PREA Facility Audit Report: Final

Name of Facility: VisionQuest Residential Alternatives to Detention Milford
Facility Type: Juvenile
Date Interim Report Submitted: 04/17/2025
Date Final Report Submitted: 08/14/2025

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:** 08/14/2025

AUDITOR INFORMATION	
Auditor name:	Hardy-Kesler, Tammy
Email:	codyemomma@msn.com
Start Date of On-Site Audit:	03/03/2025
End Date of On-Site Audit:	03/06/2025

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

Primary Contact

Name:	Robert Palmer
Email Address:	Robert.Palmer@vq.com
Telephone Number:	3029433217

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
Name:	Anthony Davis
Email Address:	anthony.davis@vq.com
Telephone Number:	347-457-2991

Facility Characteristics	
Designed facility capacity:	10
Current population of facility:	6
Average daily population for the past 12 months:	7
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s)	

has the facility held? 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:	8-18
Facility security levels/resident custody levels:	Residential/Non-Secured
Number of staff currently employed at the facility who may have contact with residents:	13
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:	Jennifer Fletes	**Email Address:**	jennifer.fletes@vq.com

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
0	

Number of standards met:
43

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-03
2. End date of the onsite portion of the audit:	2025-03-06

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)

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:	1
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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	7
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	During the onsite audit, the auditor was able to interview all residents. The auditor specifically inquired to determine if there were any targeted residents during random resident interviews.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	10
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The auditor was able to interview all staff. The auditor attempted by email and telephone to contact the contractor for interview.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
41. 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
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	All residents were interviewed including residents that entered during the onsite audit.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to interviewing residents.
Targeted Inmate/Resident/Detainee Interviews	
45. 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".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	All residents were interviewed, there were no residents observed with a physical disability.
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	All residents were interviewed. There were no blind residents or residents with low vision interviewed.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	All residents were interviewed. There were no deaf or hard of hearing residents interviewed.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	All residents were interviewed. There were no limited English proficient residents interviewed.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	All residents were interviewed. There were no interviews conducted with residents that identified as lesbian, gay, or bisexual.
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	All residents were interviewed. There were no interviews conducted with residents that identified as transgender or intersex.
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	All residents were interviewed. There were no interviews conducted with residents who reported sexual abuse at VisionQuest Milford RAD.
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	All residents were interviewed. There were no interviews conducted with residents who disclosed prior sexual victimization during risk screening.

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	All residents were interviewed. There were no interviews conducted with residents who are or were placed in segregated housing/ isolation for risk of sexual victimization. According to the facility and residents, the facility does not practice segregation or isolation.
57. 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 selecting or interviewing residents.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	7

59. 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 employed at VisionQuest RAD were interviewed
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No
a. 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
If "Other," explain:	At the time of onsite, there were only 10 staff employed at VisionQuest RAD Milford.

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to interviewing the staff at VisionQuest RAD Milford.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	24
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. 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)

67. 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
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility did not have any volunteers, and the auditor attempted to interview the contractor by both telephone and email.

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.

71. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	All areas of the facility were accessible to the auditor. There were no barriers to conducting the site review.

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.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Auditor reviewed all staff, resident, and investigative files prior to onsite audit. Files were uploaded to the supplemental files of the OAS. The facility was provided an issue log several weeks prior to onsite audit. Information requested was uploaded to the supplemental files of the OAS.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

86. 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	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. 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)
89. 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	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. 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)

92. 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	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment incidents reported or investigated in the prior 12 months.
94. 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	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. 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	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no sexual harassment incidents reported or investigated in the prior 12 months.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Non-certified Support Staff

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

AUDITING ARRANGEMENTS AND COMPENSATION

108. 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. Pre-Audit Questionnaire (PAQ) 2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024) 3. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 4. Prison Rape Elimination Act Juvenile Facility Standards: United States Department of Justice Final Rule. 5. VisionQuest Agency-Wide Organizational Chart 6. Delaware RAD Programs Facility Organizational Chart 7. PREA Coordinator-Vice President of Compliance Job Description 8. PREA Compliance- Service Worker Supervisor Job Description Interviews:

1. PREA Coordinator
2. PREA Compliance Manager

Findings (by Provision):

115.311(a):

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

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

1. Employee Screening and Background Checks
2. Conditions for Employment
3. Employee Training
4. Contractor and Volunteer Training
5. Child, Youth, and Family Education
6. Reporting
7. Disciplinary Actions

Further in the policy, the agency lists the scope of the individuals that the policy applies. The policy continues with the definitions of acts of prohibited behaviors of sexual abuse and sexual harassment. The definitions are within VQ.NATL.HR.4.3-4.3.8. The definitions have satisfactory alignment with the description in the Prison Rape Elimination Act Juvenile Facility Standards: United States Department of Justice Final Rule.

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

- Verbal/Written Warning
- Write Up
- Note to File (NTF)
- Suspension
- Termination

- Prosecution

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

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

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

115.311 (b):

Within the PAQ, the agency did not respond to the question pertaining to the employment or designation of an upper-level, agency-wide PREA coordinator, but there was evidence uploaded of a RAD Organizational Chart. The auditor requested through the issue log a copy of the VisionQuest Organizational Chart to ascertain the actual role within the organization of the PREA coordinator.

Upon request VisionQuest provided the job description for the Vice President of Compliance in the supplemental files of the Online Automated System (OAS). The responsibilities of the PREA coordinator were a part of the job description provided. The job description provided the outlined responsibilities and duties as it pertained to the Prison Rape Elimination Act. Within the bullet 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 Rape Elimination Act.

The policy referred to in the job description has not been updated to reflect VQ.D.PREA.01.A.3.2.5, which states that VisionQuest shall ensure information regarding these topics will be approved and made available by the PREA coordinator and included in the youth orientation materials, and on information boards and posters in visitation, medical and housing areas.

	On the VisionQuest Agency's Organizational Chart, the position of Vice President of Compliance 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. Based on the job description document provided, the position was filled on 10/24/2024. During the virtual interview with the PREA Coordinator, it was stated that there was adequate time to manage all the PREA-related responsibilities. Nationally, there are only two facilities operated by VisionQuest that are required to comply with the PREA standards. The facilities include VisionQuest RAD-Milford and VisionQuest RAD-Newark. Also, it was stated by the PREA coordinator that communication does occur between both the PREA compliance manager at VisionQuest RAD-Newark and VisionQuest RAD-Milford. The PREA coordinator responded if an issue with compliance with a PREA standard presented the course action would include determining the needs to become compliant as well as a discussion with leadership to rectify noncompliance. 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 position of service worker supervisor, which includes the role as the PREA compliance manager for VisionQuest RAD-Milford. During the interview with the PREA compliance manager, it was stated that there was sufficient time to coordinate the facility's effort to comply with the PREA standards. As the supervisor of the facility, the PREA compliance manager has the authority to coordinate the facility's efforts to comply with the PREA standards. The position reports to the Program Director of the Delaware RAD facilities. The PREA compliance manager stated during the onsite interview there was enough time to manage all the PREA-related responsibilities. During interactions pertaining to the logistics of the onsite audit, the auditor found that the PREA compliance manager was copied on emails, attended virtual meetings and was given access to the OAS. According to the program director and the PREA compliance manager, both assisted in the completion of the PAQ and uploaded documents requested from the issue log. The PREA compliance manager completed PREA risk assessments and supported training of staff and residents. An inquiry was made of the actions or process undertaken if an issue of PREA compliance arose and the response was to reach out to supervisors and discuss needs to meet the PREA standards. The agency is substantially compliant with this provision and there is no corrective action required at this time. VisionQuest has a policy mandating zero tolerance toward all forms of sexual abuse

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

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Contract Between VisionQuest and the 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. VisionQuest Director of Operations Delaware 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 (PREA). VisionQuest is a private agency that operates VisionQuest RAD-Milford in the community of Milford, Delaware. The facility provides temporary detainment of youth through a contract with the State of Delaware. The average length of stay is 20 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-Milford is required to comply with the mandates of the PREA standards. Specifics are outlined in the Department of Services for Children, Youth and Their Families: Operating Guidelines for Contracted Children and Family Programs and Services. According to the Delaware Division of Management Support Services Contractor Administrator, there is an existing contract with VisionQuest, and the agency is required to comply with PREA mandates detailed in the Department of Services for Children, Youth and Their Families: Operating Guidelines for Contracted Children and Family Programs and Services. The agency substantially meets these provisions, and there is no corrective action needed at this time. Based on this analysis, the agency is substantially compliant with this standard, and there is no corrective action required at this time.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 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.6.02-1: Supervision of Youth (revised 9/7/18) (reviewed 3/2023)
4. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024)
5. Staffing Plan VisionQuest Residential Alternative to Detention Milford Facility Year 2023-2024 signed 12/2/2024
6. Annual Review of Staffing Plan Delaware RAD 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. VisionQuest PREA Compliance Random Check and Staff Census Deviation Form (1/7/2024-12/31/2024)
12. Table of Auditor Requested Dates of Staff to Resident Census
13. DELACARE Regulations for Residential Child Care Facilities and Day Treatment Programs (March 2024) pages 56-57

Interviews:

1. Superintendent-Program Director
2. PREA Compliance Manager- Service Worker Supervisor
3. PREA Coordinator-Vice President 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. Contained in the PAQ was a staffing plan for 2023-2024, and it was dated 12/2/2024. The staffing plan met the requirements of the PREA standard as far as the elements required, but it was not an annual staffing plan nor did the plan address the ratio change mandated by the state licensing agency. Additionally, the staffing plan did not list the current staff to include the service worker supervisor instead the position was listed as a service worker. There were no prior year staffing plans available. The program director stated that this was the first year that a staffing plan was implemented. Rather than an actual staffing plan, there was a reliance by the facility on the VisionQuest PREA Compliance Annual Review of Staffing Plan coupled

	with the VisionQuest Delaware RAD Program Operating Procedure DE.RAD.II.4: Video Surveillance, Monitoring and Maintenance and the VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.6.02-1: Supervision of Youth. During the first day of onsite audit, the facility serviced seven residents. The facility has the capacity to house 10 male and/or female residents. According to the PAQ, the average daily number of residents on which the staffing plan was predicated was six residents. During the first and second shift, staff to resident ratio differed due to offsite education programming and court appearances. When all residents were present, there were two direct care staff workers on duty, and/or a direct staff supervisor or a service worker supervisor. During the observation of the third shift, there were two direct care workers. In accordance with the PREA standard, 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 located according to the information provided on the schematic provided by the facility. During the site review, the staff line of sight was adequate in the activity area, kitchen, living room, staff office, and hallways. Additionally, the facility had a trailer that is utilized for school and programming. There were cameras located in both the office and main area of the trailer. There were 15 cameras which captured the exterior and interior areas of the facility. There are 3 blind spots that would benefit from additional cameras both internally and externally. Those areas include the exterior right backside of the building and trailer, the laundry area and a section of the kitchen. Cameras are not continuously monitored, but cameras can be accessed remotely by program director and supervisors. The camera footage can be accessed for up to 10 days. During onsite audit, all cameras were operable. Informal conversation with staff did not reveal any concerns surrounding overcrowding or failure to meet staffing ratios. Staff were able to identify blind spots, as well as means to supervise those areas. Residents did not identify any lack of supervision, and they maintained that they felt safe. According to the PREA compliance manager considerations are given for staffing levels and the use of video monitoring. VisionQuest RAD-Milford is not under findings of inadequacy by judicial findings, federal investigative agencies, or by internal/external oversight bodies. The facility does account for staff placement and identified blind spots. As far as placement of residents, female residents are placed on the first-floor bedroom, and male residents are housed in 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 three males who can be housed together, the males are housed on the first-floor bedroom. During the onsite audit, the auditor observed residents being supervised at all times by staff. Also, there were no female residents being serviced at the facility during the onsite audit. According to the program director, the facility develops a staffing plan, and the plan considers adequate staffing to protect against sexual abuse. Review of documents

	provided yielded that this was the first year of actually developing a staff plan instead of just having a documented review of staffing utilizing the two agency policies of video monitoring and staff supervision as the standard to maintain agency compliance. Additionally, the director shared there is remote access to the video monitoring. The adherence to staffing and the specifics of schedules is documented, and daily adherence is checked by supervisory staff. Further, the director acknowledges staffing levels are mandated by licensing agencies, local laws, regulations, and PREA standards. Further, it was summarized 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 stated that within the staffing plan blind spots are identified. The staffing plan details the composition of the population of both male and female residents. During the interview, it was stated that the facility accounts for programming occurring on a particular shift. Specifically, day shift staffing plans for both offsite and onsite education and court escort. The superintendent affirmed that the prevalence of substantiated and unsubstantiated incidents of sexual abuse and sexual harassment are considered in the staffing plan, but in reviewing the staffing plan there was no indication of reported sexual abuse on the staffing plan. During the interview with the VisionQuest Vice President 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-Milford. Further interviewing with the Director of VisionQuest Delaware, the auditor was able to determine any decisions 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-Milford. 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. The facility based this on the Annual Staffing Plan Review, but not an actual staffing plan. The facility does have a staffing plan that meets the criteria of the PREA mandates, but the plan was for 2023-2024, and it was signed on 12/2/2024. 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 throughout the prior 12 months. The auditor requested specific dates to determine staff to resident ratios based on the census of both groups. Review of the table, there were no instances that staff to resident ratio was not maintained. Since there were no deviations from the required ratios, there were no common reasons for deviation from the required ratios. 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 policy, 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 unit during the night hours. During the night hours, 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.

According to the DELACARE Regulations for Residential Child Care Facilities and Day Treatment Programs, there is a minimum of 2 direct care workers present and a minimum staff-to-child ratio of 1 direct care worker for up to 5 children at all times.

Review of the requested dates by the auditor, there were no instances of deviation from the required staff to resident ratios in the prior 12 months.

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 be within the PREA mandates of 1:16. 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):

Based on the interview with the VisionQuest Vice President of Compliance who is the designated PREA coordinator does not participate in the annual review of the staffing plan to see whether adjustments are needed. Based on the documentation provided the annual review of the staffing plan is deferred to the program director and the PREA compliance manager. Additionally, the auditor determined that both the program director and the PREA compliance manager were involved in the collaboration with both of the Delaware RAD facilities 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. The minutes from the Annual Review of Staffing Plan for October of 2023 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.

There was no staffing plan review provided for October 2024.

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

115.313 (e):

It should be noted that VisionQuest RAD-Milford is not a secured facility, and this provision is not applicable, but it should be notated that the facility conducts unannounced documented rounds. Further, the practice is required in the agency's standard operating procedures. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.6.1-3.6.1.2. requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Specifically stated, "Program Administrators, Supervisors, Compliance Manager and PREA Coordinator will conduct and document unannounced rounds to identify and deter staff sexual abuse or sexual harassment. Staff are prohibited from alerting other staff members that such supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."

Located in the PAQ was the VisionQuest PREA Compliance Random Check and Staff Census Deviation Form. The documentation ranged from 1/7/2024 to 12/31/2024. 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 was taken from all three 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 necessarily documented. During the onsite audit, there was a log, but there was limited information pertaining to unannounced rounds. In response to the inquiry pertaining to the prevention of staff being alerted by other staff during an unannounced round, it was determined that the rounds were done during other supervisory tasks, so staff and residents were unaware when the rounds were being completed. During informal conversation, it was disclosed by supervisory staff that they have remote access to cameras.

