE and SOARS).

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023) 2. Pre-Audit Questionnaire (PAQ) 3. Memorandum of Understanding Between VisionQuest and Survivors of Abuse in Recovery (SOAR) Findings (by Provision): 115.383(a): VisionQuest RAD-Newark 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. VisionQuest RAD-Newark does not have medical and mental health practitioners on site. Residents in need of services are either provided services off site or through telehealth. According to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.5.a. the facility offers medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual acts. The SOP makes reference to all youth who have been victimized by sexual acts. It is not specific to any prison, jail, lockup, or juvenile facility. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.383(b): Though the facility does not employ medical or mental health practitioners through a SOP, VisionQuest provided in the PAQ that the evaluation and treatment of victims

	of sexual abuse shall include 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. Found in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I5.a. 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. According to the Memorandum of Understanding Between VisionQuest and Survivors of Abuse in Recovery (SOAR), youth would be provided with referrals for treatment after release or upon transfer to another facility., and youth would be provided follow-up services and Crisis Intervention contacts to victims of sexual assault at Vision Quest as resources allow. There are no medical or mental health practitioners employed at the facility to confirm practice, and 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. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.383(c): 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 Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.I.5.e, victims will receive medical and mental health services consistent with the community level of care. The facility is substantially compliant with this provision and no corrective action is required at this time. It should be noted that mental health and medical practitioners are accessed through external entities. There are no medical or mental health practitioners employed at the facility to confirm practice, and 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. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.383(d): According to VisionQuest RAD-Newark response on the PAQ, resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. In the SOP, VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.I.II.5.b states alleged victims of sexually abusive vaginal penetration

	shall be offered pregnancy tests. The pregnancy test would be provided at either A.I. Dupont Nemours or Christiana Care Hospital. There are no medical or mental health practitioners employed at the facility to confirm practice, and 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. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.383(e): VisionQuest RAD-Newark replied if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. The facility position is evident in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.5.c. The SOP references if pregnancy results from sexually abusive vaginal penetration, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. There are no medical or mental health practitioners employed at the facility to confirm practice, and 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. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.383(f); PREA mandates that resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infection as medically appropriate. In the agency SOP, VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.I.II.5.d states alleged victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. There are no medical or mental health practitioners employed at the facility to confirm practice, and 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. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.383(g): VisionQuest RAD-Newark 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 Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.I.II.5.e it states that treatment services including a victim advocate will 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. There are no medical or mental health practitioners employed at the facility to confirm practice, and 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. The facility is substantially compliant with this provision and no corrective action is required at this time. 115.383(h): The VisionQuest RAD-Newark 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. According to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.I.II.5.f, 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. There are no medical or mental health practitioners employed at the facility to confirm practice, and there were no alleged perpetrators of 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. The facility is substantially compliant with this provision and no corrective action is required at this time. The agency provides 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. The care is consistent with the community level of care. Without cost victims of sexual abuse will be provided pregnancy test, timely and comprehensive information about timely access to lawful pregnancy related medical services, and testing for sexually transmitted infections. Lastly, the facility shall attempt to conduct mental and medical health evaluation of all known resident -on-resident abusers within 60days of learning of such abuse history and offer treatment. Based on this analysis, the facility is substantially compliant with this standard and no corrective action is required at this time. Recommendation:

	1. Revise the SOP to read the facility offers medical and mental health evaluation and treatment to all residents who have been victimized by sexual abuse in any prison, jail lockup, or juvenile facility.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.J.2: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023) Interviews: 1. PREA compliance manager 2. Superintendent 3. Incident Review Team Members Findings (by Provision): 115.386(a): According to information provided by the Pre-Audit Questionnaire (PAQ), VisionQuest RAD-Newark 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. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.J.2: Prison Rape Elimination Act states for incidents involving allegations of sexual abuse, the PREA Coordinator shall conduct an incident review within 30 days of the conclusion of the investigation in matters that have not been substantiated but not those that have been determined to be unfounded. The incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Review of investigative files of allegations of sexual abuse and sexual harassment, the auditor there were no allegations of sexual abuse that were determined to be substantiated or unsubstantiated.

