

PREA AUDIT FINAL REPORT

JUVENILE FACILITIES

Date of report: January 6, 2017

Auditor Information			
Auditor name: Michelle Mandery Baldwin			
Address: P.O. Box 911 Orangevale, CA 95662			
Email: mbaldwinprea@aol.com			
Telephone number: 916-955-1578			
Date of facility visit: June 6-10, 2016 (Onsite Audit) October 12, 2016 and December 21, 2016 (Corrective Action Visits)			
Facility Information			
Facility name: Santa Clara County Probation-Juvenile Hall			
Facility physical address: 840 Guadalupe Parkway, San Jose CA 95110			
Facility mailing address: <i>(if different from above)</i> Same			
Facility telephone number: 408 278-5854			
The facility is:	Federal	State	X County
	Military	Municipal	Private for profit
	Private not for profit		
Facility type:	Correctional	X Detention	Other
Name of facility's Chief Executive Officer: Jermaine Hardy, Deputy Chief Probation Officer			
Number of staff assigned to the facility in the last 12 months: 52			
Designed facility capacity: 390			
Current population of facility: 92			
Facility security levels/inmate custody levels: medium to high			
Age range of the population: 13-18 years old			
Name of PREA Compliance Manager: Sean Rooney		Title: Probation Manager	
Email address: Sean.Rooney@pro.sccgov.org		Telephone number: 408 278-5853	
Agency Information			
Name of agency: Santa Clara County Juvenile Probation Department -Juvenile Hall			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 840 Guadalupe Parkway, San Jose CA 95110			
Mailing address: <i>(if different from above)</i>			
Telephone number: 408 278-5854			
Agency Chief Executive Officer			
Name: Laura Garnette		Title: Chief Probation Officer	
Email address: Laura.Garnette@pro.sccgov.org		Telephone number: 408 468-1655	
Agency-Wide PREA Coordinator			
Name: Robert Young		Title: PREA and Quality Assurance Manager	
Email address: Robert.Young@pro.sccgov.org		Telephone number: 408 278-5854	

AUDIT FINDINGS

NARRATIVE

Santa Clara County Juvenile Probation Department-Juvenile Hall on-site audit was conducted June 6-10, 2016. The audit period is April 30, 2015- April 30, 2016. The auditor arrived at the facility on June 6, 2016 and met with the Agency Wide PREA Coordinator. The audit process and schedule for interviews was discussed. An entrance meeting was held by the auditor to discuss the audit process and explain the pre-audit, on-site audit, post-audit and corrective action phases. The schedule was discussed and questions were answered. The Deputy Chief Probation Officer, Program Manager/Agency Wide PREA Coordinator, Probation Manager/PREA Compliance Manager- Juvenile Hall, Probation Manager/Living Units, Program Manager/PREA Compliance Manager -William James Ranch, Nurse Manager, Mental Health Care Program Manager II, and Supervisor Group Counselors were in attendance. Following the entrance meeting the auditor took a tour of the facility. On June 6th and 7th the following interviews were conducted: Deputy Chief Probation Officer, Agency Wide PREA Coordinator, Program Manager/PREA Compliance Manager, Nurse Manager, Mental Health Care Program Manager, 11 random residents and 11 staff which included supervisors, and specialized staff. During the course of the pre-audit and on-site audit the auditor reviewed the resident PREA video, resident completion of PREA education forms, PREA training slides, random sample of PREA training records for staff and CBO/Volunteers training, risk screening assessment tool, risk screenings, agency staffing plan including monthly schedules during the audit period, investigative reports and/or incident reports, staff training records, personnel files including background check files, required employment paperwork and hiring practices, training tracking system, Agency Policies and Procedures, and PREA Policies and Procedures. Reports from the Santa Clara County Juvenile Justice Commission dated 2012-2015, and Santa Clara County Civil Grand Jury Report "Juvenile Hall-On the Right Track" 2013 and 2014 reports were reviewed by the auditor. The reports reviewed had positive comments in regards to the daily programming, treatment programs, education, staff dedication, medical and mental health service, and safety of the residents. Concerns mentioned were the blind spots due to an outdated video monitoring system. The auditor reviewed the engineering plans for instillation of a new video monitoring system. The 2014 and 2015 Judicial Inspection of Juvenile Detention Facility found the facility to be within the standards adopted by the Board of Corrections and is suitable for the confinement of minors.

"The Mission of Juvenile Hall as a detention facility is to provide an environment where the safety and security of the minors is our highest priority. We ensure that our youth receive the nutritional, educational, medical, mental health services as mandated by the state. While upholding the orders of the court, we thereby contribute to the common effort of protecting the community. Further, we are committed to a standard of excellence in humane treatment".

Upon arriving at Juvenile Hall the youth go through a thorough assessment and orientation process. The PREA education and risk assessment is part of the orientation. The residents receive one on one orientation and education on their rights and the grievance procedures. Medical, educational, mental health, and drug and alcohol assessments are completed. If a youth is in custody beyond 72 hours they are assessed through the Multi-Agency Assessment Center (MAAC). The MAAC Counselor assesses each youth for program needs and appropriate referrals are made to community based organizations. They assist youth with their social reintegration into programs that address social, physical, behavioral, psychological, and emotional needs while in Juvenile Hall. The comprehensive assessment is used to development an individualized case plan for the resident. Community based organizations include Asian American Recovery Services, counseling referrals, anger management, aftercare services, Fresh Lifelines for Youth which provides legal, education, mentoring and leadership programs. California Youth Outreach provides workshops to help youth with anger managements, alternatives to gang involvement and development of life skills. The Family and Children's Services focuses on crisis intervention, therapy needs, and dating violence. Catholic Charities work with families and youth who have been impacted by incarceration. Services include case management, gang violence prevention and the Bill Wilson Center provides workshops for girls focusing on healthy relationships. There are a variety of volunteer programs such as arts, gardening, fashion, choir, yoga, Planned Parenthood, Narcotics Anonymous, and bible study. Santa Clara County Juvenile Probation has many committed and caring professionals that have the youth's best interest at heart. This was evident when interviewing the Deputy Chief, Probation Managers, Medical and Mental Health Staff, Group Counselor Supervisors, and Counselors. These individuals provide a culture of zero tolerance toward sexual abuse and sexual harassment providing an environment where safety of youth and staff is a top priority.

DESCRIPTION OF FACILITY CHARACTERISTICS

Juvenile Hall was constructed in 1958 and is located in the city of San Jose. The facility has a capacity of 390 with a population on the first day of the audit of 98 residents which included 13 females. The residents are housed in the Beta Wing

as the Alpha Wing is not in use due to decrease in population. Funding has been approved to upgrade the video security system. The current system was improved in 1998 and 2005. The facility has several blind spots which will be corrected by the new security system. Santa Clara County Juvenile Hall Assessment and Cost Analysis Report dated April 24, 2014 by AVS Engineers Security and Electrical was reviewed by the auditor. Until the facility has the upgraded security system installed blind spots need to be monitored by adding cameras, use of mirrors, and/or staff coverage and placement. Zero tolerance of sexual abuse and sexual harassment posters are throughout the facility in English, Spanish, and Vietnamese. Notification of the audit was posted throughout the facility.

Areas of the facility that are not in use include the alpha wing and the kitchen area. The kitchen is being remodeled and the residents eat in the living units.

Intake Area/Police Admissions Desk Boys and Girls Receiving

At police admission have several staff members working in the room and is a high traffic area. In the boys and girls receiving there is a bench where youth sit while waiting to be processed into Juvenile Hall. There is a private area for showering and changing clothes. During the tour there was two staff in the police admissions area, two staff in the boys receiving and one staff in the girls receiving area. No youth were present. Due to the amount of staff coverage and the use of cameras no blind spots were noted by the auditor.

Hallway from Receiving

This area has interview rooms along the hallway that have windows in the doors. There are no cameras but the control booth is at the end of the short hallway where control staff can view the area.

Control Desk

During the facility tour the control desk was being monitored by two staff. The control desk monitors all movement of residents. The security system does not have the capability to record video.

Beta Wing First Floor

B1 Security Unit Population 17

- * Classroom with open glass windows for easy viewing.
- * There is a common area in the middle of the unit with a camera.
- * The counselor desk area has a blind spot behind the desk that leads to a supply closet which is also a blind spot.
- * The showers are located further down on the same wall as the staff desk. Staff showed the auditor the procedure for showering which allows for privacy.
- * There is a closet next to the showers that is a blind spot. The closet door was open. The hallway that leads to the closet is a blind spot as the camera in the common area does not monitor this hallway.
- * There is a courtyard for outdoor activities that has a large window for viewing.
- * Most rooms house two residents and are located along the wall upstairs and downstairs. The doors have windows for viewing the residents. Staff conducts room checks every 15 minutes and sign off on a log which the auditor reviewed.
- * The upstairs has a blind spot directly above the blind spot in the shower area downstairs. There is a closet in this same area that is a blind spot.
- * Zero tolerance of sexual abuse and sexual harassment posters are on the wall in English, Spanish, and Vietnamese.
- * Grievance boxes and forms are in the unit.
- * A phone is located on the wall for residents use.

B2 Assessment/Orientation Unit Population 12

- * Has the same floor plan and blind spots as B1

B3 Security Unit Population 19

- * Same floor plan and blind spots as B1 except the outside courtyard is in the corner between the classroom and residents rooms.
- * The courtyard has a small window and blind spot unless staff are positioned in the doorway or standing in the courtyard.

B4 Transitions/Assessment Unit Population 8

- * Has the same floor plan and the same blind spots as B3 including courtyard blind spot.

