

# PREA Facility Audit Report: Final

**Name of Facility:** Ventura Youth Correctional Facility

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 10/24/2022

**Date Final Report Submitted:** 10/25/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Shirley L. Turner	<b>Date of Signature:</b> 10/25/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Turner, Shirley
<b>Email:</b>	shirleyturner3199@comcast.net
<b>Start Date of On-Site Audit:</b>	09/07/2022
<b>End Date of On-Site Audit:</b>	09/09/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Ventura Youth Correctional Facility
<b>Facility physical address:</b>	3100 Wright Road, Camarillo, California - 93010
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Guillermo Villegas
<b>Email Address:</b>	Guillermo.Villegas
<b>Telephone Number:</b>	(805)485-7951 ext. 3

Superintendent/Director/Administrator	
<b>Name:</b>	Maria Harper
<b>Email Address:</b>	Maria.Harper@cdcr.ca.gov
<b>Telephone Number:</b>	(805) 485-7951 ext.

Facility PREA Compliance Manager	
<b>Name:</b>	Mark Gross
<b>Email Address:</b>	mark.gross@cdcr.ca.gov
<b>Telephone Number:</b>	O: (805) 485-7951
<b>Name:</b>	Guillermo Villegas
<b>Email Address:</b>	guillermo.villegas@cdcr.ca.gov
<b>Telephone Number:</b>	

Facility Health Service Administrator On-Site	
<b>Name:</b>	Fernando Campos
<b>Email Address:</b>	Fernando.Campos@cdcr.ca.gov
<b>Telephone Number:</b>	805-278-3706

Facility Characteristics	
<b>Designed facility capacity:</b>	456
<b>Current population of facility:</b>	194
<b>Average daily population for the past 12 months:</b>	217
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	15-25
<b>Facility security levels/resident custody levels:</b>	Low, Moderate, High
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	323
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	20

AGENCY INFORMATION	
<b>Name of agency:</b>	California Division of Juvenile Justice
<b>Governing authority or parent agency (if applicable):</b>	California Department of Corrections and Rehabilitation
<b>Physical Address:</b>	8220 Longleaf Drive, Bldg. B, Elk Grove, California - 95758
<b>Mailing Address:</b>	8260 Longleaf Drive, Bldg. C, Elk Grove, California - 95758
<b>Telephone number:</b>	9166837452

Agency Chief Executive Officer Information:	
<b>Name:</b>	Heather A. Bowllds, Psy.D.
<b>Email Address:</b>	Heather.Bowllds@cdcr.ca.gov
<b>Telephone Number:</b>	916-683-7452

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Jonathan Yip	<b>Email Address:</b>	jonathan.yip@cdcr.ca.gov

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
42	
<b>Number of standards not met:</b>	
1	<ul style="list-style-type: none"> <li>• 115.313 - Supervision and monitoring</li> </ul>

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-09-07
2. End date of the onsite portion of the audit:	2022-09-09

### 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Director, Coalition for Family Harmony (Rape Crisis Center) Sexual Assault Nurse Examiner, Coalition for Family Harmony Operations Director, JUST Detention International

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	456
15. Average daily population for the past 12 months:	217
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	181
38. 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:	1
39. 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:	4
40. 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

41. 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
42. 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:	1
43. 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
44. 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:	2
45. 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:	2
46. 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:	1
47. 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
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. 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:	323
50. 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:	20
51. 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:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	20
54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	Review of the population list and corroboration among the Auditor, PREA Compliance Manager and PREA Analyst.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. 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):	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of <b>TARGETED INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	9
<p>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".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. 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:	4

<p><b>62. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>Reviewed the roster and discussed the make-up of the population with the PREA Compliance Manager, PREA Coordinator and PREA Analyst.</p>
<p><b>63. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>Reviewed the roster and discussed the make-up of the population with the PREA Compliance Manager, PREA Coordinator and PREA Analyst.</p>
<p><b>64. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>65. 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:</b></p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Reviewed the roster and discussed the make-up of the population with the PREA Compliance Manager, PREA Coordinator and PREA Analyst.</p>
<p>66. 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:</p>	<p>2</p>
<p>67. 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:</p>	<p>2</p>
<p>68. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Reviewed the roster and discussed the make-up of the population with the PREA Compliance Manager, PREA Coordinator and PREA Analyst.</p>
<p>69. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>Isolation is not used in this facility as confirmed through interviews.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race and ethnicity were also considered in the selection of random staff to be interviewed.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>2</p>

<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input type="checkbox"/> Religious</p> <p><input checked="" type="checkbox"/> Other</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No text provided.</p>

## 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.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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### Was the site review an active, inquiring process that included the following:

<p><b>85. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>86. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

90. 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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**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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	2	0	2	0
<b>Total</b>	2	0	2	0

93. 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
<b>Inmate-on-inmate sexual harassment</b>	2	0	2	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	2	0	2	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	1	1	0
<b>Total</b>	0	1	1	0

### Sexual Harassment Investigation Outcomes

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

96. 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
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	2	0	0

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	2
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

**Staff-on-inmate sexual abuse investigation files**

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<p>115. 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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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### Non-certified Support Staff

<p>116. 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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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## AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify the name of the third-party auditing entity</p>	<p>Correctional Management and Communications Group, LLC</p>

## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="244 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 395 300">DOCUMENTS:</p> <p data-bbox="244 327 435 356">Policy 1445, PREA</p> <p data-bbox="244 383 515 412">Agency Organization Chart</p> <p data-bbox="244 439 512 468">Facility Organization Chart</p> <p data-bbox="244 495 512 524">Job Descriptions Summary</p> <p data-bbox="244 589 392 618">INTERVIEWS:</p> <p data-bbox="244 645 839 674">PREA Compliance Manager/Quality Assurance Coordinator</p> <p data-bbox="244 701 770 730">PREA Coordinator/Associate Director, Mental Health</p> <p data-bbox="244 795 392 824">PROVISIONS:</p> <p data-bbox="244 851 1469 981">115.311(a): Policy 1445 mandates a zero-tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. Definitions of prohibited behaviors regarding sexual abuse and sexual harassment, including sanctions for those found to have participated in prohibited behavior, are also included in the policy.</p> <p data-bbox="244 1008 1461 1070">Detection of sexual abuse and sexual harassment is addressed through resident education, staff training, intake screening for risk of sexual victimization and abusiveness, and reporting mechanisms.</p> <p data-bbox="244 1097 1477 1196">The policy includes, but is not limited to, responding to sexual abuse and sexual harassment through reporting, investigations, assessments, crisis intervention services, and refers to the disciplinary process regarding residents and staff. The agency has additional policies that support the PREA standards.</p> <p data-bbox="244 1223 1469 1321">115.311(b): The agency policy provides for the designation of a statewide PREA Coordinator. The agency's Associate Director of Mental Health/PREA Coordinator is under the direct supervision of the Deputy Director, Division of Juvenile Justice, California Department of Corrections and Rehabilitation; verified by the agency's organization chart and interviews.</p> <p data-bbox="244 1348 1485 1478">The summary of the Job Description for the PREA Coordinator provides for oversight of PREA compliance statewide for the agency. The interview with the PREA Coordinator confirmed his familiarity with the PREA standards and the application of such. He also contributed the assistance from the Associate Governmental Program Analyst as instrumental in managing the PREA related responsibilities.</p> <p data-bbox="244 1505 1469 1603">115.311(c): The policy provides for the designation of a PREA Compliance Manager at each of the agency's facilities. The PREA Compliance Manager is directed, through policy and the job description summary, to coordinate the efforts to comply with the PREA Standards.</p> <p data-bbox="244 1630 1485 1796">The Quality Assurance Coordinator/PREA Compliance Manager reports to the Assistant Superintendent of the facility. The interview revealed he has the time and authority to perform PREA duties. The random staff interviews during the onsite audit phase revealed they are aware of the PREA Compliance Manager's role regarding PREA compliance. Subsequent interviews with residents revealed their awareness of the Quality Assurance Coordinator's PREA involvement. The facility's PREA Compliance Manager consults with the agency's PREA Coordinator regarding PREA related issues.</p> <p data-bbox="244 1823 400 1852">CONCLUSION:</p> <p data-bbox="244 1879 1409 1908">Based upon the review and analysis of the available evidence, the Auditor determined the facility/agency compliance.</p>

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.312(a): The agency does not contract for the confinement of its residents with private agencies or other entities. This determination was verified through the interviews.</p> <p>115.312(b): The agency does not contract for the confinement of its residents with private agencies or other entities. This determination was verified through the interviews.</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 397 300">DOCUMENTS:</p> <p data-bbox="242 329 362 356">Policy 1445</p> <p data-bbox="242 385 478 414">Population Data Charts</p> <p data-bbox="242 443 403 472">Staff Schedules</p> <p data-bbox="242 501 344 530">Logbooks</p> <p data-bbox="242 560 384 589">INTERVIEWS</p> <p data-bbox="242 618 400 647">Superintendent</p> <p data-bbox="242 676 770 705">Lieutenant/Intermediate or Higher Level Facility Staff</p> <p data-bbox="242 734 528 763">PREA Compliance Manager</p> <p data-bbox="242 792 392 822">PROVISIONS:</p> <p data-bbox="242 851 1484 972">115.313(a):The camera system is monitored constantly from the control room of the perimeter of the facility. Cameras are not located in the housing units and common areas. The provisions of the standard are taken into consideration and in preparation of the staffing plan and regarding staffing levels as confirmed through the interview with the Superintendent, and review of the staffing plan.</p> <p data-bbox="242 1001 1484 1099">Admittedly, there is difficulty in recruiting and retaining staff due to COVID-19 concerns and the closure of the agency/facility on June 30, 2023. The work schedules are based on the staffing plan and agency policy and there are posts identified for mandatory coverage.</p> <p data-bbox="242 1128 1484 1189">The facility considers this provision in maintaining staff coverage including the composition of the population and number and placement of supervisory staff.</p> <p data-bbox="242 1218 1473 1346">115.313(b):The staffing plan provides for the ratios adopted by the facility during the waking and sleeping hours and the mandatory posts are covered. The facility established an internal staffing ratio during the sleeping hours. The internally established ratio provides for one staff assigned to a housing unit, during the sleeping hours, which regularly contains more than 16 residents.</p> <p data-bbox="242 1375 1490 1538">115.313(c): The staff-to-resident ratios are maintained, 1:8 during the waking hours but are not maintained at 1:16 during the sleeping hours. The staff- to-resident ratio was in compliance during the waking hours as observed during the site review and subsequent walkthroughs. The staff providing direct supervision has completed the required training. The maximum population in a housing unit is 38 residents and the minimum number of residents in a housing unit is 24, however, only one staff member is assigned to each housing unit.</p> <p data-bbox="242 1568 1484 1695">All residents are contained in their rooms during the sleeping hours as confirmed by staff and the staffing plan. According to the staffing plan, adding additional staff to obtain compliance was examined in 2019 and it was determined the cost to the State would be millions of dollars. The cost would be substantial to the State since the facility and agency will close June 30, 2023. This information was also confirmed through interviews.</p> <p data-bbox="242 1724 1465 1852">115.313(d): An annual formal assessment is completed. However, currently the population and staffing levels are regularly assessed due to the agency's impending closure June 30, 2023. The staffing plan assessment was conducted prior to the site review and is signed by the Assistant Superintendent, PREA Coordinator and other agency staff in June 2022. The staffing plan assessment includes but is not limited to the 11 provisions listed in this standard.</p> <p data-bbox="242 1881 1495 2112">115.313(e):The policy provides for the occurrence of unannounced rounds or security checks conducted by a custody staff supervisor on each shift. The security checks must be documented in red in the identified logbooks. A review of a sample of documented unannounced rounds, support unannounced rounds are conducted by intermediate level staff which is generally the Lieutenant's position. The areas assessed during the unannounced rounds by the custody supervisory staff at various times include housing units, where the residents are and areas where they are not. According to the interview, if minor issues are identified during the unannounced rounds or security checks, the follow-up will be documented in the logbook. An email is submitted to a higher-level supervisor if a major issue is identified.</p>