	In the submission of the PAQ, the facility received one allegation of sexual abuse/ sexual harassment. The outcome of the allegation was unknown by the agency. The allegation appears to be reported by the facility rather than an incident involving VisionQuest RAD-Newark. There were four allegations of sexual harassment. The auditor was unable to determine the practice of conducting sexual abuse incident reviews, because there were no substantiated or unsubstantiated cases of sexual abuse at VisionQuest RAD-Newark. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.386(b): 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 to the agency's PREA policy. Quoted in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.J.2.a: Prison Rape Elimination Act for incidents involving allegations of sexual abuse, the PREA Coordinator shall conduct an incident review within 30 days of the conclusion of the investigation in matters that have not been substantiated but not those that have been determined to be unfounded. There have been no criminal or administrative investigations of alleged sexual abuse completed by the facility that were followed by a sexual abuse incident review within 30 days excluding only unfounded incidents. The auditor was unable to determine the practice of conducting sexual abuse incident reviews within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The facility is substantially compliant with this provision and there is no corrective action needed at this time. 115.386(c): Within the PAQ, the facility notated 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. Within Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.J.2.b. The incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. During interviewing, it was determined by the auditor that the incident review team consisted of the program director and the two supervisors. It should be noted that staff members at the facility have multiple roles due to it being a small facility. The program director constitutes both facility investigator and upper-level management. The facility does not employ medical or mental health practitioners.

	According to the superintendent (program director), the facility has identified an incident review team which includes the program director and supervisors for allegations of substantiated and unsubstantiated sexual abuse. There are no reports available, because there have not been any allegations of substantiated or unsubstantiated sexual abuse. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.386(d)(e): Through the PAQ, VisionQuest RAD-Newark 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. Within VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.II.J.2.c-d. 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 PREA Coordinator who is authorized to implement the recommendations for improvement or shall document reasons for not doing so. In the provision prior, the review team shall: 1. 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. 2. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. 3. Assess the adequacy of staffing levels in that area during different shifts. 4. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The above criteria for consideration for incident reviews are in alignment with PREA standard 115.386(d)(1)-(d)(5).Based on the interview with the program director whose roles include superintendent and PREA compliance manager, the team would use the information to assist with training and reviewing policy and procedures. Additionally, it was confirmed the team would consider all factors listed in PREA standard 115.386(d)(1)-(d)(5). It was affirmed that reports from incident review would include the information per PREA standard 115.386(d)(1)-(d)(5). According to the program director, there would be a look at recognizing patterns and adjusting as necessary. Members of the incident review team confirmed the consideration for the

criteria in PREA standard 115.386(d)(1)-(d)(5).

The auditor was unable to determine the practice of the facility's preparation of a report of its findings from a sexual abuse incident review, and the facility's implementation of recommendations for improvement or documentation of its reason for not doing so. Through the SOP the facility does address the implementation of the recommendations for improvement or documents its reason for not doing so for sexual abuse review reports.

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

Through policy and confirmation from the PAQ, New Outlook Academy conducts sexual abuse incident reviews at the conclusion of criminal and administrative investigations within 30 days, but the policy does not require unsubstantiated. The facility incident review team includes a team of staff, as well as input from line supervisors, investigators, and medical and mental health practitioners. The facility considers the criteria set by PREA Standard 115.386 to conduct the sexual abuse incident review. Lastly, the facility implements the recommendations for the improvement or documents its reasons for not doing so.

Based on this analysis, the facility does not substantially meet compliance with this standard, and corrective action is needed at this time.

Corrective Action:

1. The agency should revise policy VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.J.2: Prison Rape Elimination Act to state the facility shall 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.