Beta Wing Second Floor

B5 General Unit Population 8

- * Classroom with open glass windows for easy viewing.
- * There is a common area in the middle of the unit with a camera.
- * The counselor area has a blind spot behind the desk that leads to a supply closet which is also a blind spot.
- * The showers are located further down on the same wall as staff desk. Next to the showers further down the hallway is a closet which is a blind spot and the hallway leading to the closet is a blind spot. The camera in the common area does not cover the hallway. The closet door was open.
- * There is a courtyard for outdoor activities that has a large open window viewing area.
- * Most rooms house two residents and are located along the wall both upstairs and downstairs. The upstairs has a blind spot which is directly above the blind spot downstairs in the shower area. There is a closet that is a blind spot.

B7 General Unit Population 18

- * Same floor plan as B5 with the same blind spots.

G1 Female Unit Population 13

- * Same floor plan as B5 with the same blind spots

Medical Clinic

The medical clinic has a sleeping area, conference room, nurse offices, and examination rooms. The doors have windows and some rooms also have windows along the wall. In the center there are medical staff work stations. The red phone is in a room with a window for easy viewing. The youth can make a confidential call and be within eye site of the staff member. Medical files are kept private only being viewed by medical health staff.

Learning Center

Two staff should supervise the residents when the learning center is being used. The room is open with no blind spots except for the closet. The closet should remain locked. A mirror can be used to see into the closet if it is left open.

PE Field

The PE field is a large open area between the main building and the gymnasium. A wide angle camera that pans in and out is located on the top corner of the main building. When facing the gym there is a blind spot to the left between the fence and the building. The blind spot should be blocked off so residents and staff does not have access to this area or a mirror should be used to fix the blind spot.

Gymnasium

The gymnasium consists of a large room with basketball courts and a weight and exercise room. There is a counselor desk with a high counter area which creates a blind spot and a bathroom behind the desk area which is also a blind spot.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 5

Number of standards met: 32

Number of standards not met: 5

CORRECTIVE ACTION PLAN

<u>Standard</u>	<u>Deficiency</u>	<u>Action Needed</u>	<u>Documentation.</u>
115.313	Blind spots	Correction of Blind Spots	Facility Tour
115.353	Red Phone Education	Signage of Rape Crisis Hotline	Facility Tour
115.373	Resident Notification of Investigation outcome.	Form that resident and notifying staff sign to document.	Copy of Form
115.388	Annual Data Report Publish on website	Prepare Annual Data Report & Publish on website.	Report reviewed on website
115.389	Aggregated Sexual abuse data on website annually	Publish aggregated data on website.	Aggregated data reviewed on website.

CORRECTIVE ACTION COMPLETED AND VERIFIED BY AUDITOR AS NOTED IN THE FINAL REPORT.

SUMMARY OF FINAL AUDIT FINDINGS

Number of Standards Exceeded: 8

Number of Standards Met: 34

Number of Standards Not Met: 0

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

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

115.311 (a) Santa Clara County Juvenile Probation Department- Juvenile Hall Policies and Procedures Manual Section 13.01 PREA Requirements I.A. states the department is committed to providing safe and secure custodial care for juvenile residents which includes a zero tolerance standard towards all forms of sexual abuse and sexual harassment. This includes all sexual activity and states that consensual sexual contact between residents is not allowed in the facility. Agency policy includes preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes investigating and supports the prosecution of sexual abuse and sexual harassment both internally through the Internal Affairs Department and externally in partnership with the Santa Clara County Sheriff's Department. The PREA policy definitions listed on page 7 UU includes sexual abuse of a resident by a resident, staff member, contractor, volunteer, intern, and official guest/visitor.

(b)(c) Review of the agency organizational chart identifies a Probation Manager/ Agency Wide PREA Coordinator who oversees two facilities Juvenile Hall and William James Ranch. Each of these facilities has a PREA Compliance Manager. The PREA Coordinator reported that the agency provides enough time to develop, implement, and oversee the agencies responsibilities in regards to PREA compliance. When implementing or making changes to policy the PREA Coordinator consults with the Agency Wide PREA Compliance Manger. The PREA Compliance Manager is responsible for the day to day operation of PREA Compliance.

Policy and Procedure review, observation during the onsite audit and interviews with the Agency Wide PREA Coordinator, PREA Compliance Manager, and staff SCC-Juvenile Hall shows a team approach and commitment that exceeds the standard in providing an environment for the residents that is safe from sexual abuse and sexual harassment.

SCC- Juvenile Hall exceeds standard 115.311

Standard 115.312 Contracting with other entities for the confinement of residents

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

The Agency Contract Administrator reported that SCC-Juvenile Probation does not have contracts for confinement services for the purpose of housing Santa Clara County youth. Youth are placed through the foster care system into foster homes and residential group homes that house residents from different probation departments and social service agencies throughout the state.

Standard 115.312(a)-(c) Santa Clara County Probation has not entered into any contracts for the sole confinement of SCC probation youth.

SCC-Juvenile Hall meets standard 115.312

Standard 115.313 Supervision and monitoring

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Two inspections during the audit period were reviewed by the auditor. The Santa Clara County Juvenile Justice Commission Inspection report dated March 2015 and Judicial Inspection of Juvenile Detention Facility Santa Clara County Juvenile Hall for suitability inspection dated May 8, 2015. The Judicial finding was that minimum standards adopted by the Board of Corrections are suitable for the confinement of minors. Both inspections reported residents are well supervised in a safe and secure environment. An update to an earlier recommendation to bring the security system up to date was included in the report. A security system consultant evaluated the current system and the evaluation report was reviewed by this auditor. Funding has been approved and allocated by the County. The Board of Supervisors has requested all surveillance related items move through a centralized process to review implementation in accordance with privacy laws and concerns and to insure consistency among county agencies that use surveillance technologies. Until the upgrade is completed blind spots should be addressed by the placement of cameras, mirrors, and/or staff coverage. There were no judicial findings of inadequacy or findings of inadequacy from federal investigative agencies. Adequate staffing levels to protect residents are maintained. The staffing plan was reviewed and there are two staff and one floater assigned to each unit which currently houses between 8 to 19 wards.

(b) Policy and Procedures Manual Part:13 Sections 13.01 V and VI - In reviewing the staffing plan and Juvenile Hall Policy and Procedures Manual, Part 01, Section 1.08, subsection II the agency complies with the PREA standard staffing ratios. There were no deviations of the staffing plan during the audit period due to extra staff being on duty each day to ensure required ratios are met. The PREA Compliance Manager reported the agency can implement forced overtime if needed to meet the staffing plan however this has not been necessary.

(c) At this time the facility is unable to achieve the PREA standard for juvenile supervision ratio that goes into effect October 1, 2017. The facility does maintain a ratio of 1:8 during waking hours however 1:16 ratios during resident sleeping hours are not met at this time. The facility plans on meeting this ratio by October 1, 2017.

(d) During the monthly manager meeting concerns for the safety of the residents and staff are addressed. The PREA Compliance Manager and Agency Wide PREA Coordinator work together to address issues in regards to staffing and providing a safe environment that is free from sexual abuse and sexual harassment. During the onsite audit the auditor was shown examples of changes that had been made due to safety concerns. When the Incident Review Team meets they document in the meeting notes consideration of adequate staffing levels and whether monitoring could be supplemented by staff supervision.

(e) Intermediate or higher level supervisors are required to do two unannounced rounds during their shift. The supervisors interviewed have different ways of making sure staff is not alerted before or during rounds. Staff documents the rounds in the unit log. The log was reviewed by the auditor.

CORRECTIVE ACTION PLAN: Area behind the staff desk and closet in each of the unit's needs a camera and/or mirrors in order to correct the blind spots. The auditor recommends the closets remain locked. All classrooms should remain locked when not in use. Community based organization staff and/or volunteers should not be in the classroom with a resident without supervision. A security staff should be in the room or if confidential posted outside the door where they have a clear view into the classroom. The closet in the classrooms should remain locked. Classrooms should be locked when school and/or programming is finished for the day. The blind spot past the shower area and in the same area upstairs needs to be corrected with a camera or mirror. The closet past the shower area at the end of the hallway upstairs and downstairs should remain locked. The courtyard in unit B4 and B3 is a blind spot and requires a camera, mirror, and/or staff supervision to correct. A

staff should stand in the doorway or in the courtyard to supervise youth. All closets along the hallways in the Beta Wing should remain locked. The closets were locked during the tour except for one. The office where PREA Screening is done is a blind spot. Placement of a mirror would make the inside of the office visible from the hallway for added security. The PREA Coordinator has required the screening staff to only use this office when there is other staff in adjacent offices. When staff are not present in the immediate area it has been requested that screenings be done on the unit. . The auditor recommends mirrors and/or cameras for blind spots in the recreation hall and the weight room area. Until the security system upgrade is completed all known blind spots should be monitored by incorporating mirrors and/or staff coverage, and positioning to provide sexual safety for the residents and staff. Corrective action is to be completed by January 6, 2017.

CORRECTIVE ACTION COMPLETED: The auditor toured Juvenile Hall on 10/12/2016 and noted that closets and classroom doors were locked when not being used. Signage is posted next to the closet and classroom doors directing staff to keep the doors locked when not in use. The facility received the mirrors and was waiting for them to be installed. During a tour of the facility on 12/21/2016 the auditor verified mirrors have been installed to cover all blind spots listed in the corrective action plan. Santa Clara County Juvenile Hall is moving towards the goal of exceeding this standard when the new camera system is installed.

SCC- Juvenile Hall meets Standard 115.313

Standard 115.315 Limits to cross-gender viewing and searches

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a-c)Procedures Manual Part:13 Section 13.01 VII- Limits to Cross Gender Viewing and Searches and Juvenile Hall Policy and Procedures Manual, Part 09, Section 9.05- Searches Policy states staff will not conduct cross gender strip searches, cross gender visual body cavity searches, or cross gender pat down searches except in exigent circumstances or when performed by a medical practitioner. Staff and resident interviews, and the Nurse Manager interview documented cross gender strip and visual body cavity searches are not done at Santa Clara County Probation Juvenile Hall even by medical staff. During the audit period no cross gender pat down searches were conducted. Staff reported there is enough staff available that cross gender searches never happen even in exigent circumstance.