The interview with a Lieutenant indicated how he ensures staff does not alert other staff when he is conducting unannounced rounds. The policy provides that staff will not alert other staff regarding the occurrence of unannounced rounds. Staff members are not informed of the unannounced rounds and staff members are encouraged not to alert other staff members regarding the unannounced visits, per policy.

CONCLUSIONS:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is not in compliance with this standard due to not meeting the staffing ratio of 1:16 during the sleeping hours.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>DOCUMENTS:</p> <p>Policy 1801, Conducting Searches  Policy 1445  State Statute 3287  Notice of Unusual Occurrence  The Transgender, Respect, Agency and Dignity Act (TRADA) Overview Training Curricula  TRADA Memorandum  Search Alert Form  Preference Question(s) Form</p> <p>INTERVIEWS:</p> <p>Random Staff  Residents</p> <p>PROVISIONS:</p> <p>115.315(a): The policy and statute prohibit cross-gender searches and cross-gender visual body cavity searches except in exigent circumstances. Cavity searches for contraband are not conducted. However, if a retrievable dangerous foreign object is inserted and may cause a health risk, it may be removed by a Division of Juvenile Justice (DJJ) or non-DJJ physician.</p> <p>Policy states staff of the same gender or anatomical sex of the youth will conduct the searches in general. Transgender or intersex youth can state a clear preference of being searched by staff of the opposite gender, in such case, the Search Alert Preference Question(s) and Search Alert forms are completed.</p> <p>115.315(b): Policy provides that staff will only conduct cross-gender pat-down searches when there are exigent circumstances or when a transgender or intersex youth requests their search be completed by an opposite gender staff member. The agency provides training on how to conduct such searches and all searches are documented.</p> <p>Staff interviews confirmed they are aware of the restriction of conducting cross-gender pat-down searches except in exigent circumstances and regarding a transgender and intersex youth's preference. The evidence shows cross-gender pat-down searches are not routinely conducted. Staff interviews confirmed that cross-gender searches would only be conducted due to exigent circumstances. Transgender or intersex youth may state a clear preference of being searched by staff of the opposite gender, in such case, the appropriate forms are completed.</p> <p>115.315(c): Policies provide for all all cross-gender searches to be documented. Cross-gender pat-down searches may be conducted only in exigent circumstances or when requested by a transgender or intersex youth as confirmed by random staff interviews.</p> <p>The Notice of Unusual Occurrence form is used to document a cross-gender search, unclothed body search and visual body cavity search. The form is also used to document when a resident has a Search Alert form indicating preference to be searched by a particular gender and the search is not granted due to urgent circumstances.</p> <p>An explanation for the urgent circumstances must be included on the Notice of Unusual Occurrence form. The evidence shows the facility's practice is to document and justify all cross-gender searches.</p> <p>115.315(d): Policy supports that the facility will enable residents to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances or during routine room checks. Staff members of the opposite gender are required to announce their presence upon entrance to a housing unit of the opposite gender. A sign is posted outside the door of each housing unit as a reminder for staff to make the announcement upon entry. Residents will also announce, as well as the staff when an opposite gender staff enters a dormitory. The Watch Commander ensures that the announcement is made for each shift that both genders are working, as directed by policy. This practice of announcing the opposite gender staff entering a housing unit was confirmed through observations of the practice during the comprehensive site review, and interviews with youth and staff. None of the residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothing, or performing bodily functions.</p> <p>The evidence shows that residents shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Based on the review of the documentation, staff and resident</p>

interviews, and observations, the facility follows this provision of the standard. Viewing of the cameras and staff and youth interviews confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes. There are no cameras in the resident's rooms, near any bathrooms, or anywhere in the housing units or common areas. The practice is that all residents are clothed when exiting their rooms or the shower, as explained during the site review. There are separate shower stalls and shower curtains which eliminate a direct view of the residents while showering or changing clothes.

115.315(e): Policy 1445 prohibits the search of transgender or intersex residents solely for the purpose of determining the residents' genital status and staff interviews verify no such searches occur.

If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Staff interviews confirmed they are aware that agency policy prohibits them from conducting a physical examination of transgender or intersex resident solely for the purpose of determining the youth's genital status. The staff interviews, training and agency policy document that this provision is met.

115.315(f): Policy indicates staff will be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The documentation and staff interviews support the training is conducted. The evidence shows staff members are trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Conclusion:

Based on the reviewed documentation and interviews, the Auditor determined the facility is compliant with this standard.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

- Policy 1445
- Policy 6155, Youth With Disabilities
- Procedure 6155.
- Program Information Sheet (Education Services)
- Scope of Work and Letter of Agreement (Foreign Language Telephone Interpreting Services)
- Instructions for Accessing Interpreting Services
- Youth Request for Reasonable Accommodation
- Disability Referral/Evaluation Form
- Accommodation Documentation
- List of Agency Bilingual Interpreters
- Youth Rights Handbook
- Record of PREA Education (Acknowledgement Statements)
- Posted and Other Printed Information
- Assistive Devices

**INTERIVEWS:**

- Residents
- Random Staff
- PREA Compliance Manager
- Director, Division of Juvenile Justice

**PROVISIONS:**

115.316(a): The policies, procedures, forms, other documents and interviews collectively address the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Staff interviews confirm residents are not used as interpreters or readers. Professional and trained interpreters are used as required by the contract. Random staff interviews confirmed that residents are not used to interpret for other residents.

Targeted interviews were conducted and the residents' understanding of the general PREA information was evident. These residents had an understanding of the concept of PREA, how to report allegations and how to access services.

The facility has access to services for the deaf through assistive devices. The facility has a Youth with Disabilities Coordinator, education personnel and services, access to assistive devices, and behavioral health staff that may assist with PREA education and adapt the information as needed for disabled residents. A resource within the State is the California Department of Social Services, Deaf Access Program. The services include qualified sign language interpreters, translation of documents, and referral, and emergency services.

115.315(b): Language services are provided through a contract for Foreign Language Telephone Interpreting Services. Through the contract, services are provided by telephone and services include document and audio translation. The evidence and interviews indicate that each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

The contract, interpreter list, and education and mental health services demonstrate the facility ensures 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. It has been demonstrated that steps are taken to provide interpreters who can interpret effectively, accurately, and impartially. There are staff members onsite who may also serve as interpreters. The resident in the category of limited English proficient refused to be interviewed. A staff member was to serve as the interpreter.

PREA information is posted and otherwise accessible in English and Spanish. Acknowledgement statements were reviewed onsite during the comprehensive review confirming PREA education is provided to the residents.

**115.316(c):**

Staff interviews confirm that resident interpreters and readers are not used as stated in policy. There was one resident identified as in need of interpreter or translation services during the comprehensive site visit; the resident refused to be

interviewed. A staff member onsite would have served as the interpreter for the interview. The facility maintains a list of agency staff that may be used as interpreters and the agency has a contract for interpreter services. Contract agency interpreters are accessible through facility treatment or administrative staff.

Conclusion:

Based upon the review and analysis of the evidence, including interviews and observations, the Auditor determined the facility is compliant with this standard.

**115.317 Hiring and promotion decisions**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

## DOCUMENTS:

Policy 1445, PREA  
Personnel Operations Manual  
Office of Peace Officer Selection, Live Scan Hiring Authority Manual  
Supplemental Applications  
Rank and File Reference Check  
Supervisory Record Check  
Memoranda

## Interviews:

Personnel Supervisor  
Chief of Security

## PROVISIONS

115.317 (a) & (f): Agency policies collectively address hiring and promotion processes and decisions and background checks. The background checks occur prior to employment and subsequent arrests are reported once the person is hired. Personnel files were reviewed onsite and samples of personnel documents were reviewed during the pre-onsite audit phase. Initial background checks are conducted and the specific questions from the standard, about previous sexual misconduct, are asked of the applicant on the Supplemental Application and the document is retained in the personnel file.

The interview with the Personnel Supervisor and a review of policies and other documentation collectively provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard. Forms completed and included in the personnel files are responsive to the above provisions of this standard. All applicants are asked about any prior misconduct involving sexual misconduct, including sexual abuse. The interview, policies and other documentation support the facility does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse. Policy 1445 and the interview provide that the agency imposes upon employees a continuing duty to disclose any such conduct.

115.317(b): The policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual misconduct by any means. The interview with the Personnel Supervisor was aligned with the standard and the personnel documents show the inquiries made during the application process regarding previous PREA related misconduct. The evidence shows the facility considers 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. Based on the review of the personnel files and records reviewed during the pre and onsite audit phases, and the interview, the facility follows this provision of the standard.