	The agency is substantially compliant with this provision and corrective action is not required at this time. VisionQuest does have a staffing plan that adheres to the staff to resident ratios required by the PREA mandates, but the implementation of this practice was not completed annually. The staffing plan must be completed prior to the year. Based on the review of the staffing plan provided, the facility-maintained staff to resident ratios without a deviation so there was no need to document. The agency does have policies that outline ratios, the ratios documented exceed the requirements of the PREA mandates. The agency has a precedent of conducting annual reviews of staffing ratios per shift, but not of individual Delaware operated RAD facilities. The annual reviews provided both Delaware operated RAD facilities. 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:** On an annual basis, 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. Upload Staffing Plan for 2025 to the supplemental files. The agency ensures 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 Complete an annual review of the staffing plan for 2024 for VisionQuest- Milford RAD in consultation with the PREA coordinator. Upload meeting minutes with the assessment, determination and documentation whether adjustments are needed to the staffing plan established pursuant to the prevailing staffing patterns; the facility's deployment of video monitoring systems and monitoring technologies; and the resources the facility has available to commit, to ensure adherence to the

	staffing plan. **Recommendations:** 1. Align VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.6.02-1: Supervision of Youth (revised 9/7/18) (reviewed 3/2023) with DELACARE Regulations for Residential Child Care Facilities and Day Treatment Programs (March 2024) pages 56-57. 2. Revise VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.6.1 to omit the word staff so that it reads to deter any sexual abuse and sexual harassment. 3. Conduct unannounced rounds more frequently. 4. Document all unannounced rounds conducted by the higher-level supervisors. **Verification of Corrective Action since the onsite PREA audit:** In response to the corrective action, the facility submitted documentation via OAS on 7/17/2025. The following document was submitted: • VQ Residential Alternative to Detention (RAD) Milford Facility Staffing Plan 2025. The staffing plan was created and signed by the PREA Coordinator, PREA Compliance Manager, and the Program Director on 7/17/2025. The staffing plan included all criteria mandated by the PREA standard. **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 provided, 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 3/20/23) (reviewed 4/2024)
2. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01)
3. (Effective 11/15/2024)
4. VisionQuest Delaware RAD Program Operating Procedure Searches DE.RAD.II.1(Revised 3/20/2023)(Effective 3/1/2017)(Review 4/2024)
5. VisionQuest Training and Development Individual Lesson Plan: Guidance on Cross-Gender and Transgender Searches
6. Video PRC: Guidance on Cross-Gender and Transgender Pat Searches Video https://vimeo.com 183649668
7. Employee Files
8. Pre-audit Questionnaire (PAQ)

Interviews:

1. Random Staff
2. Random Resident

Site Review:

1. Review of Bathrooms

Findings (by Provision):

115.315 (a):

The VisionQuest RAD-Milford 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 policy provided in the pre-audit questionnaire (PAQ), cross-gender strip searches and cross-gender visual cavity searches are prohibited. According to 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. During interviews with random staff, the auditor inquired what urgent circumstances would require cross-gender strip searches and visual body cavity searches. Of the seven staff, all maintained that searches were prohibited and/or the inquiry did not apply. Further, during the interview of all eleven male residents it was confirmed there were no pat-down and visual body cavity 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 cross-gender strip searches or cross-gender body searches being conducted.

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

115.315 (b):

The VisionQuest RAD-Milford 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. The Vision Quest Delaware RAD Program Operating Procedure DE.RAD.II.1: IV.F.4.a 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.

Of the seven random staff interviews, they all maintained that they were prohibited from conducting cross-gender pat-down searches, and they did not detail an exigent circumstance in which they were able to complete a cross-gender pat down search. Staff informed the auditor of 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 conducting searches of residents. The auditor did not observe any type of search while at the facility. During the onsite audit, eleven 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.

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 VisionQuest Delaware RAD Program Operating Procedure Searches DE.RAD.II.1.V.A-D states following the standard operating procedure requires:

- The date, time, location and individuals conducting searches will be entered into the program Master Logbook.
- A Search Event Report will be completed for each search conducted.
- A program Event Report and Reportable Event Summary will also be completed to document the possession of contraband when the youth can be identified.
- The parent, and if applicable legal guardian, including the juvenile probation officer or case worker will be contacted immediately following the search of youth. Notifications are documented in the youth's progress notes.

The searches that were referred to earlier in the policy were the following types of searches

- Facility
- Belongings
- Wand
- Frisk
- Surface
- Clothing

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 program director stated that there were no strip searches, cavity searches, or cross-gender pat-down searches that required documentation during the prior 12 months. Additionally, the facility maintained that verbally and in policy that VisionQuest Delaware RAD Program Operating Procedure Searches DE.RAD.II.1.IV.A that strip searches, cavity searches, or cross-gender pat-down searches are not permitted or conducted by VisionQuest employees.

During the onsite audit there was a Master Logbook (marble notebook) located, but it did not document any searches, and there was no evidence of program summaries that indicated the retrieval of contraband due to a search. Additionally, there was no evidence of notifications made to required entities in accordance with the agency's policy.

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

115.315 (d)

VisionQuest RAD-Milford documented on the PAQ that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks including viewing via video camera. The facility implemented VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.2.3.1.4 that provides the above rights for residents.

	Additionally, the facility provided a schematic during the onsite audit with the layout of the two full bathrooms and one-half bathroom. During the onsite review of the facility, the auditor observed that all three rooms had doors that could be locked in privacy. Also, none of the cameras were capable of viewing residents while utilizing the toilets or showers. Seven random staff responded that residents were able to shower, perform bodily functions, and change clothing without the staff of the opposite gender viewing. During random interviews, all 11 male residents confirmed the ability to shower, perform bodily functions, and change clothes without being viewed by the opposite gender. The auditor and auditor's assistant observed the facility during showering procedures, and it was further determined that residents were able to shower, perform bodily functions, and change clothing without the staff of the opposite gender viewing. VisionQuest RAD-Milford documented on the PAQ that the facility has implemented policies and procedures requiring staff of the opposite gender to announce their presence when entering a resident housing unit/area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility implemented VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.2.3.1.5 that provides the above rights for residents. During interviews with seven random staff, all staff confirmed that they announce themselves prior to entering the housing areas of the opposite gender. There were 10 out of 11 male residents that disclosed that staff of the opposite gender would announce themselves when entering housing of the opposite gender. The facility is substantially compliant with this provision and corrective action is not 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 to determine past practice. During random interview with seven 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 whether they identified as either transgender or intersex. According to the program director, information is also obtained from 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 the onsite audit, all seven staff stated that they 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.

In the employee files, the auditor located copies of assessments given to staff on 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 and the staff maintains that they are prohibited from doing the above searches, and staff are trained to document searches in ExtendedReach. The auditor was unable to confirm the use of a Master Log to document searches, and there was no evidence provided of summaries completed for allowable searches. The facility has a policy and procedure to prohibit opposite gender viewing of residents when showering, performing bodily functions, or changing clothes, and there are policies and procedures pertaining to opposite gender announcements when entering a housing unit. The facility demonstrated the practice of opposite gender staff not viewing residents during showering, performing bodily functions, and changing clothes. Also, it was confirmed that the 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 with this standard and corrective action is required at this time. **Corrective Action:** 1. The facility shall document all searches in a Master Log. 2. The facility shall maintain and provide evidence of all searches including permitted searches through the program event report, reportable event summary, and notifications to the parent, and if applicable legal guardian, including the juvenile probation officer and the notifications documented in the youth's progress notes for 60 days. **Verification of Corrective Action since the onsite PREA audit:** In response to the corrective action, VQ Milford submitted documentation via OAS on 6/16/2025. The following documents were submitted: • Youth Search Form • Room Search Form **Onsite Visit:** Auditor reviewed search logs during post onsite visit on 8/13/2025 **Corrective Action Intent:** The intent of this corrective action was to ensure that searches were in accordance with the PREA mandates. The facility created and implemented forms to document youth searches. Based on the documentation provided and the onsite visit, the facility is substantially compliant with this standard and no corrective action is required at this time.

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 Disabilities and Limited English Proficiency (review 4/ 2023)(revised 5/30/20219)

Interviews:

1. Agency Head
2. Residents with Disabilities
3. Random Staff
4. Issue Log

Site Review:

1. Intake 3/4/2025

Findings (by Provision):

115.316 (a):

VisionQuest has established a policy for disabled residents to obtain equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. VisionQuest Delaware RAD Program Standard Operating Procedure: DE.RAD.II.2:I:A-D Youth Disabilities and Limited English Proficiency outlines the following:

1. 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.
2. 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.
3. 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.
4. 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 policy is a list of services providers for interpretation and translation services for disabled residents.

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

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. The intake staff confirmed that all residents are read aloud the training materials. Reading aloud assists students that have limited reading skills.

VisionQuest RAD-Milford 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. The video has closed caption capability for residents that are hearing impaired, and the facility has a copy machine to enlarge printed items for residents who are vision impaired. Also, electronic devices have the ability to enlarge items.

Based on interviews with VisionQuest administration regarding residents with disabilities the approach is included in the policy and the agency depends on the services by the language line for residents that are identified limited English proficient (LEP).

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

115.316 (b):

VisionQuest has established a policy for limited English proficient residents to obtain equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. VisionQuest Delaware RAD Program Standard Operating Procedure: DE.RAD.II.2:II.A-B Youth Disabilities and Limited English Proficiency outlines the following:

1. It is imperative that youth have a clear understanding of program expectations, instruction and directives. Accommodations 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.
2. 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 policy is a list of services providers for interpretation and translation services for disabled residents. The auditor was provided with 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.

The facility does have access to a language line service.

VisionQuest RAD-Milford 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-Milford is a private facility and can deny admission if a limited English proficient candidate is deemed inappropriate for placement based on the screening process.

During the onsite audit, there were no limited English proficient residents to interview to inquire about facility’s practice with limited English proficient residents.

During the interview, all seven staff confirmed that no resident interpreters, resident readers, or other types of resident assistants were provided in the prior 12 months.

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 to have 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 6/16/2025. 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- No Significa No
- Binder of PREA related training

Post Onsite Review:

Auditor returned on 8/13/2025 to review training materials for limited English proficient residents located in the Binder of PREA related training.

During the post onsite review, the auditor located the PREA related postings and pamphlets 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 the facility 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 in Spanish. Based on review of the information received and the site review, the auditor finds the facility substantially compliant with this standard and no corrective action is required at this time.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 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 Human Resources Procedure Employee Background Screening DE.HR.1.3 (Revised 4/13/2022)(Effective 8/2018)(Review 4/2023) 4. Staff Files 5. VisionQuest Employment Application Updated 7/2022 6. VisionQuest Employee Disclosure Statement Delaware 7. Contractor's Criminal Record Background Check and Child Abuse Registry Consult Interviews: Human Resources Findings (by Provision): 115.317(a): VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.1.4 was provided as evidence that the agency prohibits the hiring, promoting, or contracting of individuals who have engaged in prohibited behaviors outlined in 115.317(a). According to the policy, there is a verification of completed criminal history record information check and child abuse registry information check completed by the State of Delaware Department of Services for Children, Youth & Their Families. Reference is made in the facility's PREA policy that prospective employees will sign a statement of affirmation acknowledging that they have never been involved in any sexual misconduct or harassment incidents. Found in some of the employee files was the VisionQuest Employee Disclosure Statement Delaware, and located on the VisionQuest Employment Application are the following questions: • In the past year, have you been subject to any misconduct allegations, including the following: Any civil or criminal convictions, charges, arrests, investigations, or adjudications? • 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?
- Having been civilly or administratively adjudicated to have engaged in or attempted to engage in any of the activities listed above?

There are several versions of the employee application, and the facility used some of the older versions of the application that do not have the required questions to meet compliance for new employees.

The facility provided thirteen employee files, and the auditor determined that all files contained criminal background checks and child abuse registry. There were no employees promoted during the prior 12 months.

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

115.317(b):

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

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 –

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

The review of 13 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 the eligibility letter to VisionQuest. Employee reference checks are completed by VisionQuest. Both documents were in staff files.

	Based upon information obtained from the agency’s human resource representative, the agency does consider prior incidents of sexual harassment in determining whether to hire or promote or to enlist the services of any contractor who may have contact with residents. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.317(c): According to the information provided on the Pre-Audit Questionnaire, the agency’s policy requires that prior to employment, a criminal background record check is completed, and a child abuse registry consult is completed, and the agency makes effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.1.1-3.1.1.2.1, it states all candidates for employment complete a comprehensive background analysis that is verified by the State of Delaware Department of Services for Children, Youth & Their Families. The criminal history unit informs VQ of the candidate's eligibility status prior to any job offer. Human Resources will make diligent efforts to contact all prior employers to determine whether the prospective employee has any history of substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse. At the time of the PAQ submission, there were thirteen employee files provided and one contractor file. All 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. In the staff files were both the completed reference checks containing previous employers and the letter from DSCYF of the completed criminal background checks and child abuse registry consult. During the interview with the human resources department, it was corroborated that criminal record background checks and pertinent civil or administrative adjudications are considered for all newly hired employees, promotions, and contractors who may have contact with residents. Also, the auditor was informed that both the criminal history background check and the child abuse registry consult is completed by DSCYF. 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 criminal background records check be completed, and applicable child abuse registries

	consulted before enlisting the services of any person who may have contact with residents. Cited in the policy: 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 pre-onsite audit, the auditor requested evidence of the completion of the criminal background clearance for the facility contractor. The results of the contractor's criminal records background check and child registry consult were uploaded to the supplemental files of the OAS. The contractor provides maintenance to the facility and does not provide direct services to the residents. According to the program director, there is only one contractor that provides maintenance service to the facility. The contractor has not responded to the auditor by either telephone or email. The agency is substantially compliant with this provision and there is no corrective action required at this time. 115.317(e) In the PAQ, the agency did not respond to the inquiry pertaining to the agency policy requiring criminal background checks being conducted at least every five years for employees and contractors. According to VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure:DE:.HR.I.3:II.C Employee Background Screening, criminal background records checks are completed for staff every five years at a minimum. VisionQuest RAD-Milford has been operating since 2017. Review of staff files that have been employed over five years, the auditor did not locate in the staff files evidence of any recent criminal background checks completed. 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 five years. The auditor was also informed by DSCYF that DELJIS the Delaware Criminal Justice Information System, continues to monitor employees, and if there is an incident involving an employee, VisionQuest would be notified. This monitoring is not comprehensive or exhaustive criminal background monitoring, and it is limited to offenses that occur in the State of Delaware. The agency is not substantially compliant with this provision and corrective action is required at this time. 115.317(f)

Located on the VisionQuest Employment Application were required 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:

- Any civil or criminal convictions, charges, arrests, investigations, or adjudications?
- 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?
- Having been civilly or administratively adjudicated having 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 did not locate the form in all 13 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 some new hire documentation. The facility has used different versions of the application which do not have the required questions. 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 or annually of current employees through any interviews or written self-evaluations conducted as part of reviews.

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 and the program director, 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.1.5, VisionQuest shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. 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 from the program director who 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 an effort to contact prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse. Agency policy requires that criminal background records checks be conducted at least every five years. The agency has not completed criminal background checks for employees that have been employed for more than five years. The agency has not documented an annual continuing affirmative duty to disclose for current employees through any interviews or written self-evaluations conducted as part of annual reviews. 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:

1. The agency shall complete criminal background checks and child abuse registry consult every five years for employees and contractors. Provide auditor copy of completed criminal background checks and child abuse registry for staff that have been employed for five or more years.
2. 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:

1. 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).
2. 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, VQ Milford submitted documentation via OAS on 6/27/2025 and 8/14/2025. The following documents were submitted:

- Documentation of four employees completed FBI and SBI criminal records check and the name-based search of applicable child abuse and neglect records.
- VQ PREA Acknowledgement Form -Affirmative Duty to Disclose

Corrective Action Intent:

The intent of this corrective action was to ensure that VQ Milford conducted required criminal records checks and child abuses consultation every 5 years. Also, to ensure that the facility 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 documentation received, the auditor finds the facility substantially compliant with this standard and no corrective action is required at this time.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Schematic of Facility including staff and camera locations 3. 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 Trailer Findings (by Provision): 115.318(a): According to information in the Pre-Audit Questionnaire (PAQ), it has not acquired a new facility or made substantial expansion or modification to existing facilities since the last PREA audit. VisionQuest RAD-Milford is a residential alternative to a detention facility located in Kent County, Delaware. The facility has been operated by VisionQuest since 2017. 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-Milford. The facility is a three-level residential house with five bedrooms and 2 ½ bathrooms. The basement houses storage, and 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, one bedroom, 1 ½ bathrooms, and activity area. 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 can be utilized for males. The second floor has four bedrooms and a bathroom. The second floor is designated for male residents. The facility provided a schematic of the building with camera locations and staff placement. The facility has a trailer that is utilized for education, programming, and visits. It has 2 bathrooms, staff office, and a classroom. Sightlines are adequate and the internal camera placement provides footage of the building without capturing inside bathrooms or inside bedrooms. The agency head stated considerations are made to ensure the agency’s ability to protect residents from sexual abuse through supervision and the appropriate placement of residents.