(d)Procedures Manual Part: 13 Section 13.01 VII. I states opposite gender staff must announce when entering a housing unit where residents are likely to be showering and changing clothes. During the interviews with residents and staff it was reported that staff announce their presence when entering a unit. During auditor visits staff was observed announcing their presence when entering housing units. Staff interviewed reported leaving the unit or sitting behind the desk area when opposite gender youth shower. Staff showed the auditor the protocol for showering during the onsite audit. Residents interviewed felt the staff respect their privacy and no one reported an incident where incidental viewing occurred during routine cell checks or when an opposite gender staff entered the housing unit. Staff who work on an opposite gender unit explained techniques they use in order to alert residents when doing room checks in case the youth is using the toilet.

(e)VII Search Procedures for Transgender Youth states transgender youth will not be searched in a manner that is humiliating or degrading or to determine the youth's physical anatomy. Transgender youth are given the opportunity to request a male or female staff to conduct the search or be present during a search. Preference is documented on the Transgender Preference Form which is completed during intake and assessment process and kept in the residents file. Santa Clara County Juvenile Probation Policy states that genital status will be determined through conversation with a resident or by reviewing medical records not by searches.

(f)Security staff reported receiving training on cross gender pat down searches at the Defensive Tactics training they receive annually. Staff interviewed had the required knowledge to do searches. It was reported that staff are available to ensure a cross gender pat down search or search of transgender and intersex resident never happens even in exigent circumstances. The auditor
Santa Clara County Juvenile Probation –Juvenile Hall PREA Audit Final Report

reviewed policy and procedures, took into account staff and resident interviews, staff announcing their presence during the facility visits, and the showering procedures to determine that all provisions of this standard are met.

SCC-Juvenile Hall meets standard 115.315

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

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Procedures Manual Part: 13 Section: 13:01 VIII I. states the department utilizes bilingual employees to translate vital documents. A list of bilingual employees was provided for auditor review. Translation for languages other than Spanish and Vietnamese are handled through contracted resources. Accommodations for residents with disabilities are made in accordance with Administration Services Policy and Procedures Manual, Part 300-Use of interpreters and the Department Language Access Plan to ensure that residents with limited English, deaf or disabled are able to report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters.

(b) Santa Clara County Juvenile Hall Policies and Procedures ensures 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. PREA related information is available in English, Spanish, and Vietnamese. The auditor was provided with the PREA informational pamphlet in each of the languages. If the resident is unable or unwilling to read intake information staff will read and explain the forms to the juvenile. All residents have a one on one interaction with staff during the intake process.

(c) Procedures Manual Part: 13 Section: 13.01 VIII C policy states the use of resident interpreters is prohibited. The department has interpretation and translation services provided by employees, volunteers and contractors. There are approximately 120 full-time bilingual employees within the institutions and Juvenile Services Division providing language, interpretation and sight translation services primarily for Spanish and Vietnamese speaking populations. These employees are certified by the county department of human resources to provide either only oral or both oral and written language assistance. Probation has a contract with a language line service to provide telephonic interpreter services. Probation has a contract with the Santa Clara County Superior Court certified Interpreters Program to provide services for telephonic and in person communications. There was one limited English proficient resident identified to be interviewed however during the interview the youth understood the questions and had no problem communicating in the English language with the auditor. Policy and procedure review and staff interviews confirmed resident interpreters are not used in the facility. Staff was knowledgeable on the policies and procedures in regards to the intake process and for obtaining services for youth who are disabled or have limited English proficiency. All provisions of this standard are met.

SCC-Juvenile Hall meets standard 115.316.

Standard 115.317 Hiring and promotion decisions

X Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)(d) Santa Clara County Juvenile Probation Policy and Procedures Manual, Part 200, Section 200.5 states all sworn employees undergo peace officer background checks. This includes polygraph examination, psychological evaluation, physical examination, and criminal background investigations. All non-sworn employees as well as volunteers, contractors, and interns undergo a criminal background investigation through the DOJ prior to the start of employment or service. The department is statutorily mandated to receive subsequent arrest notifications from the Department of Justice regarding any criminal charges brought against a sworn staff, non-sworn staff, contractor, CBO or interns working in the juvenile facilities. During the onsite audit the auditor reviewed all aspects of the hiring process including personnel and background files. The background file includes child abuse index, firearms, FBI, State, Federal, and Police Department checks in every city the applicant has lived. A credit, residence, employment history, 10 year driving record, and 10 year life history which includes interviewing neighbors where applicant has lived is reviewed as part of the hiring process.

(b) Procedures Manual Part: 13 Section 13:01 XI G - The agency considers any substantiated incidents of sexual harassment in determining whether to hire, promote, or contract with an individual. Disciplinary records are kept in the personnel file and an employee cannot promote if they have a disciplinary letter or Internal Affairs investigation report in their file.

(c)(e) Procedures Manual Part: 13 Section: 13.01 XI B- The department has an automatic notification system in place to capture information on law violations for current employees. Employees are required to advise their Supervisor, Deputy Chief Probation Officer, or Executive Administrative Services Manager within 24 hours or by the next business day of any felony or misdemeanor arrest or citation. Administrative Services Policy and Procedures Manual Part 200, Section 231 states any employee failing to provide notification of an arrest, citation or change in driver license status may be subject to disciplinary action including suspension, demotion or termination.

(f) Procedures Manual Part: 13 Section: 13.01 XI A and F- Administration Policy and Procedures Manual, Part 200, Section 200.5 states the department asks all applicants and staff who have contact with the residents about previous misconduct in written applications and during interviews for hiring, promotions.

(g) Policy Manual Part: 13 Section: 13.1 XI I- Staff being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct or the provision of materially false information shall be grounds for termination. The auditor reviewed policies, personnel files and conducted staff interviews to determine compliance on all provision of this standard. The agency exceeds the standard by conducting an in depth background check which includes criminal, work, personal, and financial histories.

SCC-Juvenile Hall exceeds standard 115.317

Standard 115.318 Upgrades to facilities and technologies

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Interviews with the Deputy Chief Probation Officer and Superintendent indicate during the audit period SCC- Juvenile Hall did not have any expansions or renovations to the physical plant.

(a) No upgrades were done during the audit period.

SCC-Juvenile Hall meets standard 115.318

Standard 115.321 Evidence protocol and forensic medical examinations

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

115.321(a) (b) The agency/facility is responsible for conducting sexual abuse investigations that are not criminal in nature. If there is an allegation of criminal activity Santa Clara County Sheriff Department is contacted in accordance with Juvenile Hall Policy and Procedures Manual Part 02, Section 2.05- Child Abuse Reporting Procedures. The Sheriff Department is responsible for collecting the evidence. Procedures Manual Part:13 Section:13.02 Sexual Assault Coordinated Response Plan outlines a victim centered care approach that involves first responder staff, law enforcement, Child Protective Services, victim advocates, medical and mental health care providers, the District Attorney's Office, the Agency Wide PREA Coordinator, Facility Probation Manager, and the Deputy Chief for Institutions. First responders are responsible for preserving the evidence until the Santa Clara County Sheriff Department arrives. Staff interviewed knows how to secure the scene, separate the victim and perpetrator, and supervise the victim ensuring evidence is not destroyed by brushing teeth, going to the bathroom, showering, and/or changing clothes. Several staff members said the victim would be moved to a safe place and the room would be sealed off until the Sheriff Department arrives. Staff reported that the water would be turned off to protect the evidence.

(c)Santa Clara County Probation transports the victim to Valley Medical Center for forensic medical examination. The forensic tests and examinations are performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). The Sexual Assault Response Team (SART) at Valley Medical Center provides medical and forensic response to victims 24 hours a day in their emergency department. The hospital has approximately 20 specially trained registered nurses who serve as SART Nurse Examiners. During the audit period no forensic medical exams were conducted. Policy states treatment services are provided without financial cost to the sexual abuse victim regardless if the abuser is named or if the victim cooperates with any investigation arising out of the incident while in or out of custody. If the sexual abuse occurred within 72 hours the minor will be transported to the emergency department and will be treated by the Santa Clara County Valley Medical Center Sexual Assault Response Team. The Probation Department will report to the Santa Clara County Sheriff' Office. The Sheriff will initiate a SART exam for evidence gathering as part of their investigation process.

(d)(e)YWCA has a contract with SCC- Juvenile Hall to provide victim advocate community based services. The auditor reviewed the contract and used the red phone to contact the 24 hour hotline which verified services are available. The YWCA provides victim advocacy, emotional support, crisis intervention, information, language assistance services, and referrals before, during, and after the exam process. They help to ensure the victim has transportation and are accompanied to and from the exam site. Advocates will provide comprehensive longer term services which are designed to aid the victim in addressing any needs related to the assault including counseling, legal, and medical system advocacy. The victim advocate will confer with the probation supervisor prior to and after interaction with the victim. Sharing of information helps enhance the safety and security of the victim and the general population.

(f)-The auditor reviewed policies and procedures, communication with Sheriff Department Detective documenting procedures for responding to a criminal sexual abuse allegation meet the standard. Interviews with Investigative Staff, Health Service Manager, PREA Compliance Manager, and the Agency Wide PREA Coordinator verified that the policies and procedures are being followed and meet the standard. There were no sexual abuse or sexual assault investigations during the audit period.

AUDITOR RECOMMENDATION: Posting the protocol for preserving the scene and evidence where staff is required to review the information would make the process familiar in the event immediate response to a sexual abuse incident is required.

As of 10/27/16 First Responder Duties are posted in all housing units and in the supervisor's office.