115.317(c) & (d): Policy requires background checks to occur prior to residents receiving services from employees, contractors and volunteers which was also confirmed by the Personnel Supervisor's interview and an executive memorandum reminder. Best efforts are made 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. Personnel files were reviewed remotely and onsite; there was evidence of State and federal criminal background record checks and child abuse registry checks.

115.317(e): Initial background checks are conducted and Subsequent Arrest Notifications are provided to the Chief of Security due to the initial use of the Live Scan fingerprinting system. Whenever an employee or contractor is arrested, notification is provided to the Chief of Security. The interviews and a review of policies provide details about the completion of background checks, in accordance with the PREA standard.

115.317(g): According to policy, staff has a continuing duty to report related misconduct. Policy supports that omission of sexual misconduct or providing false information is grounds for termination through the disciplinary process.

115.317(h): The interview with the Personnel Supervisor indicated that such a request would be referred to the Employee Relations Officer who would address the request.

## Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility meets the provisions of the standard.

**115.318 Upgrades to facilities and technologies**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENT:**

Schematic Diagram

**Interviews:**

Director, Division of Juvenile Justice  
Facility Superintendent

**PROVISIONS:**

115.318(a): There has not been a substantial expansion or modification to the existing facilities during the last 12 months. The facility/Division of Juvenile Justice has been scheduled to close June 30, 2023.

15.318(b): There has not been an update to the video monitoring system during the past 12 months. The facility/Division of Juvenile Justice has been scheduled to close on June 30, 2023.

**Conclusion:**

Based upon the review and analysis of the available evidence, interviews and observations, the Auditor determined compliance with this standard.

## 115.321 Evidence protocol and forensic medical examinations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTS:

Facility PREA Policy, 1445  
Staff Misconduct Complaint Policy  
PREA Investigative Guidelines  
Department Operations Manual  
Coordinated Response Plan  
Investigation Process Flow Charts  
Evidence Form Custody  
Supervisor PREA Checklist  
Operations Agreement/Memorandum of Understanding  
Agreement for Advocacy Services  
Training Curricula  
Investigation Reports

#### INTERVIEWS:

Random Staff  
Investigative Staff  
Superintendent  
PREA Compliance Manager  
Sexual Assault Nurse Examiner  
Rape Crisis Center Director

#### PROVISIONS:

115.321(a) & (b): The collective policies, guidelines and other documentation support a uniform evidence protocol is followed regarding investigations of sexual abuse in accordance with the standard. Policy and guidelines are provided for Locally Designated Investigators (facility-based investigators) and agency investigators from the Office of Internal Affairs. The training documentation for the investigators was reviewed, including curricula. The Central Office of Internal Affairs conduct administrative and criminal investigations. The investigator and random staff members' interviews confirmed awareness of protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations and their roles.

The random staff interviews revealed the training provided including the protocols for support in maintaining usable physical evidence including encouraging the victim to not shower, wash, change clothes without medical supervision, use restroom or consume any liquids. the Custody Supervisor PREA checklist serves as a reminder of what must occur after such allegation and serves as the documentation of the steps taken. The Evidence Form provides for a description of evidence collected and describes the chain of custody of the evidence.

115.321(c): The Operations Agreement/Memorandum of Understanding document that forensic examinations will be conducted through the advocacy agency, Safe Harbor Multi-disciplinary Interview Center and Ventura County Family Justice Center. The facility has access to medical forensic services by a Sexual Assault Nurse Examiner from the Coalition for Family Harmony which is a part of the network of community services provided under the umbrella of the Safe Harbor Multi-Disciplinary Interview Center. Forensic examinations are provided at no cost to the victim. No forensic exams have been conducted during the last 12 months. The facility also has a written agreement directly with the Coalition for Family Harmony for the provision of advocacy services.

115.321(d) & (e): Victim advocacy services have been arranged and are documented in an Operations Agreement/Memorandum of Understanding between the facility and Ventura County District Attorney's Office on behalf of the Crime Victims' Assistance Program, Safe Harbor Multi-Disciplinary Interview Center, and Ventura County Family Justice Center. A community partner, Coalition of Family Harmony, also has an agreement with the facility for the provision of advocacy services. The services to residents, as verified by the rape crisis center Director, include but are not limited to accompaniment, emotional support; and referral services. The rape crisis center is the Coalition for Family Harmony and is part of the network of services available to victims under the connection with Safe Harbor Multi-disciplinary Interview Center and is not a part of a law enforcement agency. Information regarding advocacy services is provided to the residents during PREA education sessions and is posted in the facility.

115.321(f) & (g): Investigations of allegations of sexual abuse that may be criminal in nature and certain cases requiring and administrative investigation are conducted by the Central Office of Internal Affairs in accordance with the agency's policies and the provisions of the standard. Allegations that are criminal in nature are also investigated by local law enforcement and the child welfare agency is also contacted.

115.321(h): The facility will provide a qualified staff member (Casework Specialist, Supervising Casework Specialist, or Psychologist) to serve as an advocate for any resident when a community-based organization is unavailable or upon request.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.

## 115.322 Policies to ensure referrals of allegations for investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### DOCUMENTS:

Policy 1445  
Agency Operations Manual  
Training Curricula  
Investigator Training Log  
PREA Investigation Guidelines

#### INTERVIEWS:

Random Staff  
Investigative  
Staff Superintendent  
PREA Compliance Manager  
Director, Division of Juvenile Justice

#### PROVISIONS:

115.322(a): The agency policies and guidelines provide that staff report all allegations of sexual abuse and sexual harassment and the reports are to be documented. Facility and agency staff members are aware of the requirements as verified through interviews. The facility reports a total of four PREA related allegations; three were investigated by the facility-based investigators and one was investigated by a central office investigator. There were two youth-on-youth allegations of sexual harassment which were determined to be unfounded and two allegations of staff sexual misconduct; the findings for one was unsubstantiated and the other was unfounded. The review of the investigations and interviews support the cooperation between the facility staff and investigators. The investigators have received the required training as documented by policy, training curricula, training log, and investigation records.

115.322(b) & (c): PREA reporting information is located on the agency's website and within the facility, accessible to the public. Reporting information is also posted in various areas of the facility including but not limited to living units. The posted information is accessible to residents, staff, contractors, volunteers and visitors. Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained facility-based investigators and may be investigated by agency investigators of the Office of Internal Affairs. Allegations that are criminal in nature may also be investigated by the Office of Internal Affairs and local law enforcement. During the past 12 months there were no allegations that received a criminal investigation all were determined to be administrative investigations.

115.322(d): The facility and agency have policies governing investigations. Training documentation and curricula was reviewed by the Auditor.

115.322(e): The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at the facility.

#### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard.

**115.331 Employee training**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

DOCUMENTS REVIEWED:

- Policy 1445
- Training Curricula
- Training Logs
- Training Materials
- Electronic Acknowledgement Records
- PREA Resource Guide

INTERVIEWS:

Random Staff

PROVISIONS:

115.331(a): The policy addresses PREA related training for staff as prescribed by the standard. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policy, training curricula, other training documentation and staff interviews.

The documents and staff interviews support refresher training is also conducted and is documented. All random staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed and document review verified the general topics in this standard provision are included in the training provided.

115.331(b): The facility houses males and females and the training considers the needs of the population as determined by a review of training curricula and interviews with staff.

The policy supports that staff training be tailored to the needs and attributes of the population served which provides for it to be gender-specific.

115.331(c): The policy addresses PREA related training for staff as prescribed by the standard. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policy, training curricula, other training documentation and staff interviews.

The documents and staff interviews support refresher training is also conducted and is documented. All random staff interviewed and the PREA Compliance Manager reported the training is provided as required.

All direct care staff members interviewed and document review verified the general topics in this standard provision are included in the training provided.

115.331(d): Policy provides that all training be documented. Training is documented using different methods such as sign-in sheets, acknowledgement statements, certificates, training logs, and electronic records. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.

**115.332 Volunteer and contractor training**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS REVIEWED:**

Training Curricula

Electronic Training Acknowledgement

Volunteer/Contractor Informational Sheet

**INTERVIEWS:**

Volunteer

Contractor

**PROVISIONS:**

115.332(a): The policy requires volunteers and contractors, who have contact with residents, to be trained about PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of training records and interviews document the training occurs. The volunteer and contractor collectively discussed the subject matter covered, materials received, acknowledgement statement, and refresher training.

115.332(b): The interviews revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and volunteers. The training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents.

115.332(c): Training logs, acknowledgement statements, curriculum, and interviews document the training occurs for contractors and volunteers.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.

**115.333 Resident education**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

DOCUMENTS REVIEWED:

Policy 1445, PREA

Policy 6155, Youth With Disabilities

Procedures 6155.1

Acknowledgement Forms

Accommodation Document

Training Curricula

Posted and other Printed PREA Information in English and Spanish

Youth Rights Handbook

Memorandum (Mandatory Staff PREA First Responder Training)

Contract Scope of Work (Foreign Language Telephone Interpreter Service)

Program Information Sheet (Education Services)

PREA Video

INTERVIEWS:

Residents

Intake Staff/Re-entry Coordinator

PREA Compliance Manager

PROVISIONS:

115.333(a) & (b): Policy supports that all residents admitted receive PREA education and remain abreast of PREA information during their stay. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting.

A staff member that conducts PREA education to residents and the residents interviewed confirmed that PREA education sessions occur. Orientation is provided to residents during the intake process and follow-up and updates are provided by the senior staff on the housing units.

Within 10 days of admission, residents receive a PREA education session which, based on interviews and observations, is age-appropriate. The results of the staff and resident interviews and review of training materials indicate provision of PREA information at intake and the follow-up information is provided on the housing unit.

The interview with the Re-entry Coordinator, one of the treatment staff that provides PREA education, revealed assurance that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. Resident interviews also confirmed such. Residents are shown the orientation video regarding PREA and receive handouts and Youth Rights Handbook.

The PREA education sessions include a review of the printed material provided, including the Youth Rights Handbook. The residents sign acknowledgement statements confirming their initial receipt of PREA information during intake.

A review of documentation showing dates and indicating residents' participation in PREA education confirmed the initial PREA information and education sessions occur. Education and mental health staff may assist in the adaptation and delivery of PREA information as needed.