Recommendation:

1. Clarify language in SOP that sexual abuse incident reviews are to be conducted for allegations of sexual abuse that are substantiated and unsubstantiated but not for cases with outcomes of unfounded.
2. Create a uniformed document to collect the criteria required for incident reviews.
3. Annually, the facility should conduct a mock incident review of sexual abuse.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, VisionQuest submitted documentation via OAS on 10/11/2024. The following document was submitted:

- Two mock sexual abuse incident review

	• Procedure Prison Rape Elimination Act (PREA) VQ.D.PREA.01.A (Domestic-Facility-Delaware) Effective Date: 10/10/2024 (revision 11/15/2024) VQ.D.PREA.01.A.3.18.2.1 revised to 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. **Corrective Action Intent:** The intent of this corrective action was to ensure that VisionQuest conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. Based on the procedure received, the auditor finds the facility substantially compliant with this standard.

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.J.2: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/ 2023) 3. DSCYF -Reportable Event Summary 4. 2023 VQ PREA Annual Report 5. VisionQuest PREA Investigation Report Template 6. Pictures of Secured Area Data is Retained- 7. Table of Allegations of Sexual Abuse and Sexual Harassment for the prior 12 months 8. Emails Pertaining to the Submission of the Survey of Sexual Violence Site Review: 1. Secured Area Data is Retained Findings (by Provision): 115.387(a): According to information obtained from the Pre-Audit Questionnaire (PAQ),

	VisionQuest confirmed that VisionQuest RAD-Newark 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 policy, agency's zero-tolerance policy, and the grievance form. Further the auditor searched in the PAQ and located the DSCYF Reportable Event Summary. It is a form that collects uniform data for every allegation of sexual abuse and sexual harassment at VisionQuest RAD-Newark. During the onsite audit, the auditor was provided the VisionQuest PREA Investigation Report Template which in the future would probably capture more detailed information than the DSCYF Reportable Event Summary. Both RAD facilities in Delaware use the report to document incidents to DSCYF. Definitions of words used on the documentation can be located in both the PREA policy and the zero-tolerance policy. 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/PREA the auditor located the VQ PREA Annual Report from 2017 -2023. The link provided is not readily accessible by the public. Cited in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.T aggregated sexual abuse data from all affiliated facilities will be made available to the public annually through the VisionQuest website. The facility provided a table of aggregated sexual abuse and sexual harassment data for the prior 12 months. The agency is not substantially compliant with this provision and corrective action is required at this time. 115.387(c): VisionQuest RAD-Newark confirmed in the PAQ, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The PREA compliance manager informed the auditor that information was submitted to the DOJ, but the facility has never received a copy of the receipt. The facility is able to provide an email from DOJ as evidence for the years 2017-2021 of submission of the Survey of Sexual Violence. Submitted in the supplemental files is the emails of correspondence between the agency and the facility regarding the status of the Survey of Sexual Violence submission. The agency is substantially compliant with this provision and corrective action is not required at this time.

115.387(d):

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.

VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.J.2: Prison Rape Elimination Act state that all incident-based and aggregate data will be securely retained and maintained for at least 10 years from the initial date of collection.

Based on review of the investigative files of sexual abuse and sexual harassment, Table of Allegations of Sexual Abuse and Sexual Harassment, and DSCYF -Reportable Event Summaries, the auditor determined that VisionQuest maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

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

115.387(e):

VisionQuest does not contract with other private facilities for the confinement of its residents. This provision is not applicable.

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

115.387(f):

VisionQuest provided the auditor through the supplemental files with the correspondence relating to the submission of the Survey of Sexual Victimization.

VisionQuest provided evidence of collecting accurate, uniform data for every allegation of sexual abuse at VisionQuest RAD-Newark using a standardized instrument and set of definitions. The agency does aggregate incident-based sexual abuse data at least annually, but the information is not readily accessible to the public. The agency provided correspondence pertaining to the submission of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility does practice the maintenance, review, and collection of data as needed from all available documents. The agency provided the correspondence pertaining to the submission of data provided to the Department of Justice with the data from the previous calendar year.