SCC-Juvenile Hall meets Standard 115.321

Standard 115.322 Policies to ensure referrals of allegations for investigations

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Procedures Manual Part: 13 Section: 13.01XIV ensures allegations of sexual abuse or sexual harassment are referred for investigation and the administrative and/or criminal investigation is completed. The department refers all allegations of sexual abuse to the Sheriff Department. The Deputy Chief confirmed that all allegations are investigated by the Sheriff Department and/or Santa Clara County Probation Office of Internal Affairs. There were five sexual incidents reported during the audit period that involved youth on youth. Two incidents were referred to the Santa Clara County Sheriff Department for investigation, one incident the Sheriff Department determined no crime was committed and the investigation outcome was unfounded and one was referred to the DA for review and substantiated.

(b) Procedures Manual Part: 13 Section: 13.01XVI A. - Juvenile Hall Policy and Procedures Manual, Part 02, Section 2.05- Child Abuse Reporting were reviewed by the auditor. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. Procedures Manual Child Abuse Reporting Procedures Part: 2 Section: 2.05 III states when there is a known or suspected abuse inside Juvenile Hall the reporting employee shall report by telephone to the Sheriff Office to begin an investigation. This report must occur immediately or as soon as practicably possible.

(c) Procedures Manual Part: 13 Section: 13.02 Sexual Assault Coordinated Response Plan describes in detail the responsibilities of both agency and investigating entity. The policy also includes a PREA Coordinated Response Flowchart. Investigative Staff reported during the interview that the agency policy requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with legal authority to conduct criminal investigations. SCC-Juvenile Hall refers to Santa Clara County Sheriff Department. The investigator reported that Internal Affairs also investigates allegations referred to the Sheriff Department.

SCC-Juvenile Hall meets Standard 115.322.

Standard 115.331 Employee training

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Procedures Manual Part: 13 Sections: 13.01XV Staff/Employee Training requires staff to attend an 8 hour PREA class called Preventing Sexual Misconduct which includes a workbook, PREA Policy and Acknowledgment Statement and time for questions. The auditor reviewed the power point slides of the training and 115.331(a) 1-11 are covered in the training. The department documents via employee signature that staff/employees understand the training they have received.

- (1) Agency's zero-tolerance policy for sexual abuse and sexual harassment.
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities.
- (6) The common reactions of sexual abuse and sexual harassment juvenile victims.
- (7) How to detect and respond to signs of threatened and actual sexual abuse.
- (8) How to avoid inappropriate relationships with residents.
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- (11) Relevant laws regarding the applicable age of consent.

(b)(c)The facility tailors training to the unique needs and gender of the residents. All employees receive training on cross gender supervision and are not given additional training if reassigned as both facilities are co-ed.

During the audit period 212 staff have been trained or retrained on the PREA requirements. Refresher training is required every two years. August of each year the supervisor sets the annual training schedule. Each staff member has a profile on the training database and is required to sign up for required classes on their profile. When a staff member does not attend required training an email goes to the supervisor who notifies the probation manager. The supervisor notifies the training unit and a replacement class is arranged. To cancel a class the staff must notify the appropriate supervisor. It is up to the supervisor to coordinate an alternate date and time for the staff to attend the required class. The supervisor must notify the training unit of the alternate date and time the staff will attend. If the staff does not attend a training class the institution staff must immediately contact the on duty supervisor who will make the decision as to whether they return to work at that time. In years which an employee does not receive the refresher training educational emails and mock PREA audits are used to ensure agency employee’s stay current on sexual abuse and sexual harassment policies and procedures.

(d) PREA Training-Staff Acknowledgement Statement forms signed by staff were reviewed. The form states staff received and understands the training on the department’s position on zero-tolerance of sexual abuse, sexual harassment, and sexual misconduct. The acknowledgement includes a statement that the staff will report any findings of sexual abuse or sexual harassment immediately.

During the onsite audit the training system documenting staff training was reviewed by the auditor. Interviews revealed that staff is knowledgeable of the PREA training. Staff members at SCC-Juvenile Hall take the PREA training and their obligation as mandated reporters and keeping the residents safe from sexual abuse and sexual harassment seriously.

SCC Juvenile Hall meets Standard 115.331.

Standard 115.332 Volunteer and contractor training

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)(b)Interviews with the Agency Wide PREA Coordinator, PREA Compliance Manager, and contract staff verified that volunteers and contractors receive PREA training. The training is based on the services provided and level of contact they have with the residents. The auditor reviewed training slides for the volunteers and contractors. The training consist of a video in addition to reviewing and signing the PREA Acknowledgment Statement as noted in the Juvenile Hall Policy and Procedures Manual, Part 11, Section 11.01 Special Services and Programs. The volunteer/contractor training verification forms and Acknowledgment Statement Form signed by the trainee were reviewed by the auditor. The form acknowledges Santa Clara County Juvenile Probation Department has adopted a zero tolerance of sexual misconduct, sexual abuse and sexual harassment within their facilities. The form states that any such incidents a volunteer or contractor is aware of must be reported to the

supervisor.

(c) Community based organizations, volunteers and contractors check in through police admissions. Fingerprint clearance and training is verified if either is not up to date they cannot enter the facility.

SCC- Juvenile Hall meets Standard 115.332

Standard 115.333 Resident Education

X Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)(b)(c) During the audit period 1,638 residents were given the intake information presented in an age appropriate manner on the zero tolerance policy and how to report sexual abuse or sexual harassment. Within 10 days of being admitted to Juvenile Hall residents received the comprehensive PREA information. During the audit no residents were in the facility that had been admitted prior to August 20, 2013. Procedures Manual Part: 13 Section: 13:01 XVII Resident Education and Orientation and Procedures Manual, Part: 03, Section: 03.02 policies were reviewed by the auditor. Sexual incidents between youth even if consensual are prohibited at SCC Juvenile Hall. Sexual contact between youth and staff is reported to the Sheriff Department. Residents are told to report sexual abuse or sexual harassment in one of the following ways even if they are witnesses to such incidents.

Fill out a grievance form or a sick call request form.

Write a letter to the Facility Manager or the Deputy Chief for Institutions.

Talk to the chaplain, parents, teacher, attorney, or any trusted adult.

Use the telephone hotline (red Phone) in the medical clinic.

(d) Procedures Manual Part: 13 Section: 13.01 XVII B states orientation includes a video and packet that is available in English, Vietnamese, and Spanish. If a youth cannot read a staff fluent in the youth's language will read the information to the resident. The auditor reviewed Juvenile Hall Policies and Procedures Manual, Part 10, Section 10.06 Unit Orientation IV. Youth Service Plan which includes the PREA Orientation workshop and/or video.

(e) The auditor reviewed documentation of resident participation in PREA education which is maintained by the facility. The youth signs the Sexual Abuse and Sexual Harassment Prevention and Reporting New Admit Orientation & Resident Education form. The staff who deliver the information signs that the resident received information on zero tolerance policy and how to report sexual abuse, sexual harassment, or behavior that makes them feel uncomfortable. Interviews with residents and staff confirmed residents receive the PREA information through several different means such as intake information, PREA information video, and posters throughout the facility.

(f) Part 13 Section: 13.01 XVII. States the facility shall ensure key information is continuously and readily available or visible to residents through handbooks and other written formats. Posters with key information are posted throughout the facility. The PREA video was reviewed by the auditor and staff from the facility is in the video. The Nurse Manager delivers much of the information in a warm and caring manner. Intake staff verified the residents receive the information during intake or shortly after. After intake the youth go to the Assessment/Orientation Unit for up to a week before being transferred to the appropriate housing unit. The auditor reviewed policies and procedures, resident education video, resident's brochures in English, Spanish, and Vietnamese, resident and staff interviews, and observation during the onsite audit to determine compliance of all provisions of the standard. SCC- Juvenile Hall exceeds the stand by providing comprehensive PREA training upon admission to juvenile hall which includes a PREA video that includes facility staff. The residents are placed in an assessment unit as part of the process to determine the appropriate placement within the facility.

SCC-Juvenile Hall exceeds Standard. 115.333

Standard 115.334 Specialized training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Policy Manual Part 13, Section 13.01 XVIII D mandates the department will maintain documentation Santa Clara County Juvenile Probation internal affairs investigators receive specialized training as per this standard. Specialized training includes sexual abuse investigations which is a three day training all IA investigators attend as part of their job training.

(b)(c) Internal affairs investigation training includes techniques for interviewing juvenile sexual abuse victims and perpetrators and interview techniques in general. Proper use of the Miranda and Garrity warning, sexual abuse evidence collection in a confinement setting and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Sheriff Department always conducts the criminal investigations and collects the DNA and/ or evidence within the confinement setting. Investigators do interviews once the Sheriff Department has completed theirs. Once the Sheriff has completed interviews the victim is interviewed as soon as possible “usually right away when memory is fresh.”

(d) Documentation of specialized training is maintained in the internal affairs investigators personnel file.

The auditor reviewed policy and procedure and documentation of specialized training which includes special investigation for sexual abuse in a confinement setting. The interviews with IA Investigator and Program Managers reflect knowledge in all areas of investigation of sexual abuse and sexual harassment per standard 115.334.

SCC-Juvenile Hall meets Standard 115.334

Standard 115.335 Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Agency Procedures Manual PREA Part: 13 Section: 13.01 XIX states medical and mental health staff will receive rape and sexual abuse sensitivity training through the Valley Medical Center Sexual Assault Response Team and the local Rape Crisis Center. The department ensures that all full and part time medical and mental health care practitioners working in the juvenile facilities have been trained in detecting, assessing and responding effectively and professionally to signs of possible sexual abuse. The training includes preservation of physical evidence for further investigation by the Sheriff Department and how to respond effectively and professionally to victims of sexual abuse and/or sexual harassment. The department ensures there is documentation that specialized training has been received. Mental health and medical staff interviewed were knowledgeable in regards to the PREA training and their responsibilities.

(b) Medical staff at Juvenile Hall does not conduct forensic exams. The exams are conducted at Valley Medical Center.