	The facility is substantially compliant with this provision and there is no corrective action required at this time. 115.318 (b): The facility has made some minor improvements to monitoring, but nothing of significance since the last PREA audit. VisionQuest RAD-Milford has 15 cameras in the interior and exterior of the facility. There is a capability to add additional cameras to the existing system. Footage can be maintained on the system for 10 days. There is remote access, but there is no continuous monitoring of the system. There were several blind spots that would benefit either with additional cameras or mirrors. On the exterior of the building, three sides of the building can be viewed by cameras, but the back side of the building and the backside of the trailer cannot be viewed by cameras. Resident supervised activities do occur on the backside of both buildings. It should be noted that the facility has added internal monitoring capability to the facility vehicles. The agency head responded that to enhance the protection of residents from incidents of sexual abuse using monitoring technology that any types of issues need to be discussed to determine if there is a need for updates or changes to the equipment. The facility is substantially compliant with this provision, and there is no corrective action required at this time. VisionQuest RAD-Milford has not acquired a new facility or made a substantial expansion or modification to the existing facility. The facility has not made any significant changes to the monitoring equipment in the facility since the last PREA audit in 2022. Based on this analysis, the facility is substantially compliant with this standard and there is no corrective action required at this time. **Recommendation:** The facility would benefit from additional cameras in the following areas: 1. Laundry Area 2. Backside of the facility and trailer

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. PREA First Responder Checklist (1/2022) 3. Memorandum of Understanding with the Milford Police Department 7/17/2018 4. VisionQuest PREA Investigation Template 5. Memorandum of Understanding with the Survivors of Abuse in Recovery (SOARS) (4/19/2024) 6. Memorandum of Understanding with A.I. Dupont Nemours (7/12/2024) 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." 10. Issue Log Interviews: 1. Random Staff 2. SAFEs/SANEs Staff -A.I. Dupont Nemours-Teleconference 3. Program Director 4. Milford Police Department-Teleconference Findings (by Provision): 115.321(a): According to agency policy, VisionQuest RAD-Milford is responsible for conducting administrative sexual abuse investigations of both resident on resident and staff on resident. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15 and 3.16 cites in the sections investigations and investigative process, all reports of sexual abuse or sexual harassment, sexual contact or sexual abuse must be considered credible and promptly investigated criminally and/or

	administratively and further it states that the program initiates an administrative investigation of an allegation of sexual misconduct immediately following the report to determine the immediate measures that need to be taken for the safety of the alleged victim and/or other residents. In the pre-audit questionnaire (PAQ), the agency responded that criminal investigations including resident on resident and staff on resident are not conducted by the facility. Criminal investigations of sexual abuse are conducted by the Milford Police Department. The auditor interviewed the department, and here is an existing MOU with the department, but it is from 7/17/2018. When conducting a sexual abuse investigation, the facility utilizes the VisionQuest Investigation Report Template as the uniform evidence protocols. The protocol information provided had sufficient technical detail to aid responders in obtaining usable physical evidence. Found in the Memorandum of Understanding with Milford Police Department, there is language requiring Delaware State Police (MPD) 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 seven staff interviewed, and all responded to separate victim and perpetrator, as well as to preserve and secure area of incident. Out of seven staff, all were able to identify who was responsible for investigating allegations of sexual abuse at the facility. The agency is substantially compliant with this provision and there is no corrective action required at this time. 115.321 (b): The agency identified in the PAQ that the VisionQuest PREA Investigation Template is the uniform evidence protocol. The 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." The program director confirmed on the issue log the adaption of the U.S. Department publication in the design of the document 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): Based on response on the PAQ, VisionQuest RAD-Milford offers all residents who experience sexual abuse access to forensic medical examinations. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.1.1 The program offers medical and mental health evaluation and, as appropriate, treatment to all

youth who have been victimized by sexual acts. 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

VisionQuest does not offer onsite forensic examinations for residents who experience sexual abuse. The facility has existing memorandums of understanding with A.I. Dupont Nemours Hospital in Wilmington, Delaware. The Memorandum of Understanding with A.I. Dupont Nemours offers all residents who experience sexual abuse access to forensic medical examinations.

Forensic medical examinations are offered without financial cost to the victim. It is detailed in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.12.3 treatment services are provided to the alleged victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Community based programs will work in collaboration with the youth's placing agency to coordinate treatment services.

In the memorandum of understanding, examinations would be conducted by sexual assault forensic examiners or sexual assault nurse examiners. The SANE/SAFE coordinator at A.I Dupont Hospital stated that there is a team of SANE at the hospital. They provide services daily from 12 p.m. to 12 a.m. Outside those hours staff are on call to provide forensic examinations.

In the prior 12 months, there have been no sexual abuse allegations requiring a forensic examination conducted.

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

115.321 (d):

VisionQuest RAD-Milford has established a Memorandum of Understanding with the Survivors of Abuse in Recovery (SOARS). The memorandum provides victim support during forensic examinations, investigatory interviews, emotional support, crisis intervention, information, and referrals.

According to the program director, 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 email correspondence with SOAR, it was confirmed there was an existing memorandum of understanding with Delaware RAD-Milford 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 email correspondence with SOARS, the agencies were still operating under the existing MOU. The document states that alleged victims of sexual abuse would be provided with the services listed, and it was further confirmed by the program director. 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 Milford Police Department (MSP). VisionQuest RAD-Milford has established a Memorandum of Understanding with the Milford Police Department. 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 MSP. 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 teleconference with the representative of MSP, 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): Review of the MOU with SOARS, the auditor reviewed the qualifications required on the document for victim advocates employed at SOARS. The document requires a certified mental health professional. A 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-Milford is responsible for conducting administrative investigations of alleged sexual abuse, and MSP 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 with access to forensic examinations through a MOU with A.I. Dupont Nemours in Wilmington, Delaware. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 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 policy that an administrative or criminal investigation are completed for all allegations of sexual abuse and sexual harassment. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.1-3.15.3 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 was one investigative file of sexual abuse submitted to the pre-audit questionnaire (PAQ). Based on information provided to the PAQ, there was one allegation of sexual abuse. There were no allegations referred for criminal investigation.

The agency head confirmed that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. The Delaware Director of VisionQuest stated that the initial communications are made with the agency head followed by the police, investigators, and licensing authority. If it is staff on resident, there would be a staff suspension until investigation. If the incident involves youth on youth, the youth would be 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.

Further, the auditor contacted the Delaware Division of Management Support Services Contract Administrator to ensure all allegations of sexual abuse and sexual harassment were reported by VisionQuest RAD-Milford. 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 policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.5-.16.6 requires 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) is published on the agency website www.vq.com. The policy is readily available directly from the agency’s website. The facility PREA investigator confirmed that the agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve

	potentially criminal behavior. 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 the referral of allegations of sexual abuse for administrative investigation for the prior 12 months. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.322 (c): VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.5-3.16.8 describes the responsibilities of conducting criminal investigations for VisionQuest, Milford Police Department, 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. Additionally, there is a MOU between the Milford Police Department and VisionQuest that further outlines the responsibility of the two entities when conducting investigations of allegations of sexual abuse and sexual harassment. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.322 (d): 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. 115.322 (e): 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 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 readily accessible to the public on the agency’s website. The agency is substantially compliant with this standard and no corrective action is required at this time.

115.331	**Employee training**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. VisionQuest Annual Trainings
2. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024)
3. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024)
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. VisionQuest Employee Handbook
11. PREA Resource Center Unit 3 Part 1: Prevention and Detection of Sexual Abuse and Sexual Harassment PowerPoint
12. PREA Resource Center Unit 5: Effective and Professional Communication with Inmates Powerpoint
13. VisionQuest Residential Alternative to Detention Concern and Grievance Policy
14. VisionQuest Delaware RAD Program Human Resources Standard Operating Procedure DE.RAD.3.86: Youth Grievance Process (revised 1/28/2022) (reviewed 3/2023)
15. 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)
16. VisionQuest Boundaries Training 4/17/2014
17. Unit 1: The Prison Rape Elimination Act (PREA) Overview of the Law and Your Role PowerPoint
18. Staff Files
19. Orientation Template Training Form
20. 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 agency policy and a required signed acknowledgement document.

In accordance with VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.3.1 states the new hires will receive training prior to being allowed to work with children, youth, and their families.

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

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

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

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

1. The right of children and staff to be free from sexual abuse, sexual harassment, and inappropriate sexual behavior
2. Definitions and examples of prohibited and illegal sexual behavior
3. Recognition of situations where sexual abuse, sexual harassment, and inappropriate sexual behavior may occur
4. Recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrences
5. How to avoid inappropriate relationships with children
6. How to communicate effectively and professionally with children, including children who are lesbian, gay, bisexual, transgender, questioning, or intersex. Procedures for reporting knowledge or suspicion of sexual abuse, sexual harassment, or inappropriate behavior, as well as how to comply with relevant laws related to mandatory reporting
7. The requirement to limit disclosing of sexual abuse, sexual harassment, and inappropriate sexual behavior to staff on a need-to-know basis, in order to make decisions concerning the victim's welfare and for law enforcement, investigative, or prosecutorial purpose.
8. Cultural sensitivity toward diverse understanding of acceptable and unacceptable sexual behavior and appropriate terms and concepts to use when discussing sex, sexual abuse, sexual harassment, and inappropriate sexual behavior with a culturally diverse population. Sensitivity regarding trauma commonly experienced by children
9. Knowledge of existing resources for children inside and outside the care

provider facility, such as trauma-informed treatment, counseling, and legal advocacy for victims.

10. General cultural competency and sensitivity to the culture and age of children

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

The Agency's Zero-Tolerance Policy for Sexual Abuse and Sexual Harassment

- VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4
- Zero-Tolerance for Sexual Misconduct Acknowledgement Checklist

How to Fulfill Their Responsibilities Under Agency Sexual Abuse and Sexual Harassment Prevention, Detection, Reporting and Response Policies and Procedures

- VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4Child Abuse and Neglect Training PowerPoint
- Child Abuse Reporting Law-Delaware Code Title 16 901, 903, & 904
- VisionQuest Mandated Reporter Training Acknowledgement-Staff file

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

- 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

- VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4
- Child Abuse and Neglect Training PowerPoint
- VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86: Youth Grievance Process

The Dynamics of Sexual Abuse and Sexual Harassment in Juvenile Facilities

- PREA Resource Center Unit 3 Part 1 Prevention and Detection of Sexual Abuse and Sexual Harassment PowerPoint

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 to Detect and Respond to Signs of Threatened and Actual Sexual Abuse and How to Distinguish Between Consensual Sexual Contact and Sexual Abuse Between Residents

- PREA Resource Center Unit 3 Part 1 Prevention and Detection of Sexual Abuse and Sexual Harassment PowerPoint
- VisionQuest Employee Handbook

How to Avoid Inappropriate Relationships with Residents

- VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4Child Abuse and Neglect Training PowerPoint
- 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 seven random staff, all the staff stated that they had

	received the above-listed training during orientation. For staff that have been at the facility for a year, they stated that they received refresher training on the same material. In review of the nine staff files, the auditor further confirmed that the PREA mandated training occurred for all seven staff members, and those that were employed over a year was evidence of refresher training. The facility is compliant with this provision and no corrective action is required at this time. 115.331(b): VisionQuest RAD-Milford 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-Milford reported that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. During review of staff files, it was determined the agency's practice is to do full refresher training every year. The auditor determined that refresher training consisted of 4 hours specific to standard operations procedures for PREA and a few hours for other related PREA training. The training included an overview of: • VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01 • VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 • Child abuse and reporting, and boundaries training. According to information provided in the PAQ, staff are provided with training annually. The auditor did locate in the staff files copies of the Orientation Template Training Form and Annual Training Form indicating that staff had received both orientation and 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. VisionQuest ensures that staff are trained on the agency's zero-tolerance policy. Staff have been trained at orientation on the required PREA training. VisionQuest trains staff to work with both male and female residents. Staff are given PREA refresher training every year through the annual agency training. The agency documents through employee signatures 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 Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024) 2. Contractor File 3. Pre-Audit Questionnaire (PAQ) 4. Zero Tolerance for Sexual Misconduct Form (7/2022) Findings (by Provision): 115.332(a): According to the response on the pre-audit questionnaire, VisionQuest RAD-Milford 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 Zero Tolerance Policy National VQ.NATL.HR.4.2.4-4.2.4.2 specifically provides details of the training of volunteers and contractors. Cited in the policy is contractors and volunteers will be trained on their responsibilities under VisionQuest’s Zero Tolerance Policy. Prior to access to children, youth, and families, the contractor and/or volunteer will receive a copy of the Zero Tolerance policy and code of conduct documents. The agency will train, document, and maintain signed copies of participation.

Located 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, 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. Uploaded to the supplemental files of the OAS was a copy of the completed Zero Tolerance for Sexual Misconduct form completed by the contractor.

The facility documented on the PAQ that there was one contractor. During an interview with the program director, it was further confirmed that there was one contractor and no volunteers.

The auditor attempted to contact the contractor by email for an interview by telephone, but there was no response by the contractor by the time of the 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 documented on the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. VisionQuest contracts with 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-Milford 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 policy. The level and the type of training are based on the level of services and the level of contact they have with residents; they are informed that they are mandatory reporters. The facility documents and maintains a copy of the training provided to contractors 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024)

2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024)
3. PREA Youth Orientation and Education Brochure
4. VisionQuest PREA Program Orientation Review Acknowledgement
5. VisionQuest RAD Concern and Grievance Policy Acknowledgement
6. Pre-Audit Questionnaire (PAQ)
7. Table of Providers of Interpretation and Translation Services
8. Resident Files
9. PREA Training Roster

Interviews:

1. Random Residents
2. Intake Staff

Site Review:

1. Accessible PREA Related Information
2. Intake Process 3/4/2025

Findings (by Provision):

115.333(a):

According to the VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.5, VisionQuest will provide each minor entering the program with a comprehensive orientation explaining the program's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. There were 87 residents admitted in the prior 12 months. The auditor was given access to the ExtendedReach and resident roster for the prior year. There were three residents that were duplicated on the list. The auditor determined that 74 residents were admitted, and training was provided. The remaining residents were admitted but never entered the facility due to bail or change of placement. Both PREA orientation training and PREA comprehensive training are during the intake process. The practice of the facility is to combine both the orientation and comprehensive PREA training during the intake process due to the transitory nature of the facility. The trainings include all required PREA education for both orientation and comprehensive.

VisionQuest RAD-Milford 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. In the resident's files the auditor located education about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The facility utilizes the agency's PREA video, 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 residents in the web-based case management database, ExtendedReach. Direct care workers are assigned to facilitate PREA training, and the service care worker supervisor completes the vulnerability assessments. Utilizing an electronic device, residents are read aloud by staff the PREA Policy VQ Delaware-Milford -Acknowledgement Form which includes the zero-tolerance policy. During the training, the staff checked for youth understanding of PREA training. The auditor observed the intake process of PREA training during the site review. 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. It was also stated that the use of the PREA video is helpful. All 11 random residents confirmed the receipt of receiving PREA related information on the facility's rules against sexual abuse and sexual harassment. The auditor determined there were 74 residents that received the PREA 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-Milford 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-Milford- 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 during the orientation process. The facility is substantially compliant with this provision and no corrective action is needed at this time. 115.333(c): During the onsite audit, all residents received PREA training at intake. Review of ten resident files, all ten files contained evidence of PREA education. The auditor inquired about ensuring that current residents as well as those transferred from other facilities have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment. Referenced in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.2.2.1, if transferred from another VisionQuest facility, they will be educated, to the extent that the policies of the new facility differ from those of the previous facility. Further, the intake worker responded that the facility provides PREA to all residents who enter the program and the PREA education is documented in ExtendedReach. The facility is substantially compliant with this provision and no corrective action is needed at this time. 115.333(d): VisionQuest RAD-Milford responded on the pre-audit questionnaire (PAQ) that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. The facility does not provide PREA education in all formats accessible to all residents, including those who are limited English proficient. The agency policy states appropriate provisions shall be made as necessary for youth not fluent in English, and youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) so that all youth have an equal opportunity to participate in or benefit from all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and harassment. 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 may be deaf or are hard of hearing, but it does not have materials written in any other language besides English. The facility does read aloud to all residents, which benefits both residents who may have limited reading skills or 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 training materials. Items were requested on the issue log.

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.

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-Milford- Acknowledgement
- VisionQuest PREA Program Orientation Review Acknowledgement
- VisionQuest RAD Concern and Grievance Policy Acknowledgement

To further corroborate, the auditor was provided through the PAQ eleven 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-Milford 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. It should be noted that this information was provided in English.

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

VisionQuest RAD-Milford provides information about the agency's zero-tolerance policy against sexual abuse and sexual harassment and how to report such incidents or suspicions. The facility combines both the PREA orientation and the PREA comprehensive education during the intake process. The PREA comprehensive age-appropriate education includes rights to be free from sexual abuse, sexual harassment, and retaliation 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 to 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 the web-based case management software, ExtendedReach. The facility ensures that PREA related information is continuously and readily available through posters and posted brochures in English only.

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

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, VQ Milford submitted documentation via OAS 6/16/2025. The following documents were submitted:

- No Means No Pamphlet translated in Spanish
- Onsite Binder with PREA related information
- Shared computer drive with PREA related information

Post Onsite Audit Review conducted on 8/13/2025

- Auditor reviewed PREA related binder, postings, shared computer drive, and pamphlets.