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

Corrective Action:

1. Annually, the agency shall provide aggregated information in an annual

	report on the agency's website that is readily accessible to the public. Recommendation: 1. Implement the PREA Investigation Report Template as the standardized instrument and set of definitions to collect information pertaining to allegations of sexual abuse and sexual harassment. **Verification of Corrective Action since the onsite PREA audit:** In response to the corrective action, the facility submitted documentation via OAS on 10/11/2024. The following document was submitted: • Revised VisionQuest National, LTD-2023 Prison Rape Elimination Act (PREA) Annual Report Auditor Review of Agency's Website: • Located in the Delaware section of the agency's website www.VQ.com, the auditor located the Revised VisionQuest National, LTD-2023 Prison Rape Elimination Act (PREA) Annual Report on 11/11/2024. **Corrective Action Intent:** The intent of this corrective action was to ensure that in accordance with the PREA mandates VisionQuest annually provide aggregate information in an annual report on the agency's website that is readily accessible to the public. Based on review of the information received and the information located on the agency's website, the auditor finds the facility substantially compliant with this standard.

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. VisionQuest PREA Annual Reports 2017-2023 3. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.T:3: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023) Interviews:

1. PREA coordinator
2. Agency head

Findings (by Provision):

115.388(a):

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.

Provided in the supplemental files was the VisionQuest PREA Annual Reports from 2017 to 2023.

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

- Introduction
- Agency Description
- Definitions based on SSV and PREA
- Facility Statistics
- Demographics
- Aggregated Sexual Abuse and Sexual Harassment Data
- Conclusion
- Reporting Information

The auditor compared the Annual Reports from 2017-2023. The auditor determined the only change to the report was in the aggregated data provided. The narrative information was the same, and there was no identification of the person who approved the report. The facility did not have an identification of the problem that may have caused incidents of sexual abuse or sexual harassment that occurred during reporting year. There was no comparison of data from previous years, there was no corrective action listed for incidents of sexual abuse or, sexual harassment, or sexual misconduct.

During interviews the agency head and PREA coordinator 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 to reinforce policy of zero-tolerance and track trends.

According to the agency head, the PREA coordinator is responsible for the approval of the PREA Annual Report. According to the PREA coordinator (VQ national compliance manager) shared 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 and training. It was

	stated that data collected is secured electronically on protected drives. The auditor was informed that corrective action is being taken on an ongoing basis based on this data. It was further reported that the agency prepares an annual report of its findings from the data review and of any corrective actions. It was reported the typical information redacted from the annual report was personal information. The agency is not substantially compliant with this provision and corrective action is required at this time. 115.388(b): Reported in the PAQ, VisionQuest includes a comparison of the current year's data and corrective actions with those from prior years. In review of the Annual Reports from 2017-2023, the only information updated is the aggregated sexual abuse and sexual harassment data. The narratives are the same. There are no comparisons of data between the prior years. The auditor determined there was no assessment of the agency's progress in addressing sexual abuse. The agency is not substantially compliant with this provision and corrective action is required at this time. 115.388(c): According to the information provided in the PAQ, VisionQuest makes its annual report readily available to the public at least annually through its website. Prior to contracting with the agency, the auditor made attempts to obtain prior audits conducted at VisionQuest PREA mandated facilities. The attempt was made attempted from the agency's website (www.VQ.com). The auditor had to utilize the link (www.VQ.com/PREA.)that was provided in the PAQ to access PREA related information. The link utilized is not readily accessible to the public. Review of the PREA Annual Reports, the auditor was unable to identify the person or position of the individual responsible for approving the PREA Annual Reports. The agency is not substantially compliant with this provision and corrective action is required at this time. 115.388(d): Review of the VisionQuest PREA Annual Report 2023, there were no personal identifiers located. 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. According to the PREA coordinator, redactions are made for personal identifiers. The agency does not make notation on the report of the nature of the material redacted. According to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.T.3, all personal identifiers will be removed from the provided data prior to its being made public. The agency is substantially compliant with this provision and corrective action is not

required at this time.