(c) Health Care Program Manager and Mental Manager were interviewed and stated PREA training is part of the contracts. Starlight the contract agency for mental health has their own PREA trainer and verification is emailed on a monthly basis to the Health Care Program Manager to confirm training of contract employees. Both the Mental Health Manager and the Health Care Program Manager report the staff under their supervision is 100% PREA trained. A random sample of documentation of the PREA Training- Medical and Mental Health Staff Acknowledgement Statement form signed by the instructor/trainer and medical or mental health staff was reviewed by the auditor.

SCC- Juvenile Hall meets Standard 155.335.

Standard 115.341 Screening for risk of victimization and abusiveness

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

(a)(b)Procedures Manual Part:13 Section:13:01 XX- Screening for Risk of Sexual Victimization and Abusiveness states that The Risk of Victimization/Sexually Aggressive Behavior RV/SAB instrument will be given to residents to assess potential risk. The youth are given the screening within 72 hours of intake. There is one staff member that does the majority of screenings for the facility.

(c) The screening instrument was reviewed by the auditor and meets all requirements of standard 115.341 (c) 1-11

(d) The staff responsible for risk screenings takes into account other issues by questioning the residents about any noticeable health issues or if they are taking or have taken any medications. This usually opens up the conversation to mental health issues and history of treatment with psychotropic medication. The staff has different examples of getting a resident to open up and how the information gathered is used to keep the youth and/or other youth in the facility safe. If there are concerns a medical and/or mental health referral is made immediately.

(e) Results from the RV/SAB Screening, Risk Assessment Instrument and case classification assessment are entered in the JAS database where it is available and maintained in the juvenile’s case file. The department insures confidentiality of the RV/SAB screening information is maintained. There is a tracking system that shows who accesses the screening instrument.

All residents interviewed reported having the risk assessment within the first day or two of intake. Residents are transferred to the orientation/assessment unit where they are held for 5-7 days to receive medical and mental health assessments. The information is used to make housing unit decisions and treatment decisions. All of the above is done routinely and in a timely and thorough manner therefore SCC-Juvenile Hall exceeds this standard.

SCC-Juvenile Hall exceeds Standard 115.41

Standard 115.342 Use of screening information

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

(a)Procedures Manual Part:13 Section:13:01 XXII. A. - If the results from the RV/SAB screening and other assessments indicate a probability for victimization or sexually aggressive behavior and an overall high level of risk appropriate interventions will be implemented such as no roommate (NR) status and special management consideration. Screening information is used with other assessment information to guide staff in bed assignment, programming and education, work assignment and referral to clinician or treatment intervention. Custody and housing assignments will not be based solely on the youth sexual orientation or gender identity or use LGBTI status as an indicator or likelihood of being sexually abused. The staff responsible for screening and the PREA Compliance Manager stated that the unit is notified if the minor is not at risk and if at risk the unit and supervisor on duty is notified and the manager is notified via email.

(b)(c) There were no youth in the facility during the audit period that identify as transgender. Housing assignments are made on a case by case basis and the LGBTI youth's own view with respect to his or her safety is considered.

(d-i) Procedures Manual Part: 13 Section: 13.01 XXII A states that isolation will only be used as a last resort when less restrictive measures are inadequate to keep a resident safe or others safe. During the audit period isolation was not used to keep youth safe. Less restrictive measures were always available. If isolation is used policy protects the right of residents to have daily access to large muscle exercise, educational programming or special education service. At SCC-Juvenile Hall a nurse visits within 15 minutes, checks every 4 hours, and mental health visits at least daily. The auditor interviewed intake staff and random residents, medical and mental health staff and reviewed policies and procedures and documentation of screening information to verify compliance with all provisions of the standard.

SCC-Juvenile Hall meets Standard 115.342

Standard 115.351 Resident reporting

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)Procedures Manual Part: 13 Section 13.01 XXIII - the facility ensures that mechanisms for reporting sexual abuse and seeking relief against retaliation includes:

1. Completing sick-call request form.
2. Using the grievance process.
3. Dropping a note in the grievance box.
4. Telling a teacher, CBO, volunteer, counselor, manager, supervisor, medical or mental health staff, deputy chief, probation officer, lawyer, parent/guardian, chaplain, or other trusted adult.
5. Toll free hotline has been installed in Juvenile Hall (408-287-3000) to provide residents access to a confidential telephone line to contact the local rape crisis center. Staff and residents were aware of the different ways to report during the interviews. Residents knew sexual abuse or sexual harassment can be reported using the red phone but the majority did not know who they would be calling.

(b) Procedures Manual Part: 13 Section 13.01 XXIII -Resident reporting is compliant with the standard. Residents have access to the rape crisis center via the red phone in the clinic and the unit phone where all calls are paid for by the facility. The residents interviewed were knowledgeable on their right to be free from retaliation by other residents or staff for reporting sexual abuse, sexual harassment, staff neglect, or violation of responsibilities that may have contributed to an incident.

(c)Manual Part: 13 Sections 13.01 and Juvenile Hall Policy XXIII - interviews revealed that staff is knowledgeable in regards to their responsibility in reporting sexual abuse and sexual harassment. Staff is instructed to accept sexual abuse and assault reports that are made verbally, in writing, anonymously, and by third parties. The staff member must promptly document any and all verbal reports. Documentation of verbal reports shall be completed the same day.

(d)Per Procedures Part:04 Section:4.07 II Grievance Procedures for Minors- grievance forms and a grievance box is available in Santa Clara County Juvenile Probation –Juvenile Hall PREA Audit Final Report

each housing unit and common areas accessible to minors without staff assistance. The PREA Compliance Manager and residents interviewed reported youth having access to materials needed in order to make a written report. Agency policy was reviewed and met standard 115.351 as reporting sexual abuse or sexual harassment internally and to outside agencies is made available to the residents.

SCC-Juvenile Hall meets Standard 115.351

Standard 115.352 Exhaustion of administrative remedies

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action plan)

(a)(b) Procedures Manual Part: 13 Section: 13.01 XXIV and Juvenile Hall Policy and Procedures Manual- Grievance Part 04, Section 4.07 were reviewed by the auditor. Policy states there will be no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Policy does not require the resident to use a certain grievance process or to attempt to resolve with staff. The resident is free to file a federal law suit however in urgent and emergency situations when a resident seeks immediate injunction from the court to provide protection from imminent harm of abuse an exemption to the 90 day waiting period will be waived.

(c) Residents are not required to try and resolve the incident with the staff member. The grievance can be submitted without submitting to the staff who is the subject of the complaint.

(d) Procedures Manual Part: 13 Sections: 13.01 PREA XXIV. C-E requires a decision be made within 90 days of filing the grievance. In the event that the agency requests an extension they will notify the resident in writing and include the expected date a decision will be made. During the audit period no grievances were filed alleging sexual abuse.

(e) A resident can decline a grievance from a third party other than a parent or guardian. The decline by the resident will be documented. Policy does permit third parties to file requests for administrative remedies relating to allegations of sexual abuse on behalf of residents. If the youth declines to have third party assistance the facility will document the decision. If the third party is a parent or legal guardian the resident does not have this right. There were no grievances alleging sexual abuse filed by residents or third parties during the audit period in which a resident declined third party assistance.

(f) Procedures Manual Part: 13 Section: 13.01 PREA XXIVM was reviewed by the auditor. Policy states upon receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse the staff will immediately forward the grievance to his or her supervisor for review and immediate action. The supervisor will ensure that within 48 hours of initial receipt of the grievance a response is provided and shall issue a final decision within 5 calendar days. The initial response and the final decision documents the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Grievances that involve alleged sexual abuse/sexual harassment will be treated as an emergency by the PREA Compliance Manager and immediate action will be taken. The focus will be on making sure the resident is safe and immediately taking necessary steps to remove the youth from the situation they are reporting. There have not been any grievances alleging substantial risk filed during the audit period.

(g) Procedures Manual Part: 13 Section: 13.01 PREA XXIV O states a resident will not be disciplined for filing a grievance related to alleged sexual abuse unless it can be demonstrated that the resident filed the grievance in bad faith. All grievances will be taken seriously and investigated. If a resident makes a false report an appropriate program response may be initiated.

The auditor reviewed policy and procedures which are in compliance with the standard. Interviews conducted with the Deputy Chief Probation Officer, PREA Compliance Manager, PREA Coordinator and staff confirmed that all provisions of Standard 115.352 are met.

SCC- Juvenile Hall meets Standard 115.352

Standard 115.353 Resident access to outside confidential support services

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Procedures Manual Part 13 Section 13.01 PREA XXIV A. gives residents access to outside support services and legal representation. The department has a service agreement with the local rape crisis Center YWCA and West Coast Children's Clinic. Santa Clara County Juvenile Probation has a Resource Guide Booklet which includes information on resources for housing, education, mentoring, crisis including human trafficking, 24/7 suicide and rape crisis hot lines, behavioral and medical services, public assistance, employment and job training, child care and child services, and legal services. The residents have access to outside support services and legal representation in a private setting where conversations are confidential. The red phone is in an office with windows so residents can have a confidential conversation with the rape crisis advocate while being viewed by staff. Residents interviewed knew about the red phone to report sexual abuse however they did not know who the red phone called. The PREA educational video talks about the red phone but does not include who the red phone contacts. This should be added to the intake information. Posters are throughout the facility however they were all the same and for that reason blended into the environment. The auditor recommends different posters be used to highlight areas of PREA.

(b) The auditor reviewed Procedures Manual Part: 13 Section: 13.01 PREA XXVII Resident access to outside support services and legal representation and Juvenile Hall policy and Procedures Manual, Part 8, Section 8.03- Interviews with the PREA Compliance Manager and residents confirmed youth are informed and know their rights in regards to mandatory reporting laws and confidential access to their attorney or other legal representation and their parents or legal guardians for reporting sexual allegations.

(c) The auditor reviewed the current contract with YWCA.

(d) Procedures Manual Part: 08 Section: 8:03 I. A. Policy states that minors are entitled to have access to their delinquency attorney(s), as well as the attorney's authorized representative.