The PREA related information is provided to staff in policies, procedures, training and staff meetings.

Seventy percent of the residents interviewed revealed they were knowledgeable of the victim advocacy services available to

them if they were the victim of sexual abuse. The other 30% knew there was an outside agency to help if they or someone they knew were sexually abused. The 30% also collectively knew a staff member to go to if they needed access to the information and knew the information was posted and where to look. Training acknowledgement statements were reviewed confirming the PREA education.

The resident with Limited English Proficiency refused to be interviewed. A staff member, Program Administrator, would have served as the interpreter if the resident had not refused the interview.

115.333(c): Based on the evidence shown in provisions (a) and (b) and staff interviews, all residents receive PREA education. A checklist is kept on each youth's file during the intake process. The checklist is a reminder of what should be completed for the new intake and serves as part of a check and balance system to ensure that each youth entering the facility receives PREA orientation.

115.333(d): The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident.

Forms were reviewed that will document the provision of accommodations and supportive services for residents in the aforementioned areas. Posted PREA information is in English and Spanish accessible to residents, staff, contractors, volunteers, and visitors. The agency has a statewide contract for interpreting and translation services, and access to American Sign Language services and assistive devices.

Staff interviews confirmed residents are not used as translators or readers for other residents.

A section of the Youth Rights Handbook outlines the Youth with Disabilities Policy which includes informing residents that those with disabilities have access to the Disabilities Program Coordinator and that such youth will not be harassed or discriminated against.

115.333(e): A sample of signed acknowledgement statements and training curricula were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of general PREA information, such as their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment.

The intake staff interview regarding PREA education for residents support that she ensures residents' receipt of the information.

115.333(f): The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA brochures are provided to each resident to assist in eliminating incidents of sexual abuse and sexual harassment. The brochures provide educational information regarding sexual abuse and victims.

The Youth Rights Handbook and other printed materials provide PREA information to residents. The residents revealed they can report allegations of sexual abuse or sexual harassment in different ways, such as telling a staff member; telling a family member who may report the allegation for them; hotline (Ombudsman); complete a grievance form; or complete a Health Care Services Request form. Posted PREA related information was observed placed in all housing units and other areas of the facility.

The information is colorful, easy to read and at levels residents can read it.

#### CONCLUSION:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provision of this standard.

**115.334 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

Policy 1445

Training Curriculum

Training Logs

**INTERVIEWS:**

Investigative Staff

**PROVISIONS:**

115.334(a) & (b): The policy, procedures and practice provide for investigations of allegations of sexual abuse that are criminal in nature be conducted by the agency's Office of Internal Affairs and local law enforcement. Administrative investigations are conducted by a trained Locally Designated Investigator/facility-based investigator or agency investigator from the Office of Internal Affairs.

The policy provides for the investigators to be trained. The investigators have received the regular PREA training and received additional training in conducting investigations as confirmed by a review of training documentation and policy and interviews.

The training course specifically addresses conducting administrative investigations in confinement settings and includes the provisions of the standard. 115.334(c): The investigators receive additional training in conducting investigations, aside from the regular PREA training. The training curriculum, training logs and interview document the training occurs.

115.334(d): The agency investigators within the Office of Internal Affairs are also trained investigators.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

**115.335 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

Policy 1445  
Training Certificates  
PREA Medical/Mental Health Training Logs

**INTERVIEWS:**

Psychologist  
  
Registered Nurse  
  
Supervising Registered Nurse

**PROVISIONS:**

115.335(a): Policy, procedures and practice provide that medical and mental health staff members receive the regular PREA training and specialized training. All PREA training is documented, as well as specialized training for medical and mental health staff members. The documentation indicates completion of online training through the National Institute of Corrections, Academy Division.

The interviews and a review of training certificates, policy and training logs confirmed completion of training which includes the provisions of the standard.

115.335(b): Forensic medical examinations are not conducted at the facility.

115.335(c): The training documents, including training certificates and the interviews with medical and mental health staff confirmed receipt of the required training.

115.335(d): Medical and mental health staff complete the general training that is provided for all staff members as documented and supported by the interviews.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

## 115.341 Obtaining information from residents

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### DOCUMENTS:

Policy 1445

PREA Screening Tool

#### INTERVIEWS:

PREA Compliance Manager

Re-Entry Coordinator

PREA Coordinator

#### PROVISIONS:

115.341(a): The Policy provides a risk screening occurs within 48 hours upon arrival to the facility. The Re-entry Coordinator was interviewed regarding the application of the PREA Screening Tool. She explained the process of obtaining information which includes reviewing the court file and the probation report and conducting a one-on-one interview with the residents.

This process is used to obtain information about the resident's personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The PREA Screening Tool is used during the admissions process.

Samples of the PREA Screening Tool were reviewed by the Auditor which confirmed inquiries including but not limited to:

- (1) Receipt of threats of sexual abuse from another youth.
- (2) Whether or not a youth identifies as being lesbian, gay, bisexual, transgender, intersex or gender non-confirming.
- (3) Concern about ability to defend self.
- (4) Unwelcomed sexual activity while incarcerated.

115.341(b): The objective screening instrument, PREA Screening Tool, is used to obtain the information required by the standard. The PREA Screening Tool is rules based and contain risk factors with assigned reasonable weights based on the available evidence, including the youth interview, and reasonably informed assumptions.

The interviews and review of a sample of PREA Screening Tools revealed utilization of the instrument.

115.341(c): The PREA Screening Tool and other assessment tools are used to ascertain information about the items of this standard provision. The interview with the Re-entry Coordinator indicated her awareness of areas of the risk screening instrument. The resident interviews confirmed the administration of the screening instrument.

115.341(d): The information is ascertained through conversation and interview with the youth, probation report and file review, according to the Re-entry Coordinator. The staff and resident interviews are aligned with the policy and this provision of the standard. 115.341(e): The facility provides for appropriate controls to be taken to ensure that sensitive information is protected and not exploited. The information is available to treatment and management staff and the PREA Compliance Manager. The resident files are maintained in a secure manner in lockable file cabinets behind locked doors with limited access; online documents are password protected. The physical files must be signed out by the appropriate staff before they are taken from the file room area.

#### CONCLUSION:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

## 115.342 Placement of residents

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTS:

Policy 1445

PREA Screening Tool

Sexual Orientation and Gender Identity Expression Screening

Transgender, Agency and Dignity Act - Frequently Asked Questions for Staff

#### INTERVIEWS:

Residents

PREA Compliance Manager

Re-Entry Coordinator

PREA Coordinator

Random Staff

#### PROVISIONS:

115.342(a): The policy and memorandum from the Director, Division of Juvenile Justice, provide guidance to staff regarding the use of the information obtained from the screening instruments. Information obtained through the administration of the screening instruments assist in determining bed, education and other program assignments with the goal of keeping all residents safe while meeting the needs of each resident.

This information was verified through a review of samples of the screening instruments and interviews.

115.342(b): Isolation is not used in this facility as corroborated through interviews and observations.

115.342(c): The combined memorandum and policy provides that housing decisions be made on a case by case basis with no specific housing or other assignment decisions be made solely based on how the residents identify or their status. Staff does not consider how a resident identifies as an indicator that the resident may be more likely to be sexually abusive.

During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex residents. The targeted interviews confirmed there is no specific reserved housing for LGBTI residents.

The guidance memorandum specifically addresses a general provision of the policy regarding housing issues. It provides that if a resident requests different housing associated with their gender identity, the Supervising Casework Specialist may request a hearing to be held which must occur no longer than 72 hours after the request is received by staff. The decision will be made by the Juvenile Justice Administrative Committee (JJAC) which consists of PREA Compliance Manager; Parole Agent; Superintendent; healthcare representatives; and participants from headquarters, including the PREA Coordinator.

115.342(d): The guidance memorandum supports that housing and program assignments for transgender or intersex residents be made on a case-by-case basis and these residents would not be placed in particular or special housing which was evident from staff interviews and observations. One resident was being housed in the medical area temporarily due to conflict in the assigned dormitory and until the conflict could be resolved. The resident requested one-on-one staff supervision leading to placement within the medical area. The room door remained open and direct care staff was located outside the room providing the continued one-on-one supervision when the resident was in the room.

The PREA Coordinator was working with staff to resolve the conflict so that the resident could be removed from the medical area and back to the assigned dormitory. The staff member interviewed confirmed the agency/facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

115.342(e): The policy states that placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice per year and as with all youth, when a new risk factor becomes known.

This procedure provides the documentation to review any threats to safety experienced by the residents.

115.342(f): The resident's concern for his/her own safety is taken into account through the administration of the PREA Screening Tool and other assessments. The residents confirmed in the interviews, they are asked about their safety concerns. The Re-entry Coordinator also revealed that the safety concerns of the transgender or intersex youth are given serious consideration.

According to Policy 1445, the assigned casework staff shall schedule an expedited appearance before the JJAC for discussion of a resident's housing needs.

115.342(g): Transgender and intersex residents are provided the opportunity to shower separately, per the targeted interviews and policy. Additionally, observations revealed separate shower stalls with shower curtains at each stall. When there are safety concerns, the facility has modesty screens that may be strategically placed to maintain privacy when it is determined the resident should not be in the shower alone, as directed by policy.

115.342(h): Isolation is not used in this facility.

115.342(i): Isolation is not used in this facility.

#### CONCLUSION:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

## 115.351 Resident reporting

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTS:

Policy 1445

Youth Rights Handbook

PREA Brochures

PREA Education Posters

#### INTERVIEWS:

PREA Compliance Manager

Residents

#### PROVISIONS:

115.351(a): Policies, procedures and practice address this standard and provide for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he/she can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such.

Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour reporting hotline (PREA Ombudsperson), as confirmed by resident and staff interviews; and observations of posters and other printed materials. The posted materials regarding reporting allegations and advocacy services are posted at varying eye levels at the telephones on each housing unit and other areas.

The brochure, Sexual Abuse/Assault Prevention & Intervention, which is provided to each resident, contains the contact information for the Office of Internal Affairs, PREA Ombudsperson and Just Detention International.

Additional ways to report allegations of sexual abuse or sexual harassment include tell staff; write the allegation on a regular or emergency grievance form and place it in the locked box; complete a Health Care Services Request form--place in locked box; or complete a Staff Misconduct Complaint form and place it in the locked box. Random staff interviews revealed residents may use a telephone, located on each unit, to privately report sexual abuse or sexual harassment.