VisionQuest reviews and prepares PREA Annual Reports with annual changes to the aggregated data. The annual report does not include a comparison of the previous year's data and corrective action plans. The agency does not make its annual report available to the public. The agency practices redaction prior to the publication of annual data reporting.

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

Corrective Action:

1. The agency shall revise PREA Annual Report 2023 containing incident-based data and aggregated data of sexual abuse and sexual harassment with comparison to the previous year. The report should detail corrective actions and recommendations for improvement. The report should include the agency head name and signature approving the publishing of the report to the public.

Verification of Corrective Action since the onsite PREA audit:

In response to the corrective action, the facility submitted documentation via OAS on 10/11/2024. The following document was submitted:

- Revised VisionQuest National, LTD-2023 Prison Rape Elimination Act (PREA) Annual Report that included data from both VisionQuest RAD-Newark and VisionQuest RAD-Milford.

Auditor Review of Revised VisionQuest National, LTD-2023 Prison Rape Elimination Act (PREA) Annual Report:

- Included incident-based data
- Aggregated data of sexual abuse and sexual harassment
- Comparison to the previous year
- Corrective action and recommendations for improvement
- Third Party Reporting Mechanisms
- National Director of Compliance and Operations signature approving the publishing of the document.

Corrective Action Intent:

The intent of this corrective action was to ensure that in accordance with the PREA mandates VisionQuest annually provides aggregated sexual abuse data in an annual report from all the PREA mandated facilities that the agency operates. Additionally, the data is published on the agency's website readily accessible to the public. Based on review of the information received and the information located on the agency's website, the auditor finds the facility substantially compliant with this standard.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.II.T.1: Prison Rape Elimination Act (revised 10/1/17) (reviewed 10/2023) 3. VisionQuest PREA Annual Reports 2017-2023 4. Pictures of Secured Area for Retained Incident Based and Aggregated Data Interviews: 1. PREA Coordinator Site Review: 1. Staff Office 2. www.VQ.com/PREA not accessible directly from homepage Findings (by Provision): 115.389(a): VisionQuest ensures that incident-based and aggregated data is securely retained in the staff office at VisionQuest RAD-Newark. According to VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD. IV. II.T.1, all incident-based and aggregate data will be securely retained and maintained for at least 10 years from the initial date of collection. According to the PREA coordinator, the agency maintains incident-based and aggregated data on secured drivers. The auditor determined that may be the case at the national level, but at the local level the information is maintained onsite in secured file cabinets. Also, it was stated that the agency takes corrective action on an ongoing basis based on this data. The data referenced is retained in a double lock system at the facility. The filing cabinet and the door to the office are both secured by lock. The PREA compliance manager provided pictures of the secured area to be uploaded to the OAS, and during the interview, it was further confirmed. The staff office was reviewed by the auditor, and it was found to also have an operating camera. The agency is substantially compliant with this provision and corrective action is not 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 SOP, VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.J.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 and VisionQuest RAD- Newark be readily available to the public. The auditor was provided www.VQ.com/link, but this link is not readily available to the public. The agency is not substantially compliant with this provision and corrective action is required at this time. 115.389(c): 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 auditors review of all VisionQuest PREA Annual Reports dating from 2017 to 2023, there were no personal identifiers located on the reports. It should be noted that the VisionQuest PREA Annual Reports are not made readily available to the public. The agency is not substantially compliant with this provision and corrective action is required at this time. 115.389(d): 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, it is found in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.IV.1.T.1. It states that all incident-based and aggregate data will be securely retained and maintained for at least 10 years from the initial date of collection. Site review of the retained documents confirmed that the facility retained all PREA related documentation. VisionQuest securely retains and maintains incident- based and aggregated data. The agency does not annually aggregate or report sexual abuse data to the agency website. The agency does retain sexual abuse data collected pursuant to PREA standard 115.387 for at least 10 years. Based on this analysis, the agency does not substantially meet compliance for this standard, and corrective action is required at this time. Corrective Action:

	1. The agency shall annually readily make available to the public on the agency's website the required aggregated sexual abuse data for both VisionQuest RAD-Newark and VisionQuest RAD- Milford. **Verification of Corrective Action since the onsite PREA audit:** In response to the corrective action, the facility submitted documentation via OAS on 10/11/2024. The following document was submitted: • Revised VisionQuest National, LTD-2023 Prison Rape Elimination Act (PREA) Annual Report that included aggregated sexual abuse data from VisionQuest RAD-Newark and VisionQuest RAD-Milford. Auditor Review of Agency's Website: • Located in the Delaware section of the agency's website www.VQ.com, the auditor located the Revised VisionQuest National, LTD-2023 Prison Rape Elimination Act (PREA) Annual Report on 11/11/2024. The report included aggregated sexual abuse data from VisionQuest RAD-Newark and VisionQuest RAD-Milford. **Corrective Action Intent**: The intent of this corrective action was to ensure that in accordance with the PREA mandates VisionQuest annually provides aggregated sexual abuse data in an annual report from all the PREA mandated facilities that the agency operates. Additionally, the data is to be published on the agency's website readily accessible to the public. Based on review of the information received and the information located on the agency's website, the auditor finds the facility substantially compliant with this standard.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Final PREA Report Kent and Sussex County Resident Alternative to Detention Milford and Townsend (5/10/2019) 2. Final PREA Report Blue Ridge Academy (9/16/2021) 3. Pre-Audit Questionnaire (PAQ) 4. Time Stamped Audit Postings

Interview:

1. PREA Compliance Manager

Site Review:

1. www.VQ.com/PREA
2. Audit Postings

Findings (by Provision):

115.401(a):

Based on the information on the link www.VQ.com/PREA, VisionQuest operated three PREA mandated facilities during the previous cycle. It should be noted this link is not readily available to the public. The agency had to provide the link to the auditor. The information is not accessible from the agency's website. The auditor did a cursory review of the agency's prior audits.

- Blue Ridge Academy in Pennsylvania- closed Final PREA audit 9/16/2021
- VisionQuest RAD-Milford in Delaware (formerly Sussex County RAD in Milford)-operational Final PREA audit 5/20/2019
- VisionQuest RAD-Townsend in Delaware (formerly Kent County RAD in Townsend)-closed Final PREA audit 5/20/2019

Though they were separate facilities with separate staffing, it appears that the two Delaware RAD programs were audited together on 5/20/2019.

Each facility was audited at least one time in the three-year cycle.

The PREA compliance confirmed the number of PREA mandated facilities within VisionQuest.

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

115.401(b):

During this three-year cycle, the agency closed two PREA mandated facilities. One of the facilities was Blue Ridge Academy in Pennsylvania and the other was VisionQuest RAD-Townsend in Delaware. During this cycle, the agency opened VisionQuest RAD-Newark. In the prior year, there were no audits conducted because there were no facilities in need of auditing, because VisionQuest RAD-Milford had completed a final PREA audit in 5/23/2022.

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

115.401(h):

	The auditor was granted access and observed all areas of VisionQuest RAD-Newark. During the site review, the auditor did a comprehensive review of the interior and exterior of the building including the secured maintenance shed. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.401(i): The auditor requested and received documents from VisionQuest through the pre-audit questionnaire (PAQ), and response to issue log. Also, electronically stored information from ExtendedReach, the web-based case management software was provided to the auditor. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.401(m): The auditor was provided a private location to conduct private interviews with residents and staff at VisionQuest RAD-Newark. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.401(n) The facility provided copies of time stamped pictures of audit postings. Audit postings were scheduled to be up by 4/1/2024. Staff and residents confirmed that the postings were seen onsite. There was no correspondence received by the auditor from VisionQuest RAD-Newark. VisionQuest ensured that all facilities that were operating PREA-mandated facilities were audited at least once in the last three-year cycle. The facility ensured that at least one third of each facility type operated by the agency was audited. The auditor was given access and observed all areas of the audited facility, and the auditor was permitted to conduct interviews with residents. Lastly, the residents were permitted to send confidential information or correspondence to the auditor. Based on this analysis, the agency is substantially compliant in this standard and there is no corrective action required at this time.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Final PREA Report VisionQuest Residential Alternative Detention Program-Milford (5/23/2022)
2. Final PREA Report Kent and Sussex County Residential Alternative to Detention Milford and Townsend (5/10/2019)
3. Final PREA Report Blue Ridge Academy (9/16/2021)