Corrective Action Intent:

The intent of this corrective action was to ensure that VQ Milford provided residents and third-party reporters that are limited English proficient with PREA related information and education. During the post onsite review, pamphlets and postings were readily available. Additionally, the auditor reviewed a PREA related binder and a shared computer drive with related information. Based on review of the documentation received and the post onsite audit review, the auditor finds the facility is substantially compliant with this standard and no corrective action is required at this time.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 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): According to the response provided on the pre-audit questionnaire (PAQ), VisionQuest requires that investigators are trained in conducting sexual abuse investigations in confinement settings. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.3.1-3.1.3.1.4 states that VisionQuest shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its internal investigators have received training in conducting such investigations in confinement settings that include: 1. Specialized training shall include techniques for interviewing juvenile sexual abuse victims 2. Proper use of Miranda and Garrity warnings 3. Sexual abuse evidence collection in confinement settings 4. The criteria and evidence required to substantiate a case for administrative action or prosecution referral The program director 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 is substantially compliant with this provision and there is no corrective action needed at this time.

	115.334 (b): The facility investigator at VisionQuest RAD-Milford 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 During an interview, the designated facility PREA investigator confirmed that the above subject matter was covered during the training. During post onsite audit, the auditor contacted the Milford Police Department to ascertain the extent of investigative training in confinement. Also, there was a teleconference with the child welfare agency, DSCYF. It was confirmed that institutional abuse investigators receive training in 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(c): VisionQuest maintains documentation showing that the investigator at VisionQuest RAD-Milford 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 date of completion of training was 2/16/2022. 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 policy 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 specialized training. Also, there was a teleconference with the child welfare agency, DSCYF. It was confirmed that institutional abuse investigators receive training in investigating sexual abuse in a confinement setting. 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 of the completion of the training. 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: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. Memorandum of Understanding Between VisionQuest and A.I. Dupont Nemours Findings (by Provision): 115.335(a): VisionQuest RAD-Milford does not employ medical or mental health practitioners at the facility. 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. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.31.1.4.2.-3.1.2.4.2.1.4 references the training of medical and mental health practitioners who work regularly in its facilities. The policy 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. • How and to whom to report allegations or suspicions of sexual abuse or sexual harassment. 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-Milford. The agency has memorandums of understanding with 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-Milford. 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-Milford. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. Pre-Audit Questionnaire (PAQ)

3. PREA Victim Vulnerability Assessment

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager (Risk Screener)

Site Review:

1. Intake
2. ExtendedReach

Findings (by Provision):

115.341(a):

VisionQuest has a policy that requires screening upon admission for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires residents to be screened for risk of sexual victimization or risk of sexual abuse within 72 hours of their intake. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A3.3 states that all youth admitted into a VisionQuest residential program are screened for potential vulnerabilities or tendency to act out with sexually aggressive behavior. Within 24 hours of arrival at the facility they will be screened using the 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. The information provided on these reports will assist the service worker supervisor 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 79 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 auditor was given access to ExtendedReach, the case management database. The auditor counted 74 resident files with three residents being duplicated due to readmission. The auditor sampled 17 resident files. Based on records provided, assessments were not completed within 72 hours of entry to the facility. There was one risk assessment reviewed that was late and there were five assessments that were not completed.

Further in the policy, there is a requirement that residents' risk level be reassessed periodically throughout their confinement. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.4.5 states youth will be periodically assessed through individual sessions, outpatient counseling sessions, multi-disciplinary team meetings and at any other time when the need is presented.

The service worker supervisor at VisionQuest RAD-Milford is tasked with completing the vulnerability assessments. The intake process is done privately in the staff

	office. The vulnerability screening is done electronically on the web-based case management software, ExtendedReach. The auditors review of the 12 risk assessments revealed that there were various individuals completing the task of risk assessments. It is unclear if those staff members were service care workers or direct care workers. During the interview with the program director, it was stated that the service care worker supervisor was tasked with completing the risk assessments. Inquiry of intake staff (service worker supervisor), the auditor was told 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 RAD-Milford is a temporary placement so the length of stay on average is approximately 20 days. The auditor requested all the risk assessments completed within the prior 12 months. The auditor was provided access to ExtendedReach, the case management database. There were 74 resident files provided, and the auditor randomly selected 17 files from throughout the year. Of the 17 reviewed files, there were only 12 risk assessments available for the auditor to review. Of the 12 risk assessments, there was one risk assessment that was not done within 72 hours. It was determined from interviews with eleven random residents that eight out of eleven of them recalled being asked by staff if they had ever experienced sexual abuse, their sexual orientation, diagnosis of disability, and if they felt in danger of sexual abuse at the facility. The facility is not substantially compliant with this provision and corrective action is required at this time. 115.341(b): VisionQuest provided in the PAQ the PREA Victim Vulnerability Assessment. It is used as the objective screening instrument to identify sexual victimization or sexual abusiveness of residents. The assessment is completed with resident utilizing ExtendedReach, the case management database. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.341(c): The facility utilizes the PREA Victim Vulnerability Assessment as the objective screening instrument that screens for risk of sexual victimization and sexual abusiveness. The instrument collects the following information: 1. Prior victimization or abusiveness 2. Gender Nonconforming or identify as LGBQTI 3. Current charges and offenses 4. Age

5. Level of emotional and cognitive development
6. Physical size at stature
7. Mental illness and mental disability
8. Intellectual or developmental disabilities
9. Physical disability
10. Residents own perception of safety
11. Any other specific information that may indicate heightened needs for supervision, safety precautions, or separation from certain other residents

The instrument also collects 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, risk screenings are completed within 72 hours of admission. The court and case workers provided information to assist with the completion of the risk screening. Obtained information is utilized to relegate placement in the facility. It was stated that the risk screening considers age, education, history, physical attributes, and sex. According to the staff, reassessments are done daily through care team members and behavioral reports.

The auditor reviewed 17 random resident files out of 74. There were five risk assessments that were not available through ExtendedReach. Out of the remaining 12, there was only one risk assessment that was not done within the 72 hours. The 12 assessments completed contained the criteria required by PREA standard 115.341(c). The auditor was able to determine that only three of the twelve risk assessments were completed by the designated service worker supervisor.

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

115.341(d):

According to the policy, VisionQuest performs the Primary Health Assessment along with the Vulnerability Assessment during the intake process. According to informal conversation with the program director and PREA compliance manager, resident information is made available from the courts, case managers, and probation officers prior to intake. The information provided to the facility assists with the completion of the Vulnerability Assessment along with the conversation with the residents.

During the intake process, the auditor observed the gathering of information needed to complete the risk assessment and 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.4.3, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, other staff as necessary, to inform treatment plans, supervision and management decisions, including housing, bed, work, education and program assignments or as required by Federal, State or local law. The facility does not have medical or mental health practitioners, but it has designated the service care worker supervisor as the staff responsible for conducting the risk assessment. Review of resident files shows that the designated risk screener only completed three of the twelve risk assessments. The agency has not implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. According to interviews only the service care worker supervisor has access to the information pertaining to the risk assessment through ExtendedReach, the web-based case management software. Recommendations are to be shared for housing and program placement to the program director, direct care supervisor, and direct care workers. Upon review of the 12 risk assessments available, only three were conducted by the service worker supervisor. The agency is not substantially compliant with this provision and corrective action is required at this time. VisionQuest has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness within 72 hours. There were five assessments unavailable, and there was one that was not done within the 72-hour timeframe. 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 residents, health assessments, and information obtained during the admissions process from the courts. There are several different individuals completing the risk assessments that indicates that the agency has not implemented appropriate controls for information contained in the risk assessment instrument. Based on this analysis, the agency is not substantially compliant with this standard and corrective action is required at this time. **Corrective Action:** The facility shall complete all risk assessments for all residents within 72 hours of

	admission. The facility will provide a roster with residents' names and admission dates, and the auditor will be provided with access to ExtendedReach to review risk assessments for 60 days of interim report. The facility shall designate the individuals that will be responsible for risk assessments in order to limit the dissemination of information from risk assessments. The facility will provide names and positions of individuals. **Verification of the Corrective Action since the onsite PREA audit:** In response to the corrective action, VQ Milford submitted documentation via OAS 6/27/2025. The following documents were submitted: • Census of Residents from 4/17/2025-6/17/2025 • Auditor requested sample assessments of vulnerability **Post Onsite Review on 8/13/2025** • Interview with Program Director **Corrective Action Intent:** The intent of this corrective action was to ensure that VQ Milford assessed residents' risk of victimization or abusiveness within 72 hours of admission. Also, the intent was to ensure that risk assessments are conducted by designated individuals to limit the dissemination of information from risk assessments. During the post onsite review, there was an interview with the program director in which it was confirmed that the direct care supervisor was the designated staff that conducted vulnerability assessments. It was further confirmed by review of the auditor selected vulnerability assessments that were uploaded to the OAS. Based on review of the documentation received and the post onsite audit review, the auditor finds the facility is substantially compliant with this standard and no corrective action is required at this time.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024)

2. PREA Victim Vulnerability Assessment
3. Pre-Audit Questionnaire (PAQ)
4. Issue Log

Interviews:

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

Site Review:

1. Single Occupancy Room
2. Bathroom Configuration

Findings (by Provision):

115.342(a):

According to the pre-audit questionnaire (PAQ), VisionQuest confirmed the implementation of a policy 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.3-3.3.1.3, All youth admitted into a VisionQuest residential program are screened for potential vulnerabilities or tendency to act out sexually aggressive behavior. Within 24 hours of arrival at the facility they will be screened using the 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. The information provided on these reports will assist staff in assigning appropriate housing, bed, work, education and program assignments with the goal of keeping residents safe and free from sexual abuse. The facility utilizes the PREA Victim Vulnerability Assessment for risk screening in accordance with PREA standard 115.341.

According to the PREA compliance manager risk screenings are utilized to classify and inform staff for resident safety. The interview confirmed the use of the PREA Victim Vulnerability Assessment for room assignments and supervision.

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 is 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 worker supervisor designates 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. Onsite review of the screening tool on the electronic device, 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 with education either virtually from their local education authority or they are transported to their local education authority. Program assignments are limited due to the facility being a temporary placement, usually the length of stay is less than 20 days. During any facility programming staff supervision and placement appear to be relied upon to ensure resident safety. The resident census is low, and the staff to resident ratios are well within the requirements of the PREA standards. VisionQuest RAD-Milford is substantially compliant with this provision and there is no corrective action needed at this time. 115.342(b): VisionQuest has established a policy that residents at risk of sexual victimization may be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. VisionQuest does not practice isolation. Agency policy does address special housing and program placement. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.5.5-3.5.6, VisionQuest does not use isolation as a means of special housing or placement. Youth receiving modified living arrangements or placed in individual units will not be denied their Youth Rights or access to daily program activities such as education services and large muscle exercise. During the site review, the auditor observed that VisionQuest RAD-Milford 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. In the prior 12 months, there were no residents placed in isolation. Based on the information on the risk assessments sampled, there were no residents identified as vulnerable to victimization nor residents with sexually aggressive behavior. In the pre-audit questionnaire, the facility did not indicate a resident at risk of sexual victimization in isolation in the past 12 months. The superintendent confirmed 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. An inquiry was made to a direct care supervisor and the PREA compliance manager regarding the use of isolation and room restriction, it was disclosed that the facility does not use either

	isolation or room restriction. 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 policy prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.5.1-3.5.3 cites 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. 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 a list was provided. At the time of onsite, there were no residents that identified as LGBQTI+. The auditor inquired if LGBQTI+ residents were housed differently. The PREA compliance manager stated that the facility does not have special housing, but there is a single room in the facility if requested 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-Milford is substantially compliant with this provision and no corrective action is required at this time. 115.342(d): In accordance with VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.5.2 with the 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. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.5.7 states that placement and programming for transgender and intersex youth will be assessed twice a year to review any threats to safety experienced by the youth. In the case of transgender and intersex residents, the PREA compliance manager confirmed that the agency considers whether the placement will ensure the residents' health and safety, and the residents' views of their safety would be given serious consideration in the placement and programming assignments. The PREA compliance manager is responsible for risk assessments at VisionQuest RAD-Milford. There were no residents identified as transgender or intersex for the auditor to determine the practice of assessing placement twice a year or if the resident's views of their safety is considered in the determination of placement and programming assignments. The facility is substantially compliant with this provision and corrective action is not required at this time. 115.342(f): VisionQuest RAD-Milford addresses in a policy 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.5.1, transgender or intersex youth's personal view regarding their own safety shall be given serious consideration. According to the PREA compliance manager who is responsible for risk screenings, transgender and intersex residents' views of their safety would be given serious consideration in the placement and programming assignments, and further affirmed was the consideration of whether the placement of a transgender or intersex resident would present management or security problems. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.342(g): VisionQuest RAD-Milford allows for transgender and intersex residents the opportunity to shower separately from other residents. Within VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.2.3.1.4.4 states the

youths' right 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 is a two-story house with a basement that was converted into a residential facility. The building maintains the original two full bathrooms and one-half bathroom. This configuration allows all residents to shower and perform bodily functions separately from others. The PREA compliance manager confirmed that transgender and intersex residents would be given the opportunity to shower separately from other residents.

There were no transgender or intersex residents at the facility to interview that could verify the agency's practice.

During the site review of showering procedure, residents undressed and dressed inside of bathroom. There were no incidents of the auditor being able to view residents while they were showering, performing bodily functions and changing clothing.

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-Milford pursuant to the PREA standard that requires the documentation of the facility's concern for the residents' safety and the reason for no alternative means of separation could be arranged. The facility does not use isolation or room restrictions. It has a single occupancy room that can be used to separate residents if necessary. The referencing of isolation is cited in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.5.5 states that VisionQuest does not use isolation as a means of special housing or placement.

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

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

VisionQuest RAD-Milford utilizes information from the risk screening to inform

	housing, bed, work, education, and program assignments. The facility has implemented a policy to address residents at risk of sexual victimization which 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 LGBQTI+ 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. Also, the agency requires through policy 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 does not use isolation as a means of special housing or placement, but the agency has made provision for residents placed in modified housing and/or programming to be reviewed every 30 days. Based on this analysis, VisionQuest RAD-Milford is substantially compliant with this standard and no corrective action is required at this time. **Recommendation:** 1. Revise VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A, the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024) 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 page 61 (revised 7/1/2024)

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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.7.1.4-.7.4.1, A youth may report sexual abuse or sexual harassment to any staff member or non-staff member. A youth may request to contact the Child Protective Services Agency for that geographic location.

The policy does not specify for the following acts:

1. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment
2. Staff neglect or violation of responsibilities that may have contributed to such incidents

Additionally, residents can make reports through the youth grievance process. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.8.1, it states that although the regular statute of limitations defenses applies to allegations, the program does not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse.

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 seven 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, third-party, 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 eleven residents were able to respond with at least one way to privately report. Their responses included reporting to staff, third-party, grievance, and the Child Abuse Hotline. 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 program director provided two completed grievance forms. Neither of the forms were pertaining to a PREA related incident. 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, VQ Report It. Residents are supervised by staff when accessing the internet for virtual education, but there are students who attend educational programming outside of the facility. Residents have no access to their cell phones. Residents access the agency's telephones to make supervised calls. During the site review, there was only one landline available in the facility, and there was one available in the staff office in the trailer. The telephone was broken in the facility, and it could only be accessed by speaker phone. The auditor utilized the phone to contact the Child Abuse Hotline. During the initial call, the auditor was disconnected after waiting 15 minutes. After 17 minutes on hold, the auditor spoke with a live agent. Informally, the auditor inquired both residents and staff about the processes for sending and receiving mail. 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 residents are not required to write any identifying information on the letter. All seven staff understood their responsibility in documenting all reports whether anonymous, third-party, written, or verbal concerning sexual abuse, sexual abuse, retaliation, and staff neglect that may have caused an incident of sexual abuse.

	According to staff, reporting such incidents would be documented in ExtendedReach. The agency is not substantially compliant with this provision and corrective action is 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. During the site review, the auditor observed several postings at the facility that residents could report to externally. The list included SOAR, Child Abuse Hotline, DSCYF, and PBH Health Services. On the PREA Youth Orientation Education Brochure, the auditor located the Child Abuse Hotline and SOARS. VisionQuest RAD-Milford 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, tell probation officer, or parents. Inquiry of residents of who they would report of an incident of sexual abuse or sexual harassment outside of the facility, residents responded family member. Seven out of eleven residents were aware that they could make an anonymous report to the Child Abuse Hotline. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.1.7, references that third-party or anonymous reports of sexual abuse or sexual harassment, sexual contact or sexual abuse must be considered credible and promptly investigated criminally and/or administratively. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.7.5, it specifies that any staff member or non-youth, who receive a report of sexual abuse or sexual harassment, whether verbally or in writing, shall immediately notify their supervisor and the

	PREA compliance manager and complete an event report. VisionQuest Standard of Operation Delaware 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. During interview with random staff, it was determined that all staff were informed that residents can report incidents of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. All seven staff confirmed that they would immediately or as soon as possible document reports of sexual abuse and sexual harassment. All eleven 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, VisionQuest reported the facility provides residents with access to tools to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. During the site review, the auditor observed residents with writing utensils and paper. The PREA compliance manager stated residents are given information through the PREA video to help them make written reports of sexual abuse, sexual harassment, retaliation for reporting, and staff neglect of responsibilities that may have contributed to such incident. The facility provided two grievances for the prior 12 months, and both grievances were on grievance forms, and they were not PREA related. 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.61 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 is 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, but they cannot make the call privately due to the phone only being able to be used on speaker. 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 not substantially compliant with this standard and corrective action is needed at this time.