The designated locked boxes and forms are posted on the housing units and a locked box is posted in the school area. Residents have access to writing materials as observed and stated by staff and residents. The reporting information was supported by the resident interviews and may be provided in English and Spanish, as will be provided in other languages as needed. The reporting information and locked boxes are easily accessible by the residents. There is also access to communication with parents/guardians and others which may be used for reporting sexual abuse or sexual harassment if a youth should need to through available telephone calls, video calls and letters.

Residents receive PREA brochures and the Youth Rights Handbook which provides PREA related information, including how to report allegations of sexual abuse and sexual harassment and access advocacy services. Posters are located in the living units and other areas visible to residents, staff, contractors, volunteers and visitors.

Residents revealed they have contact with someone who does not work at the facility such as a family member or other person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, staff meetings and shift briefings.

The telephone hotline was tested during the comprehensive site review and it was discovered that the telephone and reporting process were in working order. A link to an advocate may be made through the reporting telephone call and/or the resident may call a hotline number directly to request advocacy services. A written inquiry was made by the Auditor to Just Detention International and the return response was that there was no information in their database regarding the Ventura Youth Correctional Facility. The posted telephone numbers for assistance are free to call and residents are informed that the hotline calls are free.

115.351(b): Residents may use one of the telephones located on each housing unit to report an allegation of sexual abuse or sexual harassment to the PREA Ombudsperson, Office of the Inspector General. The contact information for the Office of Internal Affairs is also provided to residents for reporting sexual abuse or sexual harassment. Signs are posted explaining

how to access agencies.

Random staff collectively revealed staff could use the hotline or talk directly to their supervisor to privately report allegations of sexual abuse. Allegations of sexual abuse or staff sexual misconduct have not been substantiated during this audit period and none were deemed to be of a criminal nature. The facility does not detain residents solely for civil immigration purposes.

115.341(c): The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to immediately document verbal reports. Posted information in the facility and on the agency website support third-party reporting. All residents interviewed indicated their familiarity with the provisions of the standard.

The resident interviews demonstrate their familiarity with the various ways they may report either in person to a trusted staff member, in writing, by telephone, or through a third-party. The residents are generally aware third-party reports may be made and that reports can be made anonymously. Interviewed staff members are aware of their duty to receive and document third-party reports.

115.351(d): Writing materials are readily available for residents to complete the accessible forms as observed and indicated by interviews. During the site visit and while on the site review, the Auditor observed the accessibility of forms and writing utensils to the residents.

There was no indication of any barriers to a resident's intention of submitting a written complaint.

115.351(e): The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified the following ways a report can be made privately: use of the telephone hotline; talk to the supervisor in private; or write a note/letter. Reporting information is located in various areas of the facility and on the agency's website.

#### CONCLUSION:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding resident reporting.

## 115.352 Exhaustion of administrative remedies

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTS:

Policy 1445

Regular Youth Grievance Form

Emergency Youth Grievance Form

Youth Rights Handbook

#### INTERVIEWS:

PREA Compliance Manager

Re-Entry Coordinator

PREA Coordinator

Superintendent

#### PROVISIONS:

115.352(a): The facility has administrative procedures to address resident grievances and the process allows for an allegation of sexual abuse to be submitted utilizing a grievance form or Staff Misconduct Complaint form which may be placed in the locked box used for grievances.

This practice serves as another avenue for a resident to report allegations of sexual abuse and for staff to learn of such.

115.352(b): Interviews with the residents and PREA Coordinator and review of the policy indicate the facility provides relevant information to the residents regarding reporting allegations of sexual abuse and does not impose a time limit for reporting allegations of sexual abuse which was also confirmed with a target interview.

An informal process within the grievance system is not required when an allegation of sexual abuse or sexual harassment is submitted through the use of a grievance form and the locked box. The use of the forms and locked box serve as a method of reporting allegations in writing. When a written allegation is received it is provided directly to the immediate supervisor, Watch Commander, and/or Superintendent/designee and the reporting procedures are immediately implemented. There is no statute of limitations when reporting an allegation of sexual abuse through any format.

115.352(c): Policy 1445 and the interviews support that when an allegation is submitted utilizing a grievance or Staff Misconduct Complaint form, the resident does not have to submit it to the staff member that is the subject of the complaint. When a grievance form that alleges sexual abuse is retrieved from the locked box, the allegation is reported to the immediate supervisor, Watch Commander and Superintendent and is submitted for a sexual abuse investigation.

115.352(d): Grievance policies provide for the timelines of the grievance procedures within the grievance system. However, a grievance form submitted containing an allegation of sexual abuse is routed through the Superintendent/designee to a Locally Designated Investigator/facility-based investigator for an administrative investigation or the Office of Internal Affairs for an administrative or criminal investigation based on the situation as guidance is provided by policy 1445.

115.352(e): The policy and Youth Rights Handbook collectively provide for staff assistance to a resident in submitting a written allegation of sexual abuse, if needed. Third party reporting information is accessible to residents, staff, contractors, volunteers and visitors in the facility through postings and on the agency website. All allegations of sexual misconduct by residents is initially investigated by the Locally Designated Investigator (LDI).

Allegations of staff-on-resident sexual abuse or sexual harassment are reviewed by the LDI. The Office of Internal Affairs must be notified prior to the LDI conducting an interview with staff. A summary of the review is prepared and submitted to the Superintendent. Upon receipt of the written summary, the Superintendent refers the investigation to the Office of Internal Affairs.

115.352(f): The agency has policy and guidelines regarding regular and emergency grievances and staff misconduct complaints. However the use of the grievance form to write allegations and the deposit of the form in the locked box affords a resident the opportunity to put an allegation in writing and not have to give the written allegation to any staff member.

Once the written allegation is received, it is subsequently referred for an investigation through the Superintendent/designee. Once an allegation of sexual abuse or sexual harassment is retrieved from the locked box, the reporting procedures are immediately implemented, including immediately reporting the allegation to the Superintendent/designee and subsequent reporting to the investigative entity and agency staff.

115.352(g): Residents are encouraged through the Youth Rights Handbook not to make false reports. The PREA brochure, Sexual Abuse/Assault Prevention & Intervention, is reviewed with residents during PREA education sessions and is provided to the residents. The brochure informs youth that if they make an intentional false report, they will face legal action.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

**115.353 Resident access to outside confidential support services and legal representation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

DOCUMENTS:

Policy 1445, PREA  
Policy 5050, Visiting  
Policy 577 , Confidential Telephone Access to Youth  
Policy 5090, Correspondence  
Youth Rights Handbook  
Operations Agreement/Memorandum of Understanding  
DJJ Video Visiting Guidelines  
A Guide to Working with Rape Crisis Centers  
PREA Brochures  
PREA Education Posters  
Agreement Summary

INTERVIEWS:

PREA Compliance Manager  
Residents  
Director, Coalition for Family Harmony (Advocacy Agency)

PROVISIONS:

115.353(a): Contact information for advocacy services is a part of the PREA education sessions. Information is also provided through signs and posters, especially each housing unit. The posted hotline information was posted at the telephones, observed in each living unit and the contact information for services from the other agencies was posted.

The Director of the rape crisis center, Coalition for Family Harmony, assured the advocacy services to be provided. The Coalition for Family Harmony is a part of a network with the Safe Harbor Multi-Disciplinary Interview Center and Ventura County Family Justice Center. Services are available through the Operational Agreement which also includes the facility and the Ventura County District Attorney's Office.

An agreement for advocacy services also exist directly between the facility and the Coalition for Family Harmony for the provision of advocacy services which include but are not limited accompaniment and emotional support. Toll free hotline numbers and addresses to the resources for assistance are accessible to residents.

115.353(b): There are postings by each telephone that provides advocacy information and informs the residents of confidentiality of information. The PREA Brochure, Sexual Abuse/Assault Prevention & Intervention, informs youth that if a call is made to the PREA Ombudsperson, the resident's name will remain anonymous upon request.

Allegations of sexual abuse or sexual harassment may be reported to the PREA Ombudsperson in the Office of the Inspector General. Intake and PREA education sessions and the posters address confidentiality.

115.353(c): A written agreement exist between the facility and the rape crisis center, Coalition for Family Harmony, for advocacy services. A written agreement also exists between the facility, District Attorney's Office and an umbrella agency of partnerships--Safe Harbor Multi-disciplinary Interview Center and Ventura County Family Justice Center.

The collective services include but are not limited to emotional support, accompaniment through the forensic medical examination and investigative interviews.

115.353(d): Policies and the interviews confirm residents have access to attorneys and court workers and reasonable access to their parents/legal guardians. The site review revealed areas where residents could meet privately with a legal representative and the visitation areas for visits with family members.

All residents interviewed stated family could visit and they provided the days and times of visitation and for telephone calls. Residents also provided that video calls are provided. Residents interviewed confirmed the facility would allow them to see or talk with their lawyer, another lawyer or a court representative privately.

The PREA Compliance Manager confirmed the facility provides residents with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal guardians.

CONCLUSION:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard.

## 115.354 Third-party reporting

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTS:

Policy 1445, PREA  
Youth Rights Handbook  
Posted Audit Notices  
PREA Brochures  
PREA Education Posters

#### INTERVIEWS:

Random Staff  
Residents

#### PROVISIONS:

115.354(a): The policy addresses third-party reporting and provides details regarding the processing of third-party allegations. The interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and indicated they will be accepted and reported. Staff members also stated they are to immediately document all verbal reports received.

Third-party reporting instructions are detailed in policy and information is provided online and are specific to reporting allegations of sexual abuse. All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them.

The interviews with the residents revealed their knowledge of third-party reporting. Posters and other printed information provide reporting information which is accessible to residents, staff, visitors, volunteers and contractors. PREA information, along with the audit notices are in English and Spanish and posted in common areas.

The residents identified the methods within the facility in which they may make third-party reports such as a completed form in the locked box on the unit or in the school area, report to staff or a family member, or through the abuse reporting hotline. The resident interviews revealed the practice of the PREA information being posted and that the audit notices had been posted for a period of time, not just recently.