Interview:

1. Agency Head
2. Director of Operations Delaware
3. PREA Coordinator
4. PREA Compliance Manager

Site Review:

1. www.VQ.com/PREA

Findings (by Provision):

115.403(F):

According to the Pre-Audit Questionnaire (PAQ), VisionQuest has published on its agency website the final PREA reports for the agency since 5/10/2019.

VisionQuest RAD-Newark is a new facility, and this audit will be the first PREA audit. The facility was opened in December of 2022.

During review of the agency website, the auditor determined that the agency's final PREA audit reports were not accessible to the public. The auditor attempted to locate final audits on the agency's website. The information is provided by a separate link (www.vq.com/PREA) that is provided by the agency. The separate link had the following final PREA reports:

- Final PREA Report VisionQuest Residential Alternative Detention Program-Milford (5/23/2022)
- Final PREA Report Kent and Sussex County Resident Alternative to Detention Milford and Townsend (5/10/2019)
- Final PREA Report Blue Ridge Academy (9/16/2021)

There was an inquiry to the agency head, the state director, the PREA coordinator, and the PREA compliance manager regarding the inability to access the agency's final PREA audits from the agency's website homepage.

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

Corrective Action:

1. The agency shall ensure that all final PREA reports are published on the agency's website for the public to readily access.

Verification of Corrective Action since the onsite PREA audit:

In response to the corrective action, the facility submitted documentation via OAS on 10/11/2024. The following document was submitted:

- Revised VisionQuest National, LTD-2023 Prison Rape Elimination Act (PREA) Annual Report that included aggregated sexual abuse data from VisionQuest RAD-Newark and VisionQuest RAD-Milford.

Auditor Review of Agency's Website:

Located in the Delaware section of the agency's website www.VQ.com, the auditor located the Revised VisionQuest National, LTD-2023 Prison Rape Elimination Act (PREA) Annual Report on 11/11/2024. The report included aggregated sexual abuse data from VisionQuest RAD-Newark and VisionQuest RAD-Milford.

Corrective Action Intent:

The intent of this corrective action was to ensure that in accordance with the PREA mandates VisionQuest annually provides aggregated sexual abuse data in an annual report from all the PREA mandated facilities that the agency operates. Additionally, the data is to be published on the agency's website readily accessible to the public. Based on review of the information received and the information located on the agency's website, the auditor finds the facility substantially compliant with this standard.

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

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

	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

	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.)	na
	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

	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**	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status?	yes
	If a resident’s genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	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:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	**Hiring and promotion decisions**	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	**Evidence protocol and forensic medical examinations**	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	no
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
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
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	**Resident education**	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.335 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

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

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	
115.342 (a)	**Placement of residents**	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	**Placement of residents**	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	no
	Do residents also have access to other programs and work opportunities to the extent possible?	no

115.342 (c)	**Placement of residents**	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	**Placement of residents**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	**Placement of residents**	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	**Placement of residents**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	**Placement of residents**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	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**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

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

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
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.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
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.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	**Exhaustion of administrative remedies**	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
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.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	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?	
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?	no
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	no
115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of	yes

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

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

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

	of sexual abuse, does the agency: Act promptly to remedy any such 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: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

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

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

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

	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?	
	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 harassment policies?	yes

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

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

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

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
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	yes

	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.)	yes
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

	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.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
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