Corrective Action:

1. The facility shall provide a telephone in the facility so that a resident can make a private telephone call.
2. Revise policy VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.7.1.4-.7.4.1 to include:

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

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, VQ Milford submitted documentation via OAS 6/ 27/2025. The following documents were submitted:

- Revised VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A
- Invoice of replaced telephone

Post Onsite Review conducted on 8/13/2025

- Telephone Inspection

	Corrective Action Intent: The intent of this corrective action was to ensure that VQ Milford revised policy to align with procedure and to provide residents with a telephone to make a private telephone call. Based on review of the documentation received and the post onsite audit review, the auditor finds the facility is substantially compliant with this standard and no corrective action is required at this time.

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 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 RAD-Milford Grievances 4. VisionQuest Residential Alternative to Detention Concern and Grievance Policy-Resident 5. Pre-Audit Questionnaire (PAQ) 6. Grievance Form Site Review: 1. Grievance Boxes 2. Child Abuse Hotline Abuse Postings 3. Third-Party Reporting Postings Findings (by Provision): 115.352(a): According to the information provided in the pre-audit questionnaire (PAQ), VisionQuest has an administrative procedure for dealing with resident grievances regarding sexual abuse.

	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 policy 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 affirmed that the agency policy and procedure allows for a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. In VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86.II.B, it states youth may file grievances verbally, in writing or anonymously at any time regardless of when an incident occurred. Additionally, it is further confirmed in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.8.1. Lastly, it is located in VisionQuest Residential Alternative to Detention Concern and Grievance Policy-Resident document item #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. According to information documented on the PAQ, it is reported by the agency that residents are not required to utilize an informal grievance process to attempt to resolve with staff an alleged incident of sexual abuse. Stated in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.8.2, youth who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.352(c): The agency reported in the PAQ that a resident who alleged sexual abuse may submit grievance without submitting to the staff member who is the subject of the complaint, nor such grievance is not referred to staff member who is the subject of the complaint. Further stated in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.8.4 such grievances shall not be referred to a staff member who is subject of the complaint. VisionQuest Residential Alternative to Detention Concern and Grievance Policy-

	Resident Item #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. During the site review of the facility, the auditor observed grievance boxes and grievance forms within access to residents. The auditor requested via the issue log copies of grievances within the prior 12 months. The auditor was given a total of two grievances. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.352(d): It was reported on the PAQ that the agency's policy and procedure that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of filing the grievance. Also, the agency affirmed that the agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. As evidence of the procedure the agency submitted VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86.II.D.2 that states the compliance director resolves the situation within a reasonable amount of time not to exceed 90 days. An extension shall not exceed an additional 70 days. Review of investigative files for the prior 12 months, yielded no sexual abuse investigations reported by grievances. In the prior 12 months, there were two grievances provided, and the grievances were not alleging sexual abuse. VisionQuest is substantially compliant with this provision and no corrective action is required at this time. 115.352(e) In the PAQ, 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. Stated in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.9.1, third parties, including fellow residents, staff members, family members, attorneys and outside advocates may file requests for administrative remedies relating to sexual abuse on behalf of a youth. Third parties 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 policy, it's stated that the agency will document if resident declines third-party assistance in filing a grievance of sexual abuse. Additionally, it is referenced that parents or legal guardians of residents alleging sexual abuse may file a grievance even if the resident has declined assistance. 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. VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86.V.C allows for parents or legal guardians to file an appeal of a grievance. The auditor completed a third-party report via the VQ Report link on the agency's website on 2/25/2025. The auditor was contacted via telephone by an agency representative on 2/25/2025. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.352(f) VisionQuest reported that it has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Detailed in VisionQuest Delaware RAD Program Standard Operating Procedure DE.RAD.3.86.II.E-F is the procedures for responding to emergency grievances pertaining to imminent sexual abuse. According to the policy, Major grievances, which include allegations of abuse or neglect, are responded to immediately and reported to state authorities in conformity with applicable laws and regulations. Refer to policy regarding Child Abuse, Neglect and Other Reportable Incidents and related procedures. 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, the facility provided no emergency grievances pertaining to allegations of substantial risk of imminent sexual abuse at VisionQuest RAD-Milford. The agency has provided policy pertaining to this provision, and the auditor has determined that the emergency grievance process is a reporting mechanism rather than an administrative remedy. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.352(g)

	VisionQuest responded in the PAQ 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. VisionQuest has an administrative procedure for dealing with resident grievances regarding sexual abuse. Residents and third-parties are able to submit grievances regarding sexual abuse without a time limit. Residents are not required to use an informal grievance process or resolve with staff. Residents are able to submit grievances without submitting to staff member who is the subject of the complaint. The agency is required to respond within 90 days with an extension of no more than 70 days with a written notification. The agency has a policy and procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Lastly, the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse in cases that the agency demonstrates that the resident filed the grievance in bad faith. Once an 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024)
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)
6. Email Correspondence with SOAR

Interviews:

1. Random Residents
2. PREA Compliance Manager
3. Superintendent

Site Review:

1. SOAR Postings

Findings (by Provision):

115.353(a):

VisionQuest RAD-Milford reported that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provided three documents demonstrating evidence that the facility provided access to outside victim advocates for emotional support services related to sexual abuse.

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

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. According to email correspondence with SOAR, there is an existing MOU with VisionQuest, and there were no residents from the facility that has sought services. SOAR communicates confidentially in person, by telephone, or via telehealth appointments. Informally, the program director stated that SOAR confidential onsite meetings with residents would be conducted in the staff office or the trailer. Out of eleven residents, there were no residents 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 from the agency. Outgoing mail is not checked, and there is no identifying information that needs to be placed on the envelope. Due to the issue with the telephone, residents are unable to have a confidential conversation with an outside agency. The telephone in the facility only has the capability of speakerphone. The other phone is in the trailer. Residents are placed at the facility by family court. They are not detained at the facility solely for civil immigration purposes. 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-Milford responded that the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.9.5 states prior to being given access to outside support services, youth will be informed by the PREA Compliance Manager of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State or local law. Review of the policy yielded the same evidence of residents being informed prior to being given access to outside support services.

	When interviewed, all eleven residents were unaware if their conversations with victim advocates would be private and confidential. 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-Milford 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 4/19/2024. The program director 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-Milford 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 policy, 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 policy, residents are also allowed family visits and mail. During the interview with the program director and the 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 eleven 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-Milford is substantially compliant with the provisions and no corrective action is required at this time. VisionQuest RAD-Milford provides residents with access to outside victim advocates for emotional support services. Residents are provided with contact information for the support services. According to policy, 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:** Add more victim advocacy information in the PREA orientation and comprehensive education for residents to include and reiterate that outside support services are confidential.

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. Pre-Audit Questionnaire (PAQ) 3. Site Review: 4. WWW.VQ.com/PREA 5. Audit Postings English and Spanish 6. SOAR Posters 7. Child Abuse Hotline Posters 8. Sexual Safety Information Poster Findings (by Provision): 115.354(a): VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.9, lists the methods to receive third-party reports of resident sexual abuse or sexual harassment. The facility included the following methods to receive third-party reports of sexual abuse: • Contact program directly

- Contact the VisionQuest Website
- Contact State Police
- Contact Delaware Child Abuse Hotline directly 1-800-292-9582

It should be noted that the Delaware State Police does not have jurisdiction in Milford, Delaware.

Additionally, the policy cited that a third-party can file an administrative remedy on behalf of a resident via the resident grievance process relating to sexual abuse.

During the site review of VisionQuest RAD-Milford, 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 or in the trailer. Any attorney or any other legal representative interviews or meetings would occur in the staff office or possibly the trailer.

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 pertaining to PREA were in English.

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

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

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

The facility provides methods for third-party reports of sexual abuse and sexual harassment. Information is not accessible to limited English proficient third-party reporters. Third-party methods are readily accessible to the public through the agency's website.

Based on this analysis, the facility is 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 revise VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.3, to include Milford Police or local police. The Delaware State Police does not have jurisdiction in Milford, Delaware. **Verification of the Corrective Action since the onsite PREA audit:** In response to the corrective action, VQ Milford submitted documentation via OAS 6/27/2025. The following documents were submitted: • Revised VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A **Post Onsite Review conducted on 8/13/2025** • Review of PREA related postings and pamphlets • Review of PREA related postings and pamphlets for limited English proficient **Corrective Action Intent:** The intent of this corrective action was to ensure that VQ Milford revised policy to align with correct police information and to ensure that PREA related information is available for third party reporters and third-party reporters with limited English proficiency. During onsite audit review, PREA information was readily available in Spanish through pamphlets and postings. Based on review of the documentation received and the post onsite audit review, the auditor finds the facility is substantially compliant with this standard and no corrective action is required at this time.

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024)
2. Pre-Audit Questionnaire (PAQ)

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 or not it is part of the agency. The agency also affirmed in the PAQ that all staff report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. Additionally, the agency confirmed that all staff are to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All three requirements were located in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.7.1 that states all employees and non-employees are mandatory reporters and required to immediately report to the Program Administrators, Supervisors, Compliance Manager or PREA Coordinator any knowledge, suspicion, or information regarding sexual abuse or sexual harassment involving a youth and/or any retaliation or neglect in violation of this procedure. All employees must also follow the Child Abuse and Neglect Reporting policy.

According to seven random staff, they were aware of the agency requirement that all staff are to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility; any retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Of the seven random staff, all the staff were aware of reporting incidents to the Child Abuse Hotline. Four out of the seven random staff stated that they would contact their supervisor. There were two staff that were able to identify the agency policy or procedure pertaining to 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 reporting sexual abuse and sexual harassment section of the agency’s PREA policy is outlined the requirement

	pertaining to mandatory child abuse reporting laws. It states in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.7.2 all incidents of sexual assault, contact or abuse must be reported to the appropriate state Child Protective Services agency. Following the child abuse reporting laws is also found in the employee training section of VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.2.3.1.11. It lists the PREA training that employees will receive. It included how to comply with relevant laws related to mandatory reporting of sexual abuse or sexual harassment to outside authorities. According to seven random staff, all seven confirmed their knowledge of how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response in accordance with agency policies and procedures. All staff were aware of their responsibilities as mandatory reporters. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A. 3.7.2.1 which states that apart from reporting to the PREA Coordinator, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions in order to maintain confidentiality. 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-Milford, the auditor located within VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A. 3.7.3. that Medical and mental health practitioners are also required to report sexual abuse to the PREA Compliance Manager and state Child Protective Services agency. 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 RAD-Milford outlines notification of parents, guardians, attorney's and legal representatives through policy. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.7.7.2-3.7.7.3 Upon receiving any allegation of sexual abuse, the PREA Compliance Manager or designee shall promptly report the allegation to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. Further, it is stated that if a juvenile court retains jurisdiction over the alleged victim the PREA Compliance Manager or designee shall also report the allegation to the juvenile's attorney or other legal representative of record in compliance with state regulations. The policy falls short of containing that the notification should occur within 14 days of receiving the allegation. According to the PREA compliance manager, allegations of sexual abuse are reported to the Child Abuse Hotline, program director, and the local police. Additionally, it was added that if the victim is under the guardianship of the child welfare system, the allegation of sexual abuse would be reported to the Division of Family Service (DFS). Lastly, it was stated in the case of residents that the court retains jurisdiction, the notification of allegation of sexual abuse there is communication with attorneys and to all appropriate parties. The program director responded that when the facility receives an allegation of sexual abuse the following are contacted, the Child Abuse Hotline, licensing agency, guardian, the Division of Youth Rehabilitative Service (DYRS). There was one report of sexual abuse at VisionQuest RAD-Milford. The auditor was able to review the reporting of sexual abuse by the facility. VisionQuest RAD-Milford contacted the Child Abuse Hotline and the Milford Police Department (MPD). The facility is substantially compliant with this provision and no corrective action is required at this time. 115.361(f) Through policy, VisionQuest RAD-Milford 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.1-.3.15.1.7 cites that all reports of sexual abuse or sexual harassment, sexual contact or sexual abuse must be considered credible and promptly investigated criminally and/or administratively without regard to whether: The source of the report is from a third party or anonymous source. There were no investigative files of sexual abuse 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. Based on the documentation provided, the allegations of sexual abuse were not reported by third-party or anonymously. 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 the PREA policy, 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. Cited in the policy is the requirement to make notification of sexual abuse to all appropriate parties, and the facility head is aware of the notification process to all appropriate parties. Established in the policy, all anonymous and third-party allegations of sexual abuse and sexual harassment are to be reported to the facility's designated investigators. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. VisionQuest Delaware RAD Program Standard Operating Procedure Youth Grievance Process DE.RAD.3.86 (Revised 1/28/2022) (Effective 1/5/2017) (Review 3/2023) 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-Milford responded when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility takes immediate action to protect the resident.

Review of the agency's policy, the auditor found the expectation is for the facility to immediately take measures to protect the resident. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A. 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 abuse or sexual harassment, including prompt assignment of a Victim Support Person, Investigator, and/or referral to medical/mental health services when warranted.

In the policy 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 prior 12 months that a resident was subject to a substantial risk of imminent sexual abuse.

According to the agency head upon learning that a resident is subject to substantial risk of imminent sexual abuse, the immediate protective action that is expected is to protect resident, separate, and move the resident to a single room. This action should occur as soon as it is brought to the attention of staff. The superintendent answered that the resident should be immediately separated if the incident is resident on resident. If the incident involves staff, the staff must leave immediately pending investigation. The seven random staff at VisionQuest RAD-Milford replied that the residents should be immediately separated. There were further responses by some staff that included reporting to the supervisor and to transfer resident to another facility.

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

The agency requires in policy that staff are to respond immediately when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse.

	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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 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 policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Cited in the VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.10.1 upon receiving an allegation that a youth was sexually abused or sexually harassed while confined at another program, the administrator of the program shall notify the administrator of the program where the alleged abuse occurred, and shall also notify the Child Protective Services agency of that state. In the past 12 months, there were no allegations to VisionQuest RAD-Milford 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-Milford would be

	the program director (superintendent) and the director of operations of Delaware. It was disclosed at this time that there were no allegations of sexual abuse or sexual harassment reported from another facility or agency. 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 facility would begin the investigative process. Further, 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, the agency requires that the facility head of VisionQuest RAD-Milford provides notification as soon as possible, but no later than 72 hours after receiving the allegation of sexual abuse that occurred while a resident was confined at another facility. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.10.2, such notification shall be provided as soon as possible and within state reporting requirements, but no later than 72 hours. Review of investigative files, there were no allegations of sexual abuse at other confinement facilities received. The auditor was unable to determine the practice of the notification occurring within 72 hours. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.363(c): Based on information provided in the PAQ, the agency responded that it documents that it has provided such notification within 72 hours of receiving the allegation. The agency provided VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.10.3 states that the facility shall document that it has provided such notification. 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 policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA

	standards. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.10.4 allegations received by other agencies/facilities are investigated in accordance with 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 agency head responded there were no sexual abuse or sexual harassment allegations reported from another facility or agency to VisionQuest RAD-Milford. The program director stated that there were no incidents in the prior 12 months that were from other facilities or agencies. The facility is substantially compliant with this provision and no corrective action is required at this time. VisionQuest has a policy that details the procedures when receiving allegations that a resident was sexually abused or sexually harassed while confined at another facility. The policy details that the notification must occur within 72 hours of receiving the allegation and be documented. The policy also requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. 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. Investigative Files Interviews: 1. Random Staff 2. Program Director

	Findings (by Provision): 115.364(a): In the pre-audit questionnaire (PAQ), VisionQuest responded that there is a policy addressing first responder duties in the instance of allegations of sexual abuse. It is stated in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.11.2 to .3.11.2.1.3.1, the first responder instructions for alleged sexual abuse or sexual harassment: 3.11.2.1. The Supervisor will ensure to Separate the alleged victim and alleged perpetrator. 3.11.2.1.1. An alleged victim or alleged perpetrator can be placed on a one-to-one youth to staff ratio, moved to another room in another facility (if possible), or a combination as necessary. 3.11.2.1.2 In cases where the alleged victim or alleged perpetrator is an employee, there will be no contact between the employee and youth pending completion of the investigation. 3.11.2.1.3 Secure the scene of the alleged assault if feasible and secure any video coverage of the alleged incident. Secure but do NOT gather evidence. 3.11.2.1.3.1. Staff that do not have supervisory duties shall be required to request that the alleged victim not take any actions that could destroy physical evidence before notifying supervisory staff. Review of investigative files of sexual abuse and sexual harassment, there was one case of sexual abuse that occurred in the prior 12 months at VisionQuest RAD-Milford. The incident was verbally reported to staff several days after the alleged incident. There were no security staff or non-security staff who acted as a first responder in an allegation of sexual abuse. During informal conversation, the program director responded that staff are trained on the first responder duties during the orientation process and the yearly PREA refresher. It was further detailed that all staff are considered first responders. During random interviews of staff, it was disclosed by seven staff members that all the staff were able to recite the steps outlined in the policy of how to respond to an incident of sexual abuse. There were no staff that acted as a first responder in the prior 12 months, and there were no residents still detained at the facility that reported sexual abuse while at the facility. 115.364(b): According to information provided on the PAQ, VisionQuest requires that if the first

	staff responders is not a security staff member that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.11.2.1.3.1 Staff that do not have supervisory duties shall be required to request that the alleged victim not take any actions that could destroy physical evidence before notifying supervisory staff. Upon review of the investigative files of sexual abuse and sexual harassment, there were no sexual abuse allegation responded to by a non-security staff member in the prior 12 months. At the time of the onsite audit, there were no non-security staff first responders that were employed at the facility. According to the program director, all staff are considered security staff at VisionQuest RAD-Milford. During the interviews with seven 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 policy and staff training the first responders' responsibilities during an incident of sexual abuse. Additionally, the agency has outlined through policy the responsibilities of non-security staff members during an incident of sexual abuse. 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-Milford RAD PREA Institutional/Response Plan 2. PREA First Responder Checklist

3. Pre-Audit Questionnaire

Interviews:

1. Superintendent-Program Director

Findings (by Provision):

115.365(a):

In the PAQ, the VisionQuest RAD-Milford responded that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. 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-Milford 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.