#### CONCLUSION:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance regarding third-party reporting.

## 115.361 Staff and agency reporting duties

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTS:

Policy 1445, PREA  
Policy 1435, Reporting Suspected Child Abuse or Neglect  
1st Responder PREA Guide  
California Penal Code  
Agency Operations Manual

#### INTERVIEWS:

Superintendent  
PREA Compliance Manager  
Psychologist  
Registered Nurse

#### PROVISIONS:

115.361(a) & (b): The policies and statutes collectively address provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws of the State.

The facility's and Office of Internal Affairs' (OIA) trained investigators conduct administrative investigations and allegations that are criminal in nature are investigated by local law enforcement. According to policy, OIA may also conduct criminal investigations.

Allegations of sexual abuse are also reported to the child welfare agency. The staff interviews were aligned with the requirements of policy.

A review of documentation demonstrates information reported to staff is reported to the appropriate authorities.

115.361(c): Policies support that after allegations have been appropriately reported, staff will not give out any other information relating to the reported allegation except when necessary to obtain treatment for the resident, aid in the investigation, or help retain the security of the facility. Staff is expected to continue to abide by the confidentiality requirements of the facility and to adhere to the information provided in the confidentiality training. Interviews with staff indicated their knowledge of the prohibition of 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.

115.361(d): The medical and mental health staff interviewed indicated that residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The staff interviewed revealed they are mandated reporters. They also indicated informed consent would be documented for a resident 18 years old and over regarding reporting allegations of sexual abuse that did not occur in an institutional setting.

115.361(e): Policy provides for reports of allegations of sexual abuse to be reported immediately. The allegation is subsequently reported to the Superintendent/designee and the appropriate investigative entities. The Superintendent or designee also promptly reports allegations to the agency's PREA Coordinator. Where there is documentation saying the parents/guardians should not be notified, the case worker at the identified child welfare agency will be notified as verified by the Superintendent and policy. Additionally, the residents legal representative would be notified within 14 days, where indicated.

115.361(f): The policies and interviews collectively provide for all allegations to be reported to supervisors, watch commanders and subsequently to the Superintendent/designee and appropriate investigative entities. Third-party and anonymous reports received must also be reported and documented immediately by staff, confirmed by policy and staff interviews.

#### CONCLUSION:

The Auditor determined the facility is in compliance with this standard based on triangulation of the evidence.

**115.362 Agency protection duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

Policy 1445, PREA

**INTERVIEWS:**

Superintendent  
PREA Compliance Manager  
Random Staff  
Director, Division of Juvenile Justice

**PROVISIONS:**

115.362(a) Policy requires staff to protect the residents through immediately submitting a mental health referral when it is learned a resident is subject to a substantial risk of imminent sexual abuse. Administration of the PREA Screening Tool provides information that assists and guide staff in keeping residents safe through housing and program assignments.

The interviews revealed that in addition to the mental health referral, protective measures include but are not limited to one-on-one supervision; alerting supervisor; separating residents involved; or transfer a resident to another facility. The interviews indicated the expectation is that any action to protect a resident would be taken immediately.

According to the information received, there was no resident identified to be at substantial risk of imminent sexual abuse in the past 12 months. The interviews with the residents revealed that during the intake process they are asked how they feel about their safety as part of the inquiries by staff completing paperwork. A review of a sample of screening instruments supports the information provided by residents.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding agency protection duties.

**115.363 Reporting to other confinement facilities**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

Policy 1445, PREA

**INTERVIEWS:**

Superintendent  
Director, Division of Juvenile Justice

**PROVISIONS:**

115.636(a-d): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the hiring authority will notify the hiring authority of the facility where the alleged abuse occurred and the appropriate investigative entity. Notification should be made as soon as possible but no longer than 72 hours after receiving the information and the notification is documented. For a DJJ facility, the Superintendent ensures the allegation is investigated and reported in accordance with policy. There is no evidence of such an allegation type was made during the past year.

**CONCLUSION:**

Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard.

## 115.364 Staff first responder duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### DOCUMENTS:

Policy 1445, PREA

1st Responder PREA Guide

PREA Resource Guide

Custody Supervisor PREA Checklist

Transportation Guide Checklist

Training Curriculum

PREA Education Brochure

#### INTERVIEWS:

Random Staff

#### PROVISIONS:

115.364(a): The policy and training provide that upon learning of an allegation that a resident was sexually abused the first security-level staff member to respond to the report is required to separate the alleged victim and abuser. The interviews revealed staff's general knowledge regarding preserving and protecting any crime scene. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff will request that the alleged victim not take any actions that could destroy physical evidence which are identified in the policy, training curriculum and PREA brochures. The interviews with staff confirmed awareness of first responder duties and the training they had been provided.

There was no allegation or incident where staff had to act as a first responder in the past 12 months. The Checklists ensure staff complete the required steps such as protecting scene, requesting youth not wash, change clothes, or brush teeth and that protocols are followed during transport of the resident for the forensic medical examination to be conducted.

115.364(b): There was no allegation or incident where a non-security staff member had to act as a first responder in the past 12 months. Non-security staff receive the basic PREA training required for all staff.

#### CONCLUSION:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

**115.365 Coordinated response**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

PREA Coordinated Response Plan

**INTERVIEWS:**

Random Staff

Superintendent

**PROVISIONS:**

115.365(a): The facility has developed a written PREA Coordinated Response Plan. The Plan is aligned with the information in the Standard regarding the response to an allegation or incident of sexual abuse. The Plan outlines the actions of the identified staff members such as the first responder; Superintendent; supervisors; medical; mental health; and management. The flow chart maps out the steps to take and staff responsibilities. The staff interviewed was familiar with their roles regarding the response to an allegation of sexual abuse.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

Agreement Between the State of California and California Correctional Peace Officer Association

**INTERVIEWS:**

Director, Division of Juvenile Justice

**PROVISIONS:**

115.366(a): Agency policy and the Agreement do not limit 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.

The interview with the Division Director is aligned with the Standard.

## 115.367 Agency protection against retaliation

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTS:

Policy 1445  
Protection Against Retaliation Forms

#### INTERVIEWS:

Superintendent  
Designated Staff Member Charged with Monitoring Retaliation  
PREA Compliance Director  
Director, Division of Juvenile Justice

#### PROVISIONS:

115.367(a): The policy and agency/facility interviews provide that the facility protects 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. The PREA Compliance Manager is responsible for retaliation monitoring and ensures that it occurs through his actions and/or supervisors as provided in policy.

The interview with the PREA Compliance Manager confirms he is charged with monitoring for retaliation and how it is conducted and that he will act promptly if retaliation actions are identified.

115.367(b): The policy and interviews collectively identify measures to protect staff and residents which are aligned with the measures in this provision such as: changing housing units; shift reassignment for staff; discussions with residents and staff (emotional support); utilize disciplinary system for residents and staff; report to Superintendent and/or Watch Commander.

The interviews and Protection Against Retaliation monitoring forms confirmed the facility protects residents and staff from retaliation for sexual abuse and sexual harassment allegations and/or for cooperating with such investigations. There were no incidents of retaliation identified during the past 12 months.

115.367(c): The policy and practice provide that the monitoring will occur for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. It is the responsibility of the PREA Compliance Manager to act promptly to remedy the situation where retaliation is identified. The PREA Compliance Manager or a supervisor under the direction of the PREA Compliance Manager monitors youth disciplinary reports, housing or program changes, negative performance reviews, or reassignments of staff, according to policy and aligned with interviews.

The monitoring continues beyond 90 days, if the initial monitoring indicates a continuing need as reported by the PREA Compliance Manager. There have been no incidents of retaliation during the 12 months preceding the audit.

115.367(d): The policy, interview with the PREA Compliance Manager and completed Protection Against Retaliation forms support that the retaliation monitoring includes status checks. There is a designated form used for staff and one used for residents.

115.367(e): Other individuals who cooperate with an investigation will be monitored if they express fear of retaliation from another resident or staff member as provided by policy. The PREA Compliance Manager would also take appropriate measures to protect that individual against retaliation.

115.367(f): The policy allows for the agency's obligation to terminate if it is determined that the allegation is unfounded; the resident is transferred to another facility; or the resident is released from custody.

#### CONCLUSION:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

**115.368 Post-allegation protective custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

Policy 1445

Policy 7261, Treatment Intervention Program

Procedure 7261.1, Treatment Intervention Program

**INTERVIEWS:**

Superintendent

Psychologist

Registered Nurse

Supervising Registered Nurse II

115.368(a): According to the interviews and support by policy, isolation is not used for protective custody of an alleged victim of sexual abuse. There has not been such use of isolation during this audit period. The facility has a Treatment Intervention Program which is used as a part of the behavior management system.

**CONCLUSION:**

Based upon the review and analysis of policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.

## 115.371 Criminal and administrative agency investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTS:

Policy 1445  
PREA Investigation Guidelines  
Investigation Process Flow Charts  
Training Curricula  
Investigation Files  
Training Certificates  
Training Log

#### INTERVIEWS:

Superintendent  
Investigative Staff  
Random Staff  
PREA Coordinator

#### PROVISIONS:

115.371(a): Policy 1445 provides that all incidents of alleged sexual abuse or sexual harassment be adequately addressed through investigation. Facility-based investigators, identified as Locally Designated Investigators, conduct administrative investigations. Investigators from the Office of Internal Affairs conduct administrative investigations and may conduct criminal allegations. Local law enforcement also investigate allegations that are criminal in nature.

115.371(b) & (c): The Auditor reviewed the training curricula, training log and training certificates regarding investigators and the interview with the investigative staff was aligned with the training and the standard. The investigation training and policy and guidelines provide guidance to staff in conducting investigations and maintaining physical evidence. The Evidence Form provides for a description of the evidence and the chain of custody and documents the gathering and preservation of circumstantial evidence.

115.371(d): Policy provides that an investigation is not terminated solely because the source of the allegation recants the allegation. The interview with the investigator confirmed this practice.

115.371(e): The facility-based or Locally Designated Investigator does not conduct investigations of allegations that are criminal in nature. The Office of Internal Affairs Investigators may conduct investigations that are criminal in nature and also conduct administrative investigations, according to policy. The Office of Internal Affairs would confer with prosecutors where indicated.

115.371(f): The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and shall not be determined by the person's status as a resident or staff, in accordance with policy and training. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation. The policy and the interview are aligned.