The auditor reviewed policies and contracts with YWCA and Sequoia Counseling Center. SCC-Juvenile Hall meets all provisions of this standard except (a) which states that the facility will provide access to outside victim advocates by providing posting, and otherwise making accessible mailing addresses and telephone numbers.

CORRECTIVE ACTION PLAN: SCC-Juvenile hall meets all provisions of standard 115.353 except residents lack information on having access to the local rape crisis center by using the red phone. Posters with rape crisis center information should be posted in the facility where residents have access. Some of the residents interviewed stated they did not pay attention to the PREA information they received during intake due to feeling mad and/or stressed by the situation of being placed in juvenile hall. The facility must post information on how to access YWCA through the red phone and by providing an address to write. The postings shall be in common areas where the information can be viewed by the residents on a regularly. The auditor recommends communicating this information in common areas by using YWCA posters. Corrective action must be completed no later than January 6, 2017.

CORRECTIVE ACTION COMPLETED: On 10/12/16 during the facility tour the auditor verified that YWCA signage was posted in the living units and throughout the facility where residents frequent.

SCC-Juvenile Hall meets Standard 115.353

Standard 115.354 Third-party reporting

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Procedures Manual Part: 13, Section: 13.01 XXIX Third Party Reporting states several different ways to report using the Probations Department's website and clicking the PREA web-page which gives the public access to the "Third Party Reporting Form" in English, Spanish and Vietnamese. There are additional established methods of distributing the information publicly on how to report sexual abuse, sexual harassment and staff sexual misconduct. This information is included in the Parent/Guardian Orientation and Information Pamphlet located in the court lobby, visiting lobby, alpha visiting and beta visiting. A public advisory notice that includes ways of reporting sexual abuse, sexual harassment and staff sexual misconduct is posted in the visiting area. The Internal Affairs Department number is listed. The auditor reviewed the agency website and verification of postings during the audit to determine compliance.

AUDITOR RECOMMENDATION: The auditor observed the public advisory notice in the visiting lobby is posted in English. It is recommended that the notice be posted in English, Spanish and Vietnamese. The Parent/Guardian Orientation and Information Pamphlet should be available in the visiting areas.

During the 12/21/16 facility tour the auditor observed public advisory notices were posted in English, Spanish, and Vietnamese and pamphlets were available in the visiting areas.

SCC-Juvenile Hall meets Standard 115.54

Standard 115.361 Staff and agency reporting duties

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Procedures Manual Part: 13 Sections: 13.01XXXII A, XXXIII. A. - Juvenile Hall Policy and Procedures Manual, Part 02, Section 2.05 Child Abuse Reporting Procedures and County of Santa Clara Board of Supervisors Policy on Sexual Harassment Exhibit 202 #2 were reviewed by the auditor. When the known or suspected abuse or neglect occurs inside Juvenile Hall the reporting employee shall report by telephone to the Sheriff Department to begin an investigation. This report must occur immediately or as soon as practicably possible but under no circumstances later than the end of the shift. The reporting employee is required to report the suspected abuse or neglect to the on duty supervisor immediately. The staff must report to CPS and document the employee they spoke to and the date and time of the call.

(b),(c)- Procedures Manual Part:13 Section: 13.01 PREA XXXII A- states all employees of the department are mandated reporters and required to report known or suspected child abuse or neglect to the Sheriff Department, and/or a county welfare department- Child Protective Services (CPS). Policy XXXIIIC states apart from the staff reporting to the designated individuals and CPS, staff shall only reveal information to individuals who have a need to know, to make treatment decisions, for investigation and security and management decisions.

(d) Procedures Manual Part:13 Section: 13.01 XXXIII F, G & Santa Clara Valley Health and Hospital System Juvenile Custody Health Services, 4150-ASS31, 4160-ASS31 Attachment A was reviewed by the auditor. Medical and mental health practitioners are mandated child abuse reporters. They are required to report any knowledge, suspicion or information they
Santa Clara County Juvenile Probation –Juvenile Hall PREA Audit Final Report

received regarding an incident of sexual abuse to the unit supervisor or designed, law enforcement, and CPS. The practitioners must inform residents at the initiation of services of the professional duty to report and the limitations of confidentiality. The probation department will ensure that the practitioners immediately report any knowledge, suspicion, or information received regarding retaliation against a resident or staff who report sexual misconduct and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or retaliation.

(e)) Procedures Manual Part:13 Section: 13.01 XXXIII H-J Santa Clara County Probation Institutions Plan for Coordinated Response to Sexual Abuse or Assault requires the facility probation manager or designee to promptly report the allegation to the alleged victim's parents or legal guardians unless there is official documentation on record showing they should not be notified. If the alleged victim is under guardianship of the child welfare system then the report will be made to the caseworker instead. If the juvenile court retains jurisdiction over the alleged victim the facility probation manager or designee will report the allegation to the juvenile's attorney or other legal representative of record within 14 days of the allegation. If a youth reports an allegation of current or past sexual abuse to staff allegedly occurring at Juvenile Hall or staff becomes aware of current or past sexual abuse then the Plan for Coordinated Response to Sexual Abuse or Assault flow chart is followed.

(f)The Santa Clara Sheriff Department and Internal Affairs are the agencies responsible to investigate alleged sexual abuse or sexual harassment. Interviewed staff understood their responsibilities in terms of the agency policies and procedures in regards to reporting. The PREA Coordinator, Mental Health Staff and Supervisors were knowledgeable and knew their responsibilities in regards to immediate action and the chain of command for informing supervisors if they become aware of a possible sexual abuse incident.

SCC- Juvenile Hall meets Standard 115.361

Standard 115.362 Agency protection duties

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

(a)Procedures Manual Part: 13 Section: 13.01XXXIV Agency Protection Duties, D policy states if a resident is subject to a substantial risk of imminent sexual abuse the department takes immediate and appropriate steps to protect the resident. Each facility will employ multiple protection measures including but not limited to custody and housing changes, special management plans, no contact status, emotional support services or transfers for the youth victim or abuser. Understanding the threat and why the youth is at risk is necessary so a plan of action can be developed. Options are no roommate status, removal from the unit or if staff is involved placement on administrative leave during the investigation. A referral is made to mental health to create a system to keep the resident safe. The PREA Compliance Manager stated that the staff is required to respond immediately and notify the manager on call. If the Manager cannot be reach or the Deputy Chief they call the Chief. Email is not used in this case a call is required for PREA incidents. The Deputy Chief, PREA Compliance Manager, and Staff were interviewed by the auditor. The staff interviewed knew their responsibilities in regards to immediately removing the at risk youth in order to keep them safe.

SCC-Juvenile Hall meets Standard 115.36

Standard 115.363 Reporting to other confinement facilities

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

Does Not Meet Standard (requires corrective action)

(a) Procedures Manual Part: 13 Sections: 13.01 XXXV. Juvenile Hall Policy and Procedures Manual, Part 02, Section 2.05 states if a resident was abused while confined at another facility the Deputy Chief for Institutions or the Probation Manager of the facility or designee will notify the facility where the alleged abuse occurred. Appropriate law enforcement agency and CPS will also be notified.

(b)(c) Procedures Manual Part: 13 Sections: 13.01 XXXV. B states the notification will be done as soon as possible but no later than 72 hours after receiving the allegation. The Deputy Chief, Probation Manager or designee shall document that notification has been given.

(d). Allegations go through the chain of command. The PREA Compliance Manager is the point of contact. The Manager notifies the Deputy Chief Probation Officer 24/7. If the allegations from another agency and involves a staff member they would be removed for the facility immediately. If the allegation happened at another facility the PREA Flow Chart is still followed. No allegations have been received during the audit period.

The auditor reviewed policy and procedures and interviewed the Deputy Chief and Probation Managers to determine compliance with all provisions of this standard.

SCC-Juvenile Hall meets Standard 115.363

Standard 115.364 Staff first responder duties

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Procedures Manual Part: 13 Section: 13.01 XXXVI requires staff to follow policy and procedures which is outlined on the Institutions Plan for Coordinated Response to Sexual Abuse or Assault Flow Chart. Policies and procedures include separating the alleged victim and abuser, preserving and protecting the crime scene and protecting evidence for collection by the Sheriff Department. There was one incident during the audit period where security staff took measures for protecting the evidence however the Sheriff determined a crime was not committed and no evidence was collected. The auditor reviewed the incident report and the Sheriff Department report.

(b) There were no instances where a non-security staff was a first responder.

The auditor interviewed staff and reviewed policy and procedure and the Coordinated Response to Sexual Abuse to determine that all provisions of standard 115.364 are met.

SCC-Juvenile Hall meets Standard 115.364

Standard 115.365 Coordinated response

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The Auditor reviewed Procedures Manual Part:13 Section:13.01 XXXVII B and Santa Clara County Juvenile Probation-Institutions Plan for Coordinated Response to Sexual Abuse or Assault protocol flow chart which is used to coordinate actions taken in response to an incident of sexual abuse. The department is committed to a coordinated and victim centered care approach involving staff, first responders, law enforcement, CPS, victim advocates, medical and mental health care providers, the District Attorney's Office, the Agency Wide PREA Coordinator, Facility Probation Managers, PREA Compliance Manager, and the Deputy Chief for Institutions. The role of each responding party shall be as follows:

The first responder staff will follow the steps outlined in the policy under the staff first responder duties. Upon informing the Supervisor on duty, the Supervisor will notify the Probation Manager who will inform the Deputy Chief. Law Enforcement is notified in all incidents where violation of the law is suspected in accordance with Juvenile Hall Policy and Procedures Manual Part 02, Section 2.05 The Sheriff Department is responsible for processing crime scene evidence, conducting the investigation, enhance victims safety, collaborate with the probation department to arrange for victims transportation to and from the exam site as needed, interviewing victims in a language they understand, collecting evidence from the scene, coordinating the collection and delivery of evidence to designated labs or law enforcement facilities, interviewing suspects and witnesses in a language they understand, requesting crime lab analyses, reviewing medical and lab reports, preparing and executing search and arrest warrants, writing reports, and presenting the case to the District Attorney's Office. Victim advocates from the rape crisis center may be involved in initial victim contact (via 24-hour hot line or face-to-face meetings) or be involved no later than 24 hours of the incident. Responsibilities include offering victim advocacy, emotional support, crisis intervention, and information, language assistance services, referrals during the process, and help to ensure the victim has transportation and are accompanied to and from the exam site. Juvenile Hall staff also accompanies the victim to the emergency department. Advocates provide comprehensive longer term services designed to aid victims in addressing needs related to the assault including but not limited to counseling, legal and medical system advocacy. Medical and mental health care providers will assess victims for acute medical needs and refer the victim to Valley Medical Center to provide stabilization, forensic examination, and treatment. The auditor reviewed policies and procedures which meet all provisions of this standard. The Flow Chart outlining a coordinated response was created by the Agency Wide PREA Coordinator and is a detailed informational tool outlining steps to be taken for a coordinated response and is posted in each living unit. Interviews verified agency personnel know their duties when responding to an incident of sexual abuse.