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

- First Responder
- PREA Compliance Manager
- PREA Coordinator and Quality Assurance Manager

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

- Separate the alleged victim and abuser
- Request that the alleged victim refrain from and prevent alleged perpetrator from taking any actions that could destroy any physical evidence
- Notify compliance manager
- 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 program director was asked 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 response to sexual abuse the coordinated efforts would include separating victim and perpetrator and then accessing services including forensic examination and law enforcement.

	The facility is substantially compliant with this provision and no corrective action is required at this time. VisionQuest RAD-Milford 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 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. Post a copy of the VisionQuest-Milford RAD PREA Institutional/Response Plan in the staff office.

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) Interviews: 1. Agency Head Findings (by Provision): 115.366(a): According to information on the pre-audit questionnaire(PAQ), there is no agency, facility or government entity that is responsible for collective bargaining on the

	agency's behalf or has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending outcome of an investigation or of a determination of whether, and to what extent discipline is warranted. There was no documentation provided that the facility recognizes, acknowledges or accepts participation in the collective bargaining agreement process. According to the agency head, there are no collective bargaining agreements at the VisionQuest RAD-Milford. During informal conversation with random staff, there was no indication of collective bargaining agreement. During the site review, there were no postings associating staff with a collective bargaining unit. 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 by a collective bargaining unit in the removal of an alleged sexual abuser from contact with residents pending the outcome of an investigation or of a determination of whether, and to what extent discipline is warranted. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024) 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 pre-audit questionnaire (PAQ), VisionQuest RAD-Milford 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 the provisions of VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.6.2, For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of youth or employees 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. The agency establishes the protection of both residents and staff for acts of retaliation.

VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.7.3 Retaliation against individuals who in good faith report allegations of sexual misconduct, abuse or harassment is prohibited and may be subject to disciplinary action.

In the PAQ, the superintendent (program director) provided the following list as staff responsible for monitoring retaliation:

1. Program Director
2. Service Worker Supervisor/Compliance Manager
3. Direct Care Supervisor

The facility is substantially compliant with this provision and no corrective action is 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, the agency protects residents and staff from retaliation through policy and training. Also, there are multiple levels of communication employed within the facility.

The program director mentioned that in cases of retaliation residents and staff could be removed or changed to the VisionQuest RAD-Newark.

	The designated retaliation monitor stated that their role in monitoring retaliation is to ensure staff communicate and listens to residents, and that reports are made to solve problems and discuss issues. As a measure, the retaliation monitors stated that there would be a separation of staff member and resident, and there would be a review of resident point sheets to determine if there was any retaliation. It was further stated that they had not experienced any incidents of allegations of sexual abuse of a resident at VisionQuest RAD-Milford. At the time of onsite audit, there were no residents who reported sexual abuse to interview, and the facility does not practice isolation so there were no residents who experienced sexual abuse in isolation. The auditor did not locate documentation in the PAQ of any documented protective measures employed in a prior incident of sexual abuse. The agency is not substantially compliant with this provision and corrective action is required at this time. 115.367(c): According to the information reported on the PAQ, VisionQuest RAD-Milford monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. According to the designated staff member who monitors retaliation, residents are monitored for retaliation until the departure from the facility. There was not a specific amount of time in the policy. 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. According to VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.6.2 the VisionQuest RAD-Milford would monitor for retaliation both residents and employees. During review of investigative files of an allegation of sexual abuse, there was no documentation that any retaliation monitoring occurred. Through interview, the auditor was unable to determine if retaliation monitoring occurred.

	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 monitor residents for grievances, staff tone, repeated discipline, exclusion, and targeting. There was no indication of periodic status checks of residents. It was mentioned that residents would be monitored until their departure from the facility. It should be noted that residents' length of stay at VisionQuest RAD-Milford varies from a day to several months. There were no specifics pertaining to the monitoring of staff who may have experienced retaliation for reporting sexual abuse. 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 until resident departure. 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 individual can be moved to VisionQuest RAD-Newark. When presented with the same scenario the program director stated that the individual would be removed from the facility or transferred to another facility. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.367(f): The auditor is not required to audit this provision. The facility is substantially compliant with this provision and no corrective action is required at this time. The agency has a policy established to protect staff and residents from retaliation for reporting alleged sexual abuse. VisionQuest RAD-Milford has designated staff members 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. According to response to interviews the facility takes appropriate measures to protect staff and residents 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 develop a document to monitor retaliation of residents and staff that report allegations of sexual abuse to include documenting of periodic status checks, behaviors exhibited, and actions taken by the facility.
2. The retaliation monitoring shall be for 90 days or longer.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, VQ Milford submitted documentation via OAS 6/27/2025. The following documents were submitted:

- PREA Retaliation Monitoring Form

Corrective Action Intent:

The intent of this corrective action was to ensure that VQ Milford has a procedure in place to monitor retaliation of both residents and staff. Based on review of the documentation received, the auditor finds the facility is substantially compliant with this standard and no corrective action is required at this time.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 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-Milford does not practice isolation of residents. The facility does not have a policy stating that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

Instead, VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.5.5-3.5.6 reads as VisionQuest does not use isolation as a means of special housing or placement. . Youth receiving modified living arrangements or placed in individual units will not be denied their Youth Rights or access to daily program activities such as education services and large muscle exercise.

During the interview with the program director, 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-Milford.

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 second floor 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 with the other residents and be closely 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. Sexual Abuse and Sexual Harassment Investigative Files 3. Memorandum of Understanding with Milford Police Department 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 Interviews: 1. Facility PREA Investigator 2. Milford Police Department (MPD) 3. PREA coordinator 4. PREA compliance manager 5. Superintendent-Program Director Site Review: 1. Staff Office-Trailer 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 policy related to criminal and administrative agency investigations. According to VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.1- .3.16 states all reports of sexual misconduct, sexual contact or sexual abuse must be considered credible and promptly

investigated criminally and/or administratively without regard to whether:

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

In the pre-audit questionnaire, the facility provided one investigative file of an unsubstantiated allegation of sexual abuse. Upon review of the investigative file provided, there was limited documentation. The auditor was provided:

1. VisionQuest Investigative Report
2. Witness Statements
3. Alleged Abuser Statement
4. Alleged Victim Statement
5. VisionQuest
6. VisionQuest Note File-Employee Disciplines
7. Notification of Outcome of PREA Allegation Form

Based on the information provided, the facility responded to and investigated promptly the allegations of sexual abuse. It appears that investigation occurred within 24 hours of report. Local law enforcement was contacted, but the incident did not meet the threshold for a criminal investigation. There was a report number provided by Milford Police Department.

The facility does not conduct thorough investigations of allegations of sexual abuse. The auditor did not locate the following items:

1. Reports to licensing agencies-DSCYF Reportable Event Summary
2. Time and date of calls to Child Abuse Hotline or Milford Police Department
3. Copies of footage- referenced in VQ PREA Investigation Report
4. Complete VQ PREA Investigative Report with an Investigative Summary

Due to the lack of documentation, the auditor was unable to determine the objectiveness of the investigations.

The PREA investigative staff reported investigations of sexual abuse and sexual harassment are investigated immediately. The investigator conducts interviews of staff and reviews footage of alleged incidents.

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 investigator’s certificate through the PAQ for the facility investigator. The training taken was the NIC PREA: Investigating Sexual Abuse in a Confinement Setting. The PREA investigator was able to recall receiving training pertaining to interviewing juvenile sexual abuse victims, use of Miranda and Garrity warnings, evidence collection, and the evidence required to substantiate a case administratively and referral for prosecution. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.1.3.1-3.1.3.1.4 VisionQuest shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its internal investigators have received training in conducting such investigations in confinement settings that includes: 3.1.3.1.1. Specialized training shall include techniques for interviewing juvenile sexual abuse victims 3.1.3.1.2. Proper use of Miranda and Garrity warnings 3.1.3.1.3. Sexual abuse evidence collection in confinement settings 3.1.3.1.4. The criteria and evidence required to substantiate a case for administrative action or prosecution referral. The one allegation of sexual abuse was investigated and completed by a certificated PREA investigator. Upon submission of the form, The PREA investigator at VisionQuest RAD-Milford signed documentation as the program director but serves a dual role as the PREA investigator for the facility. 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. Sexual abuse and sexual harassment allegations that are screened into the child welfare agency would be conducted by the State of Delaware Institutional Abuse Investigators. During the interview with the PREA investigator, an investigation would begin by gathering footage and interviewing the victim, witnesses, and perpetrator. Also, the investigator would be responsible for the collection of any circumstantial evidence including camera footage or written correspondence between victim and perpetrator. Review of the PREA investigative files yielded documentation of interviews and description of footage. The agency is substantially compliant with this provision and no corrective action is required at this time.

115.371(d)-1

VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.1.5 specifies that even if the source of the allegation recants the allegation, it must be considered credible and promptly investigated criminally and/or administratively. According to the Milford Police Department (MPD) 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 the victim recanting. Additionally, the PREA investigator has the ability to review prior reports of perpetrators, because as the program director, the position requires review of all juvenile records prior to admission.

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 in the prior 12 months, there was one allegation of sexual abuse investigation that did not rise to the criminal threshold. Investigations that meet the criminal threshold are jointly investigated by Milford Police Department (MPD) and Delaware's Institutional Abuse (IA) department. In the case of compelled interviews, confirmation was made by MPD that the responsibility of consultation with the prosecutor (Attorney General's Office) prior to conducting a compelled interview would be done by MPD.

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

115.371(f)-1

The facility PREA investigator responded that 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. Review of the investigative files did not indicate an assessment of credibility. The information provided in the files appeared to be solely informational.

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 RAD-Milford 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 file, there was an indication of a determination by the investigator whether staff actions or failures to act contributed

	to any sexual abuse. Located within the files was a copy of the disciplines given to staff for the incident. During the auditor's inquiry regarding documents contained in investigation files, the facility PREA investigator stated the investigations are documented in written reports, and they include video findings, written statements, and notes. It was also stated that there are efforts to determine whether staff actions or failures to act contributed to the sexual abuse through reviewing footage and reviewing information with staff. The agency is substantially compliant with this provision and no 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. There was a call made to MPD, but the allegation was screened out due to not meeting the criminal threshold. A report number was provided to the facility. In the interview with MPD, it was confirmed that criminal investigations would be documented in a summary. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.5-3.16.6 any allegations that involve potentially criminal behavior are investigated by Institutional Abuse Investigative Unit (DFS) in conjunction with MPD. VisionQuest would also contact MPD to conduct a criminal investigation. During the interview with MPD, 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, MPD consults with the Attorney General's Office. The facility PREA investigator does not refer cases for prosecution. The agency reported that there were no substantiated allegations of conduct that appear to be criminal that were referred for prosecution. The facility did contact MPD for an unsubstantiated allegation of sexual abuse that did not meet the criminal threshold. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.371(j) According to the PAQ, the agency has established a policy to retain all written reports of all administrative and criminal investigations of alleged sexual abuse and sexual harassment. VisionQuest Prison Rape Elimination Act (PREA) Domestic

VQ.D.PREA.01.A.3.16.12 states VisionQuest will retain all written reports pertaining to administrative or criminal investigations of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless applicable state law requires a shorter period of retention.

During the site review, VisionQuest RAD-Milford secured PREA related investigative files in the staff office in the trailer. Files were in a two-locked system utilized to securely maintain files of incident-based allegations of sexual abuse and sexual harassment investigative files. During the site review, the auditor observed the location of the securely retained documents, and it was observed that the office has camera monitoring. The auditor reviewed files in the cabinet and later researched that the facility did not have any allegations of sexual abuse and sexual harassment from 2020-2022.The auditor further confirmed with the contracting agency that there were no allegations of sexual abuse or sexual harassment during the time period of 2020-2022, but there were allegations between 2017-2019.

The agency is substantially compliant with this provision and no corrective action is 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.15.11-.315.12 reiterates that investigations are to be considered whether resident is in custody or not, and staff members named in allegation are currently employed or not.

According to interviews with MPD 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 agency is substantially compliant with this provision and no corrective action is required at this time.

115.371(l)-1

The Memorandum of Understanding with Milford Police Department (MPD) and VisionQuest ensures that MPD 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)

VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.18 states Programs shall cooperate with external investigators and endeavor to remain informed about the progress of the investigation.

According to the PREA mandates, outside agencies investigating sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. During interviews with the program director, PREA compliance manager, and facility investigator, it was determined that the point of contact for external entities conducting PREA related investigations would be the program director and the PREA compliance manager. It should be noted that the program director has a dual role, and the questions utilized were the superintendent and facility PREA investigator protocols.

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 was one investigative file of sexual abuse that the auditor was able to determine the practice of the certified PREA investigator conducting investigations of sexual abuse. The auditor determined that promptness, objectiveness and thoroughness of investigations were of concern. Interviews of investigator 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 with 115.371(j). It was confirmed criminal investigations of sexual abuse and sexual harassment are conducted by MPD 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. Facility PREA investigator, 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.
2. 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 complete investigative files from the two scenarios. Since the facility is a national agency, the training can be facilitated virtually.

3. The agency shall prepare complete reports that include investigative summary that are typed and signed. The following information should be included the date and time of contact with Child Abuse Hotline, licensing agencies, and the police department.

Recommendation:

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, VQ Milford submitted documentation via OAS 6/27/2025 and 7/17/2025. The following documents were submitted:

- Certificates of Completion for PREA: Investigating Sexual Abuse in a Confinement Setting for PREA Coordinator, Program Director, and the Direct Care Supervisor/PREA Compliance Manager
- Staff signed roster of PREA Annual Training/Mock Scenarios 5/22/2025
- Mock Scenarios
- Sexual Abuse Incident Review (SAIR) Report Form
- VQ PREA Investigation Report
- Notification of Outcome of PREA Allegation Form

Corrective Action Intent:

The intent of this corrective action was to ensure that VQ Milford staff are trained in conducting investigations into sexual abuse in a confinement setting, and the facility is trained in the steps involved in reporting, investigating, and reviewing incidents. Based on review of the documentation received the auditor finds the facility is substantially compliant with this standard and no corrective action is required at this time.

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

1. Pre-Audit Questionnaire (PAQ)
2. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024)
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 RAD-Milford 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.3 requires that no standard higher than the preponderance of the evidence will be considered in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Additionally, VisionQuest RAD-Milford is under the jurisdiction of Department of Services for Children Youth and Their Families who employs 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 was an allegation 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 was one allegation that was unsubstantiated. Based on documentation provided, the auditor was unable to determine the practice of applying the evidentiary standard of preponderance of the evidence due to facts and findings not being summarized.