115.371(g) & (h): A review of administrative investigations revealed they include an effort to determine whether staff actions or failures to act contributed to the abuse. All investigations are completed with written reports as required in the provision and include a description of the physical and testimonial evidence, any reasoning behind credibility assessments, and investigative facts and findings.

The policy, guidelines and training provide additional and specific guidance for facility-based investigators. Criminal investigations will also be completed with a written report.

115.371(i): The policy provides that substantiated findings of criminal investigations are referred to the District Attorney's Office through the Office of Internal Affairs and/or local law enforcement.

115.371(j): The policy provides that PREA related records be retained in accordance with the agency Records Retention Schedule, a minimum of 10 years or per the PREA standard, whichever is longer. All investigation reports containing substantiated findings of abuse are retained permanently, in accordance with the PREA Policy, 1445.

115.371(k): The policy provides that the departure of the alleged abuser or victim from employment or control of the facility will not provide a basis for terminating an investigation. The interview is aligned with policy.

115.371(l): The investigative entities are aware of the PREA standards requirements. The Department of Justice does not conduct investigations in this facility.

115.371(m): The policy supports that staff shall cooperate with any outside investigators and remain informed about the progress of the investigation. This was also confirmed by the interview with the Superintendent.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

**115.372 Evidentiary standard for administrative investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

Policy 1445

Training Log

Training Curricula

Investigation Reports

**INTERVIEWS:**

Investigative Staff

**PROVISION:**

115.372(a): According to policy, the facility/agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the Investigator was aligned with policy and standard.

**CONCLUSION:**

Based upon the review and analysis of the Policies, training records and interviews, the Auditor determined the facility is compliant with this standard regarding evidentiary standard for administrative investigations.

**115.373 Reporting to residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

DOCUMENTS:

Policy 1445  
PREA Notification to Youth Form

INTERVIEWS:

Residents  
Investigative Staff  
Superintendent  
PREA Compliance Manager

PROVISIONS:

115.373(a): The policy addresses the resident being informed when the investigation is completed, informed of the outcome of the investigation, and documentation of the notification. The Superintendent and the PREA Compliance Manager will remain abreast of an investigation conducted by any of the investigative entities. The policy provides that any resident who makes an allegation of sexual abuse shall be informed of the results of the investigation.

Two residents reported an allegation of staff sexual misconduct, one allegation was determined as unfounded and the other was unsubstantiated as a result of administrative investigations. The one resident remaining in the facility was interviewed and is aware of the outcome of the investigation.

The allegations and subsequent investigations that occurred during the past 12 months were reviewed with the PREA Compliance Manager and agency PREA Coordinator.

There is a total of four allegations that occurred during the past 12 months. The other two allegations were youth-on-youth sexual harassment and were determined unfounded at the conclusion of the investigations.

115.373(b): The facility Superintendent and PREA Compliance Manager remain abreast of the investigations and maintain contact information with the outside investigative entities. The review of the investigation records with the PREA Compliance Manager and PREA Coordinator confirm the communication between facility staff and the Office of Internal Affairs.

115.373(c): The policy and PREA Notification to Youth Form require that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will subsequently be informed of the following, unless it has been determined that the allegation is unfounded, whenever:

- a. The staff member is no longer assigned within the resident's housing unit;
- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted on a charge related to sexual abuse within the facility; or
- d. The staff member has been convicted on a charge related to sexual abuse within the facility.

115.373(d): The policy and PREA Notification to Youth form provide that following a resident's allegation that he/she has been sexually abused by another resident, the alleged victim shall be subsequently informed whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse; or
- b. The alleged abuser is adjudicated on a charge related to sexual abuse.

115.373(e): The policy and PREA Notification to Youth form provides that all such notifications or attempted notifications be documented.

115.373(f): Policy provides that the facility's obligation to report under this standard terminates if the resident is released from the agency's custody.

CONCLUSION:

Based on the review and analysis of the available documentation and interviews, the Auditor determined the facility is compliant with this standard.

**115.376 Disciplinary sanctions for staff**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

Policy 1445  
Agency Operations Manual  
Investigation Records

**INTERVIEWS:**

PREA Compliance Manager

**PROVISIONS:**

115.376(a): The PREA policy, 1445, provides that violations of PREA policies by staff are grounds for termination through the disciplinary process. The facility policy and agency Operations Manual provide definitions of the prohibited behaviors and provide guidance to staff.

115.378(b): The PREA policy provides that violations are grounds for termination through the disciplinary process. The interview and review of investigation records confirmed there were no substantiated allegations of staff-on-youth sexual abuse.

115.376(c): The Operations Manual provides for due process in the application of sanctions for staff. In the past 12 months, there was no staff member that violated PREA related policies.

115.378(d): The PREA policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to policy violations, are to be reported to law enforcement, unless the activity is clearly not criminal and reported to relevant licensing bodies. According to the PREA Analyst and PREA Compliance Manager through the clarification of information and review of documentation, no staff member has been terminated for violating sexual abuse or sexual harassment policies and there have been no substantiated allegations regarding staff.

**CONCLUSION:**

Based upon the review of documentation and interviews, the Auditor determined the facility is compliant with this standard.

**115.377 Corrective action for contractors and volunteers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

Policy 1445  
Volunteer/Contractor Information Sheet

**INTERVIEW:**

Superintendent

**PROVISIONS:**

115.377(a): The policy provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies. Training provided to contractors and volunteers provide a clear understanding that sexual misconduct with a resident is prohibited. No contractor or volunteer was found to have violated PREA related policies.

115.377(b): Policy provides that a contractor or volunteer shall be prohibited from further contact with residents in the case of any violation of the sexual abuse and sexual harassment policies.

**CONCLUSION:**

Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard.

## 115.378 Interventions and disciplinary sanctions for residents

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### DOCUMENTS:

Policy 1445  
Report of Findings Form  
Notice of Violation Form  
Appeal Form  
Disposition Conference Form  
Juvenile Justice Administrative Committee Review Form  
Request for Referral of Prosecution  
Youth Rights Handbook  
PREA Education Brochures

#### INTERVIEWS:

Superintendent  
Psychologist  
Supervising Registered Nurse II  
Registered Nurse

#### PROVISIONS:

115.378(a): The policy, Youth Rights Handbook and disciplinary process forms provide for an administrative process for dealing with rule violations and disciplinary sanctions pursuant to a hearing. Sanctions are directly related to the seriousness of the negative behavior. Sanctions may include but are not limited to: writing an essay; receiving a disciplinary write-up; or loss of good time credit.

115.378(b): Policy and practice consider that disciplinary sanctions are commensurate with the nature and circumstances of the incident, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

Isolation is not used in this facility as confirmed through interviews and observations.

115.378(c): The interview with the Superintendent confirms the disciplinary and other processes consider 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.

115.378(d): The facility would consider whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation, based the interview with the Psychologist. The facility does not require participation in such interventions as a condition of access to privileges or the rewards system and not as a condition to access general programming or education.

115.378(e): Facility staff may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.378(f): A report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PREA brochure addresses false allegations and the resident interviews revealed coverage of this information during the PREA education sessions.

115.378(g): The facility prohibits any sexual conduct between residents and the information is contained in the Youth Rights Handbook. All such conduct is subject to disciplinary action. A request for Refer for Prosecution form may be completed by the agency and court processes occur after determination the sexual activity was coerced.

#### CONCLUSION:

Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

- Policy 1445
- Policy 6259, Treatment Confidentiality
- Procedures 6259.1
- Victim Restricted Information Deletion Form
- Medical Report of Unusual Occurrence or Injury Form
- Confidentiality Staff Training Curriculum

**INTERVIEWS:**

- Re-entry Coordinator/Risk Screening
- Psychologist
- Supervising Registered Nurse II

**PROVISIONS:**

115.381(a) & (b): The interview with the Re-entry Coordinator revealed that residents that disclose prior sexual victimization generally receive a follow-up with mental health staff within 14 days of admission. If a screening indicates that a resident previously perpetrated sexual abuse, a referral would also be made for a meeting with a mental health clinician. This information was also confirmed through the review of a sample of youth records while onsite during the comprehensive site review.

115.381(c): The Confidentiality Policy and Procedures support that any information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to treatment team staff and others including law enforcement personnel or persons having lawful custody. The information will be provided, as necessary, to inform treatment plans and security and management decisions, including elements of the provision of the standard, as well as provision of healthcare, health and safety of the youth and staff, and security and good order of the facility.

Policy 6259 directs that any staff member suspecting a violation of this Confidentiality Policy shall immediately report the situation to that staff member's supervisor. Forms are utilized that indicate highly sensitive and confidential information and may not be placed in the unified health record. The residents' confinement records are maintained in a secure manner in lockable file cabinets, behind locked doors with restricted access. Information on computers are password protected.

115.381(d): The interviews with the mental health and medical practitioners revealed that they would obtain written 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 mental health and medical practitioners are mandated reporters. If a victim is over the age of 18, Policy 1445 provides that he/she may complete a Victim of Sex Crimes Form to either request or waive confidentiality of their name.

**CONCLUSION:**

Based upon the review and analysis of the available evidence, including interviews, the Auditor determined the facility is compliant with this standard.

**115.382 Access to emergency medical and mental health services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

DOCUMENTS:

Policy 1445  
Secondary Mental Health and Medical Materials  
Written Operational Agreement  
PREA Coordinated Response Plan  
Health Care Services Request Form

INTERVIEWS:

Psychologist  
Supervising Registered Nurse II  
Nurse

PROVISIONS:

115.382(a): The interviews, secondary materials, Operational Agreement (Memorandum of Understanding) and policy confirm the victim of sexual abuse shall receive timely and unimpeded access to emergency medical treatment, crisis intervention and advocacy services. The victim will be transported to the hospital emergency room for a forensic examination, at no cost to the victim. The policy and interviews with the clinical staff revealed the scope of medical and mental health services are determined according to the professional judgment of the practitioner.

Policy and interviews revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse.

Residents are informed of clinical services during the intake process. Residents have access to Health Care Services Request and Grievance forms that are posted in their housing units. Residents are provided access to outside victim advocacy services through the written operational agreement that includes the Ventura County District Attorney's Crime Victims' Assistance Program and Safe Harbor Multi-Disciplinary Interview and Ventura County Family Justice Center.