SCC- Juvenile Hall meets Standard 115.365

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

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires correction action)

(a)(b) Procedures Manual Part: 13 Sections: 13.01 XXXVIII A. In accordance with the department policy on anti-retaliation under the Administration and Procedures Manual each facility will employ multiple protection measures including custody and housing changes, special management plans, no contract status, transfers for youth/resident victims or abusers and emotional support services for youth or staff that fear retaliation for reporting sexual abuse or cooperation with investigations. B. During the law enforcement investigation and administrative review process the accused staff member will be placed on "no contact status" if there is an allegation of child abuse, sexual harassment or sexual misconduct. C. Staff placed on "no contact status" will not be allowed contact with any youth until the completion of the required investigation. E. The staff may be placed on paid administrative leave until the completion of the required investigation. F. Santa Clara County Probation Department or any other governmental entity responsible for collective bargaining on the department's behalf shall enter into or renew any collective bargaining agreement that limits the department's ability to remove alleged staff sexual abusers from contact with residents. Pending the outcome of an investigation or of a determination to what extent if any discipline is warranted. Santa Clara County Probation has not entered into any new collective bargaining agreements for Juvenile Hall during the audit period.

The auditor has determined agency policy is compliant with the standard. Interview with the Deputy Chief Probation Officer verified that the agency follows these policies.

SCC- Juvenile Hall meets Standard 115.66

Standard 115.367 Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Procedures manual Part: 13 Section: 13.01 XXXIX - Santa Clara County Policy against discrimination, harassment, and retaliation as well as the County 24/7 whistleblower program prohibits retaliation for reporting any governmental improprieties. Juvenile Hall Policy and Procedures Manual, Part 04, section 4.07 on the minor's rights to filing a grievance and exercising their rights under this process were reviewed by the auditor.

(b) The auditor interviewed the Deputy Chief Probation Officer and PREA Compliance Manager to determine appropriate policies and procedures are in place and being followed in order to protect staff and residents from retaliation for sexual abuse or sexual harassment allegations. The PREA Compliance Manager is in charge of monitoring for retaliation. The agency believes in educating staff through the initial training on retaliation. Talking to individuals involved about retaliation and communicating with them throughout is important. This allows the individual direct access to the Manager who can help the staff member better understand the process. Mental health staff helps by giving feedback as to whether the involved resident is feeling retaliated against or showing signs of stress or anxiety. Managers follow policies to make final decisions on moving an abuser until the investigation is complete. If the Manager suspects retaliation they pull the person in and let them know the concerns. The supervisor on the unit is informed and assesses concerns at the unit level. If it is a staff member a 3rd party may become involved such as the union representative. If it is suspected that a youth is involved mental health is asked if the resident is under any pressure or being bullied.

(c)(d) XLI Scope of Anti-Retaliation Policy J- states at least a 90 day period following a report of sexual abuse or sexual harassment the Probation Manager, PREA Compliance Manager, and unit supervisor will monitor the conduct or treatment of the resident or staff who reported the abuse/harassment and victims to determine if retaliation is occurring. Items to be monitored include but are not limited to youth disciplinary reports, status checks, housing, program changes, negative performance reviews or reassignment of staff. The obligation to monitor terminates if the allegation is determined unfounded. During interviews with residents it was clear they feel safe from retaliation and are protected by the staff members at Juvenile Hall. There were no incidents of retaliation during the audit period.

The provisions for Standard 115.367 are met as verified by reviewing policies and interviewing the staff as outlined above.

SCC-Juvenile Hall meets Standard 115.367

Standard 115.368 Post-allegation protective custody

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy and Procedures Manual Part: 13 Section: 13.01 XLV A and Juvenile Hall Policy and Procedures Manual, Part 04, Section 4.04 were reviewed by the auditor. The Department's policy and beliefs are that all youth under supervision have a right to be free from unreasonable restrictive conditions including isolation. The PREA Compliance Manager, medical and mental health professionals, and staff were interviewed by the auditor. No residents at the facility had been placed in isolation for protective custody. Interviewees reported the victim goes to the clinic and the perpetrator is placed in boys receiving. Boys' receiving is used short term until a safety plan can be implemented. SCC-Juvenile Hall did not use isolation during the audit period to protect any residents who were alleged to have suffered sexual abuse. The facility has several different effective ways to protect residents and does not use isolation for protective custody.

Policy and Procedures meet all provisions of this standard. The staff interviewed confirmed that SCC-Juvenile Hall does not use isolation for protective custody.

SCC-Juvenile Hall meets Standard 115.368

Standard 115.371 Criminal and administrative agency investigations

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Procedure Part: 13 Section: 13.01 XLVIA states the department is committed to investigating all allegations of sexual abuse, sexual harassment, and staff sexual misconduct from all sources including third party and anonymous reports. All criminal investigations are handled by Santa Clara County Sheriff Department and administrative investigations are handled by Santa Clara County Probation Department Office of Internal Affairs.

(b) XLVII B- The department will ensure Internal Affairs Investigators receive specialized training in sexual abuse investigations. Internal Affairs Investigators are required to attend three days of job training on investigations and PREA training. The training includes interviewing techniques for sexual abuse victims and perpetrators.

(c) XLVL B. states all reports of sexual abuse that are believed to be criminal in nature shall be reported to the Sheriff Department. The department has requested the investigating law enforcement agency follow a uniform evidence protocol adopted from or based on the most recent edition of the US Department of Justice's Office on Violence Against women publication. "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Documentation was reviewed by the auditor in the form of emails from a Detective at the Sheriff Department.

(d) The agency policy states an investigation will not be terminated solely because the source of the allegation recants.

(e) XLVII Internal Investigations B- If a law enforcement investigation is opened the department will cooperate and coordinate with law enforcement as to the timing and process of the investigation to ensure the integrity of the IA and law enforcement investigations to avoid any complications associated with Garrity Rights.

f) XLVII H. The Department prohibits residents who report abuse or cooperate in the investigation of abuse from taking a polygraph test. Alleged victim, witness, or suspect is always seen as credibility. If they report it did not happen the investigation still takes place. Investigative staff interviewed stated there can be many reasons a victim recants and IA staff look at that too as part of the investigation.

(g)(h) XLVII G. Investigating staff reported that the written report includes the date, victim information, location, time, allegations, witnesses, what department identified as policy violations and what documentation there is. Also included in the criminal reports are minor's case notes, clinic reports (with parent approval) photographs, markings, and interview transcripts. The findings are in the report and includes whether or not agency policy was violated and if so which one. Investigative reports

include an effort to determine whether a staff actions or failures to act contributed to the abuse and includes a description of the physical and testimonial evidence of the reasoning behind credibility assessments, and investigative facts and findings.

(i)-1, 2 Substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were no sustained allegations at SCC- Juvenile Hall that were referred for prosecution since August 20, 2012.

(j) Policy states the department will retain all written administrative and criminal investigation reports for as long as the abuser is incarcerated or committed to the Probation Department plus five years unless a shorter period of retention is applicable by law.

(k) Interviews confirmed the policy that termination of an employee does not affect the proceeding of the investigation. SCC- Internal Affairs still looks at cases when an outside agency does the investigation.

(m) The Sheriff Department investigates youth on youth cases in tandem with Internal Affairs. When the Sheriff Department investigates an allegation the PREA Compliance Manger is the person of contact. If Internal Affairs is investigating the Deputy Chief is the person of contact.

All of the policies and procedures reviewed by the auditor are in compliance with the provisions of the standard. Interviews conducted with the Agency Wide PREA Coordinator, PREA Compliance Manager, and Investigative Staff verified policy is being followed and the auditor has determined the agency meets standard 115.371.

SCC-Juvenile Hall meets Standard 115.371

Standard 115.372 Evidentiary standard for administrative investigations

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) XLVIII.A.3. The evidential stand for administrative investigations shall be guided by the Department's Internal Affairs Policy and Procedures and applicable merit system rules, state and federal laws, and the department will ensure that evidential stand shall be consistent with PREA Standard 115.372 Evidential Standards for Administrative Investigations.

SCC-Juvenile Hall meets Standard 115.72

Standard 115.373 Reporting to residents

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)\

(a)(b) Procedures Manual Part: 13 Section 13.01 XLIVA. Following an investigation into an allegation of sexual abuse whether by a resident or a staff member the resident victim will be notified as to whether the allegation has been determined to be substantiated or unsubstantiated,

The resident victim shall be notified of criminal and administrative actions regardless of the following circumstances:

- a. The staff member is no longer posted with the resident unit.
- b. The staff member is no longer employed by the Department.
- c. The Department learns that the staff member or the resident has been indicted on a charge related to sexual abuse within the facility.
- d. The Department learns that the staff member or resident has been convicted on the sexual abuse charge.