Review of both the VisionQuest policy 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 in policy and interview 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. **Recommendations:** For administrative investigations, the agency shall practice the completion of facts and findings and document in the outcome the application of imposing the evidentiary standard no standard higher than a preponderance of the evidence when substantiating allegations of sexual abuse or sexual harassment.

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. PREA Investigation Report Template 3. VisionQuest RAD-Milford Sexual Abuse and Sexual Harassment Table Interviews: 1. Superintendent-Program Director 2. Facility PREA Investigator-Program Director Findings (by Provision): 115.373(a): VisionQuest provided in the pre-audit questionnaire (PAQ) a policy that requires that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.17-3.17.3.4 cites that the following will be documented on the PREA Investigation– Reporting to Residents form as youth currently in a VisionQuest program are entitled to know the outcome of the investigation into their allegation as follows. Following an investigation into an allegation of sexual abuse in

	the program, the PREA Compliance Manager shall inform the alleged victim whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. According to the information provided on the PAQ, the agency reported that there was one unsubstantiated administrative investigation of alleged resident sexual abuse that was completed by the facility in the past 12 months. Also, on the Sexual Abuse and Sexual Harassment Table there was one sexual abuse allegation that was completed in the prior 12 months. Review of investigative files, and there were two notifications of outcomes for the unsubstantiated incidence of sexual abuse. The program director corroborated 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. 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-Milford does not conduct an investigation, it shall request the relevant information from the investigative agency in order to inform the resident. According to VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.16.9, VisionQuest will consider all existing information and any that has been requested and can be provided by external investigators, to inform the youth of the outcome of the investigation, respond accordingly and develop an appropriate corrective action plan. During the interview with the Milford Police Department (MPD), the auditor determined that reports would be obtainable with a request. 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-Milford 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.17.3, is a list of the variables that would constitute a notification to a resident. If the allegation involved a staff member, the PREA Compliance Manager shall inform the youth whenever:

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 complaints of sexual abuse by a staff member against a resident at VisionQuest RAD-Milford.

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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.17.4, it is specified that if the allegation involved another youth, the PREA Compliance Manager shall inform the alleged victim when the alleged abuser has been:

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 was one unsubstantiated complaint of sexual abuse by a resident against a resident at VisionQuest RAD-Milford. In the investigative files of sexual abuse and sexual harassment, there were two notifications located in the file.

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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.17.5, all such notifications or attempted notifications shall be documented in the program records and the youth's file.

During the onsite audit, the auditor was given the PREA Investigation Report Template. In section 13, there is a dedicated section titled Outcome of PREA

	Allegation Investigation. By utilizing this template, residents would sign that they received notification of the outcomes of investigations. Notifications that were documented were for a sexual abuse allegation. 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 a 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 policy that details the agencies response to notifying residents in the case of both staff on resident allegations of sexual abuse and resident on resident allegations of sexual abuse. The facility documents notification of residents on a notification form that requires resident signature if still in custody. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024) 3. List of Terminated Staff 4. Pre-Audit Questionnaire (PAQ) Interviews:

1. Superintendent-Program Director

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 policies.

VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.19.1-3.19.2, it states disciplinary sanctions for violations of this procedure relating to sexual abuse and sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's, volunteer's or contractor's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. Violation of this policy/ procedure is cause for termination. The PREA coordinator will take any action necessary to enforce this policy. Any staff member, contractor, volunteer or non-employee who violates this policy/procedure shall be prohibited from contact with youth and shall be reported to law enforcement and any relevant licensing bodies.

In the Zero Tolerance policy, VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.7-4.2.7.2.6.1, VisionQuest has Zero Tolerance for Sexual Misconduct, Abuse or Harassment of any minor in care, regardless of age. All allegations will be investigated and reported to external authorities as required by law. The results of an investigation of potential sexual abuse or sexual harassment or inappropriate sexual behavior will determine the level of discipline or consequence. Anyone who has been found to have sexually harassed another person under the terms of this policy is liable to any of the following sanctions:

4.2.7.2.1. Verbal and/or Written Warning

4.2.7.2.2. Write-Up

4.2.7.2.3. Note-to-File (NTF)

4.2.7.2.4. Suspension

4.2.7.2.5. Termination

4.2.7.2.6. Prosecution

4.27.2.6.1. Criminal prosecution may come as a result of law enforcement involvement.

During an informal interview, the PREA compliance manager and the auditor discussed the termination list that was provided. In the prior 12 months, there were no individuals 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-Milford 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.19.1.1, explains that disciplinary sanctions for violations of this procedure relating to sexual abuse and sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member’s, volunteer’s or contractor’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. 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. Informally and in documentation, the auditor was provided information from the program director of disciplinary sanctions taken against staff or termination in the prior 12 months, and it was determined that there were no individuals terminated for violating the agency sexual abuse or sexual harassment policies for the prior 12 months. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.20.1.1, 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. 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 has policies that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Sanctions and discipline are commensurate with the nature and circumstances of the acts committed, the staff member's discipline history, and the sanctions imposed for comparable offenses by other staff with similar histories. The agency through policy requires that all terminations for violations of agency sexual harassment and sexual abuse policy will be reported to law enforcement and licensing bodies. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. Pre-Audit Questionnaire (PAQ) Interviews:

1. Superintendent-Program Director

Findings (by Provision):

115.377(a):

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

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

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

The agency is substantially compliant with this provision and corrective action is required at this time.

115.377(b):

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

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

The superintendent confirmed that at the time the facility did not have any volunteers and there was one contractor for maintenance. It was said that if a contractor was found to have committed sexual abuse or sexual harassment, that remedial measures would be taken and further contact with residents would be prohibited.

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

	needed at this time. Through policy, the agency has required 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. The facility is substantially compliant with this standard and no corrective action is needed at this time.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 2. VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4 (Rev. No. 00) (Effective 10/10/2024) 3. VisionQuest Residential Alternative to Detention Concern and Grievance Policy 4. PREA Policy for Residents 5. Pre-Audit Questionnaire (PAQ) Interviews: 1. Superintendent Site Review: 1. Site Review of Building and Trailer Findings (by Provision): 115.378(a): VisionQuest responded on the pre-audit questionnaire (PAQ) that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and a criminal finding that the resident engaged in resident-on-resident sexual abuse.

	The policy references both criminal and administrative findings of guilt for resident-on-resident sexual abuse. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.19.2, youth are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding of guilt for resident-on-resident sexual abuse. Further in the policy cited in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.20.2.1, states that youth are subject to criminal prosecution only after a finding of guilt for youth-on-youth sexual abuse. In the prior 12 months, VisionQuest RAD-Milford reported no cases of administrative or criminal findings of resident-on-resident sexual abuse. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.378(b): VisionQuest RAD-Milford does not practice the utilization of isolation. During the site review, there were no bedrooms utilized for isolation purposes. Through 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. During the review of the PREA-related investigative files, there was no resident placed in isolation as a result of an allegation of sexual abuse at VisionQuest RAD-Milford in the prior 12 months, because there is no isolation practiced at the facility 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 in consideration the youth's mental health and mental illness.

	The facility uses Aggression Replacement Training (ART) as the cognitive behavioral intervention program. During the interview, the superintendent responded that the disciplinary sanctions imposed on residents subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include removal from program. Further, it was stated the sanctions are proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Consideration of resident's mental disability and mental illness are taken into account when determining sanctions. Also, the superintendent stated that isolation is not utilized at VisionQuest RAD-Milford. 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-Milford. Residents obtained these services offsite. 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), VisionQuest RAD-Milford responded that they do not discipline residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency provided two documents detailing the agency's expectation and response of residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Upon review of the two 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 VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.2.6.2.1, it states if an employee, contractor or volunteer feels that they have experienced sexual abuse, sexual harassment, or inappropriate sexual behavior on behalf of another employee or child, youth, or family in our program, the employee should promptly contact their Human Resources Representative or Program Director. 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. Though vague, it is believed by the auditor that the facility would discipline a juvenile based on VisionQuest Zero Tolerance Policy National VQ.NATL.HR.4.1.1. VisionQuest has a zero-tolerance policy for all forms of abuse, neglect, sexual abuse, sexual harassment, and inappropriate sexual behavior at all programs, and will make every effort to prevent, detect, and respond to such conduct. The agency is compliant with this provision and no 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. 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 the PREA Policy signed by residents. The policy references that residents will not engage in conversations of sexual nature, sexual activity or sexual harassment. The policy further states if the resident does engage in sexual activity or sexual harassment of any kind the resident understands sexual charges and placement on the sex offender registry may occur. 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 for both administrative and criminal findings of sexual abuse. The facility does not utilize isolation as part of its disciplinary process. Considerations are made for mental health and mental illness when disciplining a resident. The agency does not offer counseling or therapy. The agency vaguely has a policy that specifically addresses the discipline of residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Lastly, there is an established policy for both good faith reporting by residents and prohibition of sexual activity between residents. Based on this analysis, VisionQuest is compliant with this standard and no corrective action is required at this time.

	Recommendation: 1. Update the youth PREA policy section on how to avoid sexual behavior. 2. Update the youth PREA policy to include any consensual sexual act between youth is prohibited.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 3. Youth Rights Attestation 4. Admission Consent Attestation 5. Concern and Grievance Policy Attestation 6. Review of sample Vulnerability Assessments Interviews: 1. Staff Responsible for Risk Screenings Findings (by Provision): 115.381(a): According to the PAQ, VisionQuest RAD-Milford provides all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) Cited in VisionQuest Prison Rape Elimination Act (PREA) Domestic

	VQ.D.PREA.01.A.3.4.1, youth identified as high risk with a history of sexual behavior or who have been identified as at risk for sexual victimization will be assessed by a mental health or other qualified health professional within 14 days of the intake screening. The assessment by mental health or other qualified health practitioners would not be conducted at VisionQuest RAD-Milford. An appointment would have to be made externally, because the facility does not employ mental health or other qualified health practitioners. According to information obtained from the PAQ, there were no residents that disclosed prior victimization during the prior 12 months. The service workers supervisor conducts the risk screenings of risk of victimization and abusiveness and maintains 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 identified for the prior 12 months. Review of a sample of 36 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 the staff member who is 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 previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.4.1, youth identified as high risk with a history of sexual behavior or who have been identified as at risk for sexual victimization will be assessed by a mental health or other qualified health professional within 14 days of the intake screening. The assessment by mental health or other qualified health practitioners would not be conducted at VisionQuest RAD-Milford. 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 policy, 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 conducts risk screenings of risk of victimization and abusiveness and maintains 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 36 risk screenings, and the auditor did not locate residents that were identified as either high risk of victimization or high risk of sexual abusiveness. According to the staff responsible for screening for risk of victimization and abusiveness, it was confirmed that an indication of a resident previously perpetrating sexual abuse would be offered 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 only the service worker supervisor at the facility had access to sensitive information on the victimization assessments. The direct care workers were unable to access. The facility is substantially compliant with this provision and no 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-Milford. The agency did establish a policy pertaining to this provision. In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.4.4, references Employees shall obtain consent from youth over the age of 18 years old before reporting information about prior sexual victimization that did not occur in an institutional setting.

	The agency has demonstrated the 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 are 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 established limits to access risk screenings. The facility obtains informed consent from residents 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 substantially compliant with this provision and corrective action is needed at this time.

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 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 on the pre-audit questionnaire (PAQ) that resident victims of

	sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.11.2.5, 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. In the Memorandum 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. According to the program director with the absence of medical and mental health practitioners, the service care worker supervisor/PREA compliance manger would maintain documentation of timeliness of emergency medical treatment and crisis intervention services on ExtendedReach, the web-based case management software. At the time of the onsite audit, there were no residents who reported sexual abuse at VisionQuest RAD-Milford. 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 a recent sexual abuse, the staff first responders shall take preliminary steps to protect the victim pursuant to PREA standard 115.362 and shall immediately notify the appropriate medical and mental health practitioners. Based on information obtained from VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.11.2.1 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 on how to respond are included in the VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.11.2.1-.3.11.2.5. The first responder preliminary steps are to protect the victim, and the final step is to arrange promptly to have alleged victim transported and examined at a local hospital by a sexual assault nurse examiner (SANE) or other qualified medical practitioner. In the case of VisionQuest RAD-Milford, the local hospitals with an

existing memorandum of understanding with the facility are 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 the seven-security staff, the auditor determined that they were aware of their responsibilities as a first responder. All the security staff responses included separating alleged victim and alleged perpetrator, secure and preserving the area, and notifying supervisor. Not all the staff recalled requiring alleged victims and alleged perpetrators from taking action that might destroy physical evidence.

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

115.382(c)

In the PAQ, VisionQuest RAD-Milford 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 VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.12.2 outlines that alleged victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis where medically appropriate.

The facility does not employ medical or mental health practitioners to confirm practice, and there were no residents at the facility who reported sexual abuse.

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 policy that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Specifically stated in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.12.3, Treatment services are provided to the alleged victim without financial cost and regardless of whether the victim names the

	abuser or cooperates with any investigation arising out of the incident. At the time of the onsite audit, there were no residents who reported sexual abuse at the facility. The facility is substantially compliant 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. According to agency policy, staff first responders take preliminary steps to protect the victims of sexual abuse and notify the appropriate medical and mental health practitioners. Resident victims of sexual abuse while incarcerated are offered timely information and timely access to 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.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) 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-Milford 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-Milford 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 Prison Rape Elimination Act (PREA) Domestic

	VQ.D.PREA.01.A.3.13.1-3.13.1.1, the program offers medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual acts. If necessary, the evaluation and treatment of such victims shall include follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. 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 the policy, 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.5, community-based programs will work in collaboration with the youth’s placing agency to coordinate treatment services. Victims will receive medical and mental health services consistent with the community level of care. When the youth is discharged, appropriate referrals will be given to obtain or sustain this level of care. 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-Milford response on the PAQ, resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. In the policy, VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.2 specifically 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. 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-Milford 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's position is evident in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.2.1, which 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 female 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 policy, VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.3 states alleged victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

	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-Milford affirmed in the PAQ that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Within VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.4, it states that treatment services including a victim advocate will be provided to the victim without 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): VisionQuest RAD-Milford responded in the PAQ that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.13.6, the program shall attempt to conduct a mental health evaluation of all known youth-on-youth abusers as soon as possible but within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. There are no medical or mental health practitioners employed at the facility to confirm practice. There was no record of any alleged perpetrators of sexual abuse at the facility to confirm 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. Though the facility does not employ medical and mental health practitioners, it has ensured that the facility would provide services to alleged victims and perpetrators. According to the policy, the agency would provide medical and mental health evaluation and treatment to all residents who have been victimized by sexual

	abuse. The services include follow-up, treatment plans, and continued care following transfer, placement in, other facilities, or release from custody. The care is consistent with the community level of care. Without cost, victims of sexual abuse will be provided with pregnancy tests, timely and comprehensive information about timely access to lawful pregnancy-related medical services and testing for sexually transmitted infections. In the agency policy, the facility shall attempt to conduct mental and medical health evaluation of all known resident-on-resident abusers within 60 days 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.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) Interviews: 1. PREA compliance manager 2. Superintendent 3. Incident Review Team Members Findings (by Provision): 115.386(a): Based on information provided by the Pre-Audit Questionnaire (PAQ), VisionQuest RAD-Milford 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.18.2.-3.18.2.3 states the program shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegations are substantiated and unsubstantiated but not for cases with outcomes of unfounded. The incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The standard does not require a policy. The agency

	has addressed the conducting of sexual abuse incident reviews in policy. The policy does not include a time frame to complete the incident review. The facility provided an investigative file in the PAQ. The file contained an unsubstantiated allegation of youth-on-youth sexual abuse. Review of information provided in the PAQ and in the supplemental files, the auditor was unable to locate documentation that a sexual abuse incident review had occurred at the conclusion of the unsubstantiated investigation of allegations of sexual abuse. The facility is not substantially compliant with this provision and corrective action is 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 with the agency's PREA policy. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.18.2.-3.18.2.3 states the program shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegations are substantiated and unsubstantiated, but not for cases with outcomes of unfounded. The incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The standard does not require a policy. The agency has addressed the conducting of sexual abuse incident reviews in the agency's policy. The policy does not include a time frame to complete the incident review. Due to the lack of documentation of the sexual abuse incident review occurring, 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 not substantially compliant with this provision and corrective action is required 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 VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.18.2.2, the incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. 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. It should be noted that there are no medical and mental health practitioners at the facility, and the program director serves a dual role as the PREA investigator for the facility, and one of the supervisors is the PREA compliance manager.

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.

In VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.18.2.4, the review team will prepare a report of its findings that include determinations made but not limited to information presented in (i-iv) and any recommendations for improvement and submit such report to the Chief Administrator who is authorized to implement the recommendations for improvement, or shall document reasons for not doing so.