The comprehensive services from the partnership of agencies include court support, crisis intervention, forensic medical examination, and referrals for services. Observations and a review of documents revealed that medical and mental health staff members maintain secondary materials and documentation of resident encounters. There have been no substantiated incidents of sexual abuse during this audit period.

115.382(b): The interviews with clinical staff and observations revealed residents have access to unimpeded access to emergency medical and crisis intervention services. Policy and the PREA Coordinated Response Plan provide guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff.

Review of the PREA Coordinated Response Plan; observations of the interactions among residents and medical and mental health practitioners; and staff interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse.

The PREA Coordinated Response Plan directs the first responders to gather information, notify the Supervisor or Superintendent/designee, take immediate action to protect residents; and inquire about any injuries or physical concerns. The random staff interviewed were knowledgeable of steps to take if they had to respond as a first responder and the protocols regarding contacting various staff members. The staff revealed through interviews their training regarding protecting the scene and encouraging youth on what to do and not do in an effort to preserve evidence.

115.382(c): The interviews with the medical and mental health staff confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis and access to emergency contraception, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with staff. The facility houses both males and females.

115.382(d): Treatment services are provided at no financial cost to the youth regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. It is understood by the medical and mental health staff and the advocacy agency that treatment services will be provided at no cost to the victim.

CONCLUSION:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

115.383(a): The Policy requires that a medical and mental health evaluation and treatment be offered to resident victims of sexual abuse. Based on the interviews, medical and mental health staff members are aware of the policy requirement. The policy and interviews support medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse.

Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate.

115.383(b): Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not be limited to follow-up services by medical and mental health and referrals as needed. Victim advocacy services also include referral and other support services.

115.383(c): Staff interviews, observations and a review of policy and other documentation revealed medical and mental health services are consistent with the community level of care.

115.383(d): The policy and interviews verify the provision of pregnancy tests as indicated.

115.383(e): The policy and interviews verify the provision to victims of timely and comprehensive information about timely access to all lawful pregnancy-related services.

115.383(f): Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Follow-up services will be conducted at the facility, as needed, based on the interviews with the Nurses.

115.383(g): All treatment services will be provided at no cost to the victim and a youth has never been charged for treatment services at this facility.

115.383(h): The mental health staff interview supports that a mental health practitioner conducts a mental health evaluation within 30 days of admission for all youth and if it is learned that a youth is a known resident-on-resident abuser, the youth will be reassessed. Any treatment offered, would be as deemed appropriate by the mental health practitioners.

### **CONCLUSION:**

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.

## 115.386 Sexual abuse incident reviews

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### DOCUMENTS:

Policy 1445

Institutional PREA Review Committee (IPRC) Review and Analysis Reports

#### INTERVIEWS:

Superintendent

PREA Compliance Manager

Assistant Superintendent/Incident Review Team Member

#### PROVISIONS:

115.386(a): The policy requires the facility to 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 deemed to be unfounded. A review of the policy, documentation and interviews confirmed incident reviews are conducted. All related allegations received an administrative investigation and were determined not to be alleged criminal acts.

The agency has a Division level PREA Review Committee which consists of the Deputy Director; Associate Director of Facility Operations; Superintendent of Education; medical and mental health representatives; PREA Coordinator; and PREA Analyst. The Division level PREA Review Committee conducts reviews each quarter of the substantiated allegations.

115.386(b): The policy requires that the reviews occur within 30 days of the conclusion of the investigation and are coordinated by the PREA Compliance Manager. The interviews confirmed incident reviews occur within 30 days of the conclusion of an investigation in accordance with agency policy and the standard.

115.386(c): The policy identifies the Institutional PREA Review Committee members as the Superintendent/designee; PREA Compliance Manager; Program Administrator; healthcare clinicians; Senior Psychologist; and Chief of Security or designee. Where indicated there may be input from the investigator and other supervisors. The PREA Compliance Manager coordinates the meetings and the Superintendent serves as the Chairperson, in accordance with policy. The review of documentation and interviews corroborate compliance.

115.386(d): The Policy outlines the requirements of the standard for the areas to be assessed by the Institutional PREA Review Committee. The interviews and review of policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including but not limited to considering:

- the make-up and vulnerability of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex;
- other group dynamics;
- assessment of the area relative to the allegations;
- adequacy of staffing; and
- indication for change in policy or practice.

The policy requires the meetings be documented, including action plans, and the document provided to the Superintendent. The policy also requires the documented report of findings and any action plans be provided to the agency's PREA Coordinator and PREA Analyst. The team considers the factors required by the standard.

115.386(e): The policy and interviews indicate the administration will implement the recommendations for any action plans, or will document the reasons for not doing so. The interviews and documentation revealed the understanding of the PREA incident review process.

#### CONCLUSION:

Based upon the review and analysis of the available documentation and interviews, the Auditor determined the facility is compliant with this standard.

**115.387 Data collection**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

Policy 1445  
Annual Report-Calendar Year 2021  
Investigations Tracking Log  
Survey of Sexual Victimization

**INTERVIEWS:**

PREA Compliance Manager  
Superintendent  
PREA Coordinator

**PROVISIONS:**

115.387(a) & (c): Policy supports the use of a standardized instrument with the support of definitions to collect accurate, uniform data for every allegation of sexual abuse. A review of the collection of data instruments, the facility's maintenance of data and interviews demonstrate that it includes data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization, formerly known as the Survey of Sexual Violence, requested by the U. S. Department of Justice. A Survey of Sexual Victimization is completed for each youth regarding an allegation of sexual abuse which is provided to the PREA Coordinator.

115.387(b): Policy and review of the annual report and other documents and the description of data gathering process confirm the agency collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment.

115.387(d): The facility maintains and collects various types of identified data and related documents regarding PREA and provides the information to the agency. The facility collects and maintains data in accordance with agency policy directives and the agency aggregates the data which culminates into an annual report. Data is gleaned from incident reports, investigation files and PREA incident reviews.

115.387(e): The agency does not contract for the confinement of its residents.

115.387(f): According to policy, the facility must provide all such data from the previous calendar year to the Department of Justice no later than June 30 upon request. A Survey of Sexual Victimization is completed on each resident by the PREA Compliance Manager regarding an allegation of sexual abuse and is submitted to the agency's PREA Coordinator.

**CONCLUSION:**

Based upon the review and analysis of the documentation and interviews, the Auditor determined the facility is compliant with this standard regarding data collection.

**115.388 Data review for corrective action**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENT:**

Policy 1445

**INTERVIEWS:**

Director, Division of Juvenile Justice  
PREA Compliance Manager

**PROVISIONS:**

115.388 (a-d): The policy and interviews support the review of data collected and aggregated in order to improve implementation of the PREA standards and is an additional method to identify trends. Policy provides for data collection, data review and the application of action plans to improve the effectiveness of the implementation of PREA standards.

The collected and aggregated data is reviewed to assess opportunities for improvement regarding any problem areas; developing and implementing action plans where needed; and preparing an annual report based on the collected data.

The report and interviews support that corrective actions or action plans are implemented on an ongoing basis when a need is identified.

The interviews supported the provisions of the policy and the standard. The policy indicates an annual report is prepared that will provide information inclusive of the data collection and the agency's actions in addressing sexual abuse and also includes the agency's efforts to ensure PREA compliance.

The annual report is approved as required and contains comparative data over the years. The annual report has been reviewed and approved by the Secretary of the California Department of Corrections and Rehabilitation.

The report is accessible to the public through the agency's website. There are no personal identifiers contained in the annual report.

**CONCLUSION:**

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.

**115.389 Data storage, publication, and destruction**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**DOCUMENTS:**

Annual Report

Records Retention Schedule Guidelines

**INTERVIEWS:**

PREA Coordinator

**PROVISIONS:**

115.389(a-d): The data collected is securely stored and maintained for at least 10 years after the initial collection date. During the comprehensive site review, the storage of records were observed to be in lockable file cabinets behind locked doors with restricted access. Information maintained on computers is password protected.

The aggregated sexual abuse data, by way of the annual report, is available to the public through the agency's website. A review of the annual report verified there are no personal identifiers included.

**CONCLUSION:**

Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.

## 115.401 Frequency and scope of audits

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The PREA audit was originally scheduled to occur in July 2022 during the last audit cycle for its regular time. However, the audit was postponed due to a COVID-19 outbreak among the residents and was rescheduled for September 2022. The facility has provided the Auditor with the required documentation as required by the standards and the auditing process. A comprehensive site review was provided to the Auditor during the onsite audit phase. Additional documentation was uploaded in the supplemental files prior to and after the onsite audit phase; documents were also reviewed onsite. Staff members from the central office and facility were cooperative in providing additional documentation as requested.

The Superintendent ensured appropriate work spaces which included conditions for conducting interviews in private with the residents and staff. Two housing units were quarantined due to COVID-19; a resident from each unit was interviewed in private via video. Privacy was provided by staff observing the resident from outside an office through a window. The posted notices regarding the audit were observed throughout the facility including living units.

The notices were accessible to residents, staff, visitors, contractors and volunteers and were posted within six weeks of the onsite audit phase. The residents confirmed the posting of the notices and documentation of the postings was provided by the Associate Governmental Program Analyst. The notices provided the vital information about the audit. While a process is in place for residents regarding confidential correspondence, none was received by the Auditor from residents, staff or visitors. The procedures governing mail, including non-reviewable mail, are detailed in the Youth Rights Handbook which is reviewed and provided to each resident.

**115.403 Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

This facility's previous audit report is posted on the agency's website as confirmed by the Auditor and is the practice of the agency. The report does not contain any personal identifying information. Agency personnel understands that this audit report must also be posted on the agency's website.

**Appendix: Provision Findings**

<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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.)	no
	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?	no
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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 determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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: Residents who have speech disabilities? yes

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) yes

Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? yes

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

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

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
		Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
		Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.331 (a)</b>	<b>Employee training</b>	
	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

<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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 the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does 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

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
		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
<b>115.351 (c)</b>	<b>Resident reporting</b>	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
		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.)

yes

**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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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 information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	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 has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
		Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
		Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	Does the agency document all such notifications or attempted notifications?	yes

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	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

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
		Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	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

<b>115.387 (b)</b>	<b>Data collection</b>	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	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
<b>115.387 (d)</b>	<b>Data collection</b>	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
<b>115.387 (e)</b>	<b>Data collection</b>	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.387 (f)</b>	<b>Data collection</b>	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	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.)	no
		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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	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