B. In all resident victim notifications whether the perpetrator is a staff member or a resident the department documents notifications or attempted notifications. The PREA Compliance Program Manager or living unit Program Manager notifies the residents of the outcome.

(b)If there is an outside investigation the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation.

(e) Santa Clara County Juvenile Probation does not document the notification of residents as to the outcome of the investigation.

The auditor reviewed the policies and procedures which meet all provisions of this standard. The agency does not notify victims of the outcome and does not have a means of documenting notification therefore standard 115.373 is not met.

CORRECTIVE ACTION PLAN- The agency is required to have a system in place for notifying residents of the outcome at the completion of an investigation. The notification needs to be documented. A notification form that is signed by the notifying staff member and the resident is recommended. Corrective action must be completed by January 6, 2017.

CORRECTIVE ACTION COMPLETED- The auditor received a copy of the PREA Youth Notification form on 8/1/16 that is being used by the facility and meets the corrective action requirement.

SCC- Juvenile Hall meets Standard 115.373

Standard 115.376 Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)(c)(d)Juvenile Procedures Manual Part: 01 Section: 1.06A. Violation of the law or policy including sexual abuse and sexual harassment requires disciplinary sanctions up to and including reprimand, suspension or termination depending on a multiplicity of factors. Staff who participate in or permits the unlawful discrimination, harassment or bullying of a resident will be subject to disciplinary action up to and including termination. The presumptive disciplinary sanction for staff who has engaged in sexual abuse of a resident is termination.

(b)During the audit period there have not been any staff violations of agency sexual abuse or sexual harassment policies.

The PREA Policy meets all provisions of the standard. There were no incidents of staff sexual abuse against a resident during the audit period.

SCC- Juvenile Hall meets Standard 115.376

Standard 115.377 Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Procedures Manual Section: 13 Part: 13.01 XLVIC Policy states if a contractor or volunteer engages in sexual abuse they shall be prohibited from contact with the residents, will be reported to law enforcement agencies, and to relevant licensing bodies unless the activity was clearly not criminal. There were no incidents of sexual abuse or sexual harassment involving a contractor or volunteer during the audit period.

(b) Corrective action includes the contractor or volunteer being removed from the facility. The Sheriff and/or IA will investigate or the agency they work for will be responsible to investigate. Contract staff interviewed had received the PREA training and understood the disciplinary sanctions.

All provisions of Standard 115.377 are met. The policy and procedures were reviewed and the PREA Compliance Manager confirmed that the contractors would be referred to the Sheriff Department for investigation if there is any question of inappropriate behavior on the part of a contractor or volunteer it is reported to the agency they work under and are no longer allowed to have contact with the residents or work at the facility.

SCC-Juvenile Hall meets Standard 115.377

Standard 115.378 Disciplinary sanctions for residents

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Policy 13 Section 13.01 XLVII prohibits juvenile on juvenile sexual activity. If a juvenile is found to be guilty of such contact appropriate discipline will be applied.

(b) Isolation was not used as a disciplinary sanction during the audit period however policy does state that daily access to large muscle exercise and educational programming including special education would still be provided to the residents in isolation. If a resident was placed in isolation medical or mental health care would be provided on a daily basis, programming and work opportunities would be provided if possible. The PREA Compliance Manager stated Disciplinary sanctions can include new charges being filed, assessment of housing and the protection of other minors, escort during movement, check level, or county jail if age appropriate. There are not a lot of internal sanctions used as Juvenile Hall as programming is always provided.

(c) The department will ensure that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.

(d) Facility offers therapy, counseling and other appropriate interventions to address symptoms of mental health, such as PTSD, depression, and/or anxiety which can all be underlying reasons for abuse reactive behavior and/or reactions to being abused.

(e) Policy states that a resident would be disciplined for sexual contact with staff only upon finding that the staff member did

not consent.

(f)-1 A report of sexual abuse made in good faith will not constitute falsely reporting an incident, if the investigation does not establish evidence sufficient to substantiate the allegation. The agency does prohibit disciplinary action for any report of sexual abuse that is made in good faith even if the investigation does not establish evidence to substantiate the allegation.

(g) The Department's Zero Tolerance Policy prohibits all forms of resident on resident sexual activity and disciplines residents involved in activity that the agency constitutes to be sexual that is coerced.

The facility meets all provisions of this standard. Isolation is not used in the facility; however PREA Policies and Procedures are in place if isolation was used. Interviews with the PREA Compliance Manager, Medical and Mental Health Staff confirmed compliance with the standard.

SCC-Juvenile Hall meets Standard 115.378

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

X Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)(b) Within 24 hours residents are assessed using the Risk of Victimization/Sexually Aggressive Behavior RV/SAB screening instrument. Policy Part: 13 Section: 13.01 XLVII states that a resident who reports prior sexual victimization or perpetrated sexual abuse will be seen by medical or mental health within 14 days.

(c) Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff as necessary to develop treatment plans and security management decisions which include housing, roommate status, work, education, and program assignments.

(d) Interviews with mental health and medical practitioners confirmed that the policy to obtain informed consent from residents who are over 18 is being followed.

Juvenile Hall exceeds this standard as all residents are screened and see medical and mental health staff within 72 hours of intake. Residents go through a 5-7 day orientation in the orientation/assessment unit while decisions are being made in regards to housing, roommate status, and programming.

SCC- Juvenile Hall exceeds Standard 115.381

Standard 115.382 Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1; (b); (c) Santa Clara County Juvenile Probation-Institutions Plan for Coordinated Response to Sexual Abuse or Assault. (Flow chart) Medical and Mental health staff maintains secondary materials documenting emergency medical treatment and crisis intervention services are provided to all juveniles involved in an alleged PREA incident. Medical logs are kept by the

medical staff where a record of their sessions with the residents is maintained. This was documented by the auditor during the medical and mental health staff interviews. Security and non-security first responder staff understood their responsibilities as first responders and the immediate steps to be taken to protect the victim and then immediately notifying appropriate medical and mental health staff. Santa Clara Valley Health and Hospital System Juvenile Custody Health Services (JCHS) Standards Manual PREA 41590AS38 was reviewed by the auditor policy states that the abused/assaulted minor will be evaluated and medically treated by The Santa Clara Valley Sexual Assault Response Team (SART). JCHS staff will refer the alleged victim to a trained community rape crisis counselor (YWCA) to act as an advocate as soon as possible. The JCHS staff acts as an advocate for a minor's health and safety within the Juvenile Hall custody setting. An RN will perform a nursing assessment which will be documented in the progress notes. If the minor alleges that the physical and/or sexual abuse/assault has occurred within 72 hours, the minor is transferred to the emergency department with probation staff and local law enforcement for assessment, forensic examination and treatment by the Santa Clara Valley Medical Center Sexual Assault Response Team (SCVMC SART). If the minor alleges that over 72 hours has passed a Mental Health Services referral is made. The RN may send the minor to the ED past 72 hours after consultation with the on call psychiatrist.

(d) Policy states medical and mental health services will be provided to the resident free of charge.

The auditor reviewed policies and conducted staff interviews to determine compliance. There was no sexual abuse or sexual assaults during the audit period that required emergency medical or mental health service. Policies and procedures meet all provisions of the standard and staff interviewed know the coordinated response requirements and are committed to the sexual safety of the residents.

SCC- Juvenile Hall meets Standard 115.382

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

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

(a), (b) The facility offers medical and mental health evaluations and treatment to all residents who have been a victim of sexual abuse in any facility. Medical and mental health staff confirmed during interviews that evaluation and treatment includes follow-up services, treatment plans, and referrals for continued care following their transfer to or placement in another facility, or release from custody. Upon release from custody victims of sexual abuse/assault will be provided follow up referrals to the rape crisis center and the community for services to ensure ongoing medical and mental health evaluations and treatment. Medical staff set up care with a public health nurse that links the youth to services in the community. The Nurse, Family Partnership Program NFPH supports the youth by arranging checkups, hospital and transportation needs and will provide follow up care for up to 5 years. They provide parenting education and provide incentives for the youth to participate such as gift certificates.

(c) The facility does provide victims medical and mental health services consistent with the community level of care according to policy and medical and mental health staff interviews.

(d),(e) Medical staff interviewed reported a female who is a victim of sexual abuse while incarcerated will be provided a pregnancy test. The victim receives the pregnancy test results in a timely and comprehensive manner to access lawful pregnancy-related medical services.

(f), (g) Residents who are victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Medical treatment services are provided to the victim without financial cost regardless if the victim names the abuser or cooperates with investigations arising out of the incident.

(h) The facility attempts to conduct a mental health evaluation of all know resident on resident abusers within 60 days of

learning of the abuse history and offers treatment when deemed appropriate by mental health practitioners. There have not been any sexual abuse or assault incidents at SCC-Juvenile Hall during the audit period.

Policies and Procedures meet all provisions of this standard. Resident victims of sexual abuse are provided access to emergency medical treatment and crisis intervention for emotional, medical and mental health support. Medical and mental health staff interviewed showed a commitment and compassion when treating the youth in their care. The follow up care and programs in place to help the victim upon leaving the facility and up to 5 years exceeds the standard.

SCC Juvenile Hall Exceeds Standard 115.385

Standard 115.386 Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1, 2 Policy states the facility will conduct a sexual abuse incident review within 30 days of the conclusion of the investigation. The incident review team during the audit period included the PREA Compliance Manager, Agency Wide PREA Coordinator, Behavioral Health Manager, Supervising Group Counselor, and Senior Group Counselor. Incidents review meeting was done on March 11, 2016 for all incidents during audit period.

(d) The review team considers the following areas and prepares a report of its findings which includes any recommendations for improvement:

1. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. If the incident or allegation was motivated by race, ethnicity, gender identity, status or perceived status, gang affiliation, or was it caused by other group dynamics at the facility?
3. The team examines the area in the facility where the incident allegedly occurred to determine physical barriers in the area.
4. The adequacy of staffing levels in a particular area and during different shifts.
5. Assess if