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, 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 is a designated sexual abuse review team, and there are considerations for motivating factors. There is a review of the area to determine if there are any barriers that may enable abuse. Also, there is an assessment of staffing levels and monitoring technology. It was stated that the team

would consider staffing patterns, retraining, the dynamics of the population and the program activities. The other two members of the sexual abuse incident review team corroborated the considerations for the criteria in PREA standard 115.386(d)(1)-(d)(5).

Without documentation of the incident review occurring, 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 reason for not doing so. Though not required the facility does address the implementation of the recommendations for improvement or documents its reason for not doing so for sexual abuse incident review reports.

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

VisionQuest does not conduct sexual abuse incident reviews at the conclusion of criminal and administrative investigations within 30 days of the conclusion of investigations of allegations of sexual abuse. The facility incident review team includes a team of staff, as well as input from upper-level management, line supervisors, and investigators. The auditor was unable to determine if facility considers the criteria set by PREA standard 115.386 to conduct the sexual abuse incident review or if the facility implements the recommendations for the improvement or documents and its reasons for not doing so.

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. Create a uniform document (report) to collect the criteria required for incident reviews.
2. Conduct a mock scenario of a substantiated allegation of sexual abuse with the designated sexual abuse incident review team. Provide the auditor with a copy of documentation (report) created to capture information required by PREA standard 115.386(d)(1)-(d)(5).

Recommendation:

1. Annually, the facility conduct a mock sexual abuse incident review of an allegation of substantiated or unsubstantiated sexual abuse.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, VQ Milford submitted documentation via OAS 6/27/2025 and 7/17/2025. The following documents were submitted:

- Spreadsheet for the collection of PREA related Incidents

- Sexual Abuse Incident Review (SAIR) Report Form
- Staff signed roster of PREA Annual Training/Mock Scenarios 5/22/2025
- Mock Scenarios

Corrective Action Intent:

The intent of this corrective action was to ensure that the designated incident review team members are trained in conducting incident reviews of sexual abuse investigations, and the facility has appropriate documentation to capture information from incident reviews. Based on review of the documentation received the auditor finds the facility is substantially compliant with this standard and no corrective action is required at this time.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024)
2. Pre-Audit Questionnaire (PAQ)
3. 2023 VQ PREA Annual Report
4. VisionQuest PREA Investigation Report
5. Table of Allegations of Sexual Abuse and Sexual Harassment for the prior 12 months
6. Emails-Submission of the Survey of Sexual Violence

Interview:

1. Program Director

Site Review:

1. Staff Office Trailer - Retained Data

Findings (by Provision):

115.387(a):

	According to information obtained from the pre-audit questionnaire (PAQ), VisionQuest confirmed that VisionQuest RAD-Milford collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Provided in the PAQ was the agency PREA policies, zero tolerance policy, spreadsheet containing allegations of sexual abuse and sexual harassment, grievance forms, and investigative files of sexual abuse and sexual harassment. In a most recent investigative file of sexual abuse, there was a copy of the VisionQuest PREA Investigation Report Template. It was determined by the auditor that the standardized instrument and set of definitions was implemented in June of 2024. According to the program director, the agency began utilizing the form for both of its PREA mandated facilities in 2024. The agency is substantially compliant with this provision and corrective action is not required at this time. 115.387(b): In the PAQ, VisionQuest reported the agency aggregates the incident-based sexual abuse data at least annually. On www.VQ.com the auditor located the VQ PREA Annual Report from 2017 -2023. The link provided is readily accessible by the public. Cited in VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.22.2-3.22.3, such a report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. This report shall be approved by VisionQuest's CEO and made available to the public through its website. The standard does not require a policy. The facility provided the Table of Allegations of Sexual Abuse and Sexual Harassment that contains sexual abuse and sexual harassment data for the prior 12 months. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.387(c): VisionQuest RAD-Milford confirmed in the PAQ, the standardized instruments both the Table of Allegations of Sexual Abuse and Sexual Harassment and the VisionQuest PREA Investigation Report 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. In an email dated March 4, 2025, the representative wrote that the US Department of Justice only collects data from a sample of private facilities, and it further confirmed that VisionQuest RAD-Milford was not one of the facilities selected. Also, the DOJ had confirmed they had

	reviewed the agency's website and saw that the collection of data required for the SSV was being collected on the annual reports. The facility has also provided an email from DOJ as evidence for the years 2017-2021 of the submission of the Survey of Sexual Violence. During the onsite audit of the facility, email correspondence between the agency and the facility regarding the status of the Survey of Sexual Violence submission was provided. 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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.21.5 states that data will be maintained, reviewed, and collected from all available resources as needed. A policy was not required for this provision. The facility demonstrated collecting information from incident-based documents, including reports, and investigative files. The facility did not demonstrate the maintaining, reviewing, and collection of data from 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): During onsite audit, VisionQuest provided the auditor with the correspondence relating to the submission of the Survey of Sexual Victimization (SSV). VisionQuest RAD-Milford was not selected to complete the SSV, but the facility has demonstrated collecting the information in the PREA Annual Reports. For the prior 12 months, VisionQuest provided evidence of collecting accurate, uniform data for every allegation of sexual abuse at VisionQuest RAD-Milford using standardized instruments and a set of definitions. The agency does aggregate incident-based sexual abuse data at least annually, and the information is readily accessible to the public. The agency provided correspondence pertaining to the submission of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility does maintain, review, and collect 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 substantially meets compliance with this standard, and no corrective action is needed at this time.

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 Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024) Interviews: 1. Agency head 2. PREA coordinator 3. PREA compliance manager Site Review: 1. www.VQ.com Findings (by Provision): 115.388(a): According the Pre-Audit Questionnaire (PAQ), it was documented that the agency reviewed data collected and aggregated pursuant to PREA standard 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas; taking corrective action on an ongoing bases; and preparing an annual report of its findings from its data review and any corrective actions for the agency operated PREA mandated facilities. Located on the agency’s website was the VisionQuest PREA Annual Reports from 2017 to 2023. The auditor determined the following was included in the annual reports:

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

The agency revised the PREA Annual Report of 2023. The revised report was in alignment with the addition of identifying problem areas, comparison of the previous year, and corrective action.

Prior to the revision of the PREA Annual Report of 2023, the agency was missing categories. During the PREA audit with VisionQuest RAD-Newark, the auditor compared the PREA Annual Reports from 2017-2023. The results of the comparisons required the revision of the PREA Annual Report 2023.

During interviews with the agency head and PREA coordinator, they were asked how the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training. The agency head responded that the agency reviews problematic areas and addresses the issues in training and discussion.

According to the agency head, the PREA coordinator is responsible for the approval of the PREA Annual Report. According to the PREA coordinator (VQ Vice President of Compliance) 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 PREA coordinator reported that the agency prepares an annual report of its findings from the data review and of any corrective actions for each facility. Additionally, it was reported the typical information redacted from the annual report was personal identifying information (PII). Lastly, the PREA compliance manager stated that the data collected has not affected training and procedures.

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

115.388(b):

Reported in the PAQ, VisionQuest affirms that the PREA Annual Report contains a comparison of the current year’s data and corrective actions with those from prior years. In review of the revised Annual Report from 2023, the agency included a comparison of aggregated sexual abuse and sexual harassment data from 2022 and 2023.

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

	required at this time. 115.388(c): According to the information provided in the PAQ, VisionQuest makes its annual report readily available to the public at least annually through its website. The auditor was able to access the PREA Annual Reports on the agency's website www.VQ.com. The Annual Reports are approved by the Vice President of Compliance. The agency is substantially compliant with this provision and no corrective action is required at this time. 115.388(d): The information reported in the PAQ corroborates that the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Review of the VisionQuest PREA Annual Report 2023, there were no personal identifiers located. According to the PREA coordinator, redactions are made for personal identifiers. According to VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A3.22.4, any redactions from the annual report will be limited to specific materials where publication may pose a specific threat to the safety and security of the facility. The nature of any redactions will be appropriately indicated. The agency is substantially compliant with this provision and corrective action is not required at this time. VisionQuest prepares PREA Annual Reports on an annual basis with updated to aggregated data. The annual report does include a comparison of the previous year's data and corrective action plans. The agency does 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 substantially compliant with the standard and no corrective action is needed at this time.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ)

2. VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A (Rev. No. 01) (Effective 11/15/2024)
3. VisionQuest PREA Annual Reports 2017-2023
4. Email U.S. Census Bureau Criminal Justice Statistics Branch/Economic Reimbursable Surveys Division

Interviews:

1. DYRS Quality Assurance Unit Representative
2. PREA Coordinator

Site Review:

1. Staff Office Trailer- Area for Retained Incident Based and Aggregated Data
2. www.VQ.com

Findings (by Provision):

115.389(a):

VisionQuest affirmed in the PAQ that the agency ensures that incident-based and aggregated data is securely retained in the staff office at VisionQuest RAD-Milford. According to VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.23, all incident-based and aggregate data will be securely retained and maintained for at least 10 years from the initial date of collection.

Also, it was stated that the agency takes corrective action on an ongoing basis based on this data.

During the site review, the data referenced was retained in a double lock system at the facility. The filing cabinet and the door to the office are both secured by lock. The staff office was reviewed by the auditor, and it was found to also have an operating camera.

The ExtendedReach Case Management Database is password-secured. The auditor observed that access is based on the staff's role in the organization. For instance, the service care supervisor has access to risk assessments and the direct care workers have access to intake and resident PREA training.

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

115.389(b):

VisionQuest affirmed on the PAQ, that the agency policy requires that aggregated sexual abuse data from facilities under its control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. According to the agency policy, VisionQuest Prison Rape Elimination Act

(PREA) Domestic VQ.D.PREA.01.A.3.23.2 requires aggregated sexual abuse data from all affiliated facilities will be made available to the public annually through the VisionQuest website. This would require aggregated information for both VisionQuest RAD-Milford and VisionQuest RAD-Newark be readily available to the public. VisionQuest Rad-Milford does not contract with other private facilities for the detainment of residents so there is no other facilities to report on the website.

The auditor was provided www.VQ.com, and the link is readily available to the public.

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

The agency is substantially compliant with this provision and corrective action is not 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, VisionQuest Prison Rape Elimination Act (PREA) Domestic VQ.D.PREA.01.A.3.23, states 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 secure drivers on the ExtendedReach database. The risk assessments are maintained on the database, but not the investigative files of sexual abuse and sexual harassment. The auditor located the sexual abuse and sexual harassment investigative files back to 2021 onsite at VisionQuest RAD-Milford in a secured file cabinet in the staff office in the trailer. Further, the auditor researched to find that the facility had been open since 2017. An inquiry was made of a DYRS representative regarding the reportable allegations of sexual abuse and sexual harassment of VisionQuest RAD-Milford. The auditor obtained the following information:

2017	0	Investigations of Allegations of Sexual Abuse or Sexual Harassment
2018	2	Investigations of Youth-on-Youth Allegations of Sexual Harassment
2019	1	Investigations of Youth-on-Youth Allegations of Sexual

Harassment

2020 0 Investigations of Allegations of Sexual Abuse or Sexual Harassment

During the site review, there were two years of unavailable investigative files of either sexual abuse or sexual harassment. The program director stated that he did not have access to the files prior to 2021.

VisionQuest securely retains incident-based and aggregated data of investigations of allegations of sexual abuse and sexual harassment. The agency does annually aggregate and report sexual abuse and sexual harassment data to the agency website. The agency does not retain sexual abuse data collected pursuant to PREA standard 115.387 for at least 10 years. The facility was operated by VisionQuest in 2017.

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. VisionQuest shall implement measures to ensure the retention of investigative files of sexual abuse and sexual harassment for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. The retention procedure shall be provided to auditor. The retention procedure can be either an electronic retention or hardcopy retention with access available to the PREA coordinator, state director, program director, and PREA compliance manager. Hardcopy retention shall be kept nationally and locally.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, VQ Milford submitted documentation via OAS 6/16/2025. The following documents were submitted:

- Photos of electronic shared files for VQ Milford which include sections for the retention of PREA investigations files, Unannounced Rounds, and Search Logs

Post Onsite Audit Review 8/13/2025

- Review of electronic storage of shared drives

Corrective Action Intent:

The intent of this corrective action was to ensure the national and local retention of sexual abuse and sexual harassment investigative files for at least 10 years after the date of initial collection. Based on the review of the documentation and the database during post onsite audit review, the auditor finds the facility is

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

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. Final PREA Report VisionQuest RAD-Milford (5/23/2022) 4. Final PREA Report VisionQuest RAD-Newark (11/20/2024) 5. Pre-Audit Questionnaire (PAQ) 6. Time Stamped Audit Postings Interview: 1. Superintendent- Director of Programming 2. PREA Compliance Manager Site Review: 1. https://www.vq.com Audit Postings Findings (by Provision): 115.401(a): Based on the information on the link https://www.vq.com,VisionQuest has operated three PREA mandated facilities during the previous two cycles. During the last cycle, both Blue Ridge Academy in Pennsylvania and VisionQuest RAD-Townsend in Delaware were closed. In December 2023, the agency opened a new facility, VisionQuest RAD-Newark in Delaware. All Final PREA Reports for the Delaware facilities are readily available to the public on the agency's website. Listed are the following reports located on the agency's website: 1. VisionQuest RAD-Milford in Delaware (formerly Sussex County RAD in Milford)-operational Final PREA audit 5/20/2019 2. VisionQuest RAD-Townsend in Delaware (formerly Kent County RAD in

Townsend)-closed Final PREA audit 5/20/2019

3. Though they were separate facilities in different locations with separate staffing, it appears that the two Delaware RAD programs were audited together on 5/20/2019.
4. VisionQuest RAD-Milford in Delaware Final Report 5/23/2022
5. VisionQuest RAD-Newark in Delaware Final Report 11/20/2024

During the last audit cycle, VisionQuest RAD-Milford was the only facility that was audited during the audit cycle. The new facility, VisionQuest RAD-Newark started the auditing process during the ending of the last cycle, but it was not complete until the beginning of the present audit cycle. The other two facilities had been closed during the last audit cycle.

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 on 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-Milford. During the site review, the auditor did a comprehensive site review of the interior and exterior of the building including the trailer that is used for education and activities.

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 responses to issue log via the supplemental file of OAS. 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 with private locations to conduct private interviews with residents and staff at VisionQuest RAD-Milford. The auditor was provided with access to the trailer and the staff office to conduct private interviews with both selected staff and residents. 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 by email to the auditor. Audit postings were scheduled to be up by 1/6/2025. The auditor received pictures of the audit postings in all areas of the facility on 1/3/2025. Staff and residents confirmed that the postings were seen onsite. There was no correspondence received by the auditor from VisionQuest RAD-Milford. The agency ensured that VisionQuest RAD-Milford was audited at least once during the last three-year cycle and the onsite audit of the newly operated facility, VisionQuest RAD-Newark was completed during the later part of the last three-year cycle. Additionally, the auditor was given access and site reviewed both internal and external areas of VisionQuest RAD-Milford. The auditor was permitted to conduct confidential interviews with residents and staff. The auditor was able to determine through informal conversations that residents were permitted to send confidential information or correspondence to the auditor in the same manner as if communicating with legal counsel. Based on this analysis, the agency is substantially compliant with this standard and there is no corrective action required at this time.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Final PREA Report VisionQuest Residential Alternative Detention Program-Newark (11/20/2024) 2. Final PREA Report VisionQuest Residential Alternative Detention Program-Milford (5/23/2022) 3. Final PREA Report Kent and Sussex County Residential Alternative to Detention Milford and Townsend (5/10/2019) Site Review:

1. www.VQ.com

Findings (by Provision):

115.403(F):

Review of VisionQuest's website, the auditor confirmed that the agency has published the final PREA reports for the agency operated facilities. According to the information obtained from the website, the current PREA audit of VQ RAD-Milford will be the third time that the facility has been audited.

During review of the agency website, the auditor determined that the agency's final PREA audit reports were accessible to the public. The auditor located the final audit reports at www.VQ.com under the state of Delaware tab. The link contained the following final PREA audit reports:

1. Final PREA Report VisionQuest Residential Alternative Detention Program-Newark (11/20/2024)
2. Final PREA Report VisionQuest Residential Alternative Detention Program-Milford (5/23/2022)
3. Final PREA Report Kent and Sussex County Resident Alternative to Detention Milford and Townsend (5/10/2019)

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

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.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	na
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	na
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	na

	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.)	na
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	no
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))	yes
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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?	yes
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?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

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

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
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.)	na
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?	no
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?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare 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?	yes
115.361 (f)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	**Reporting to other confinement facilities**	
	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?	yes
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	na

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

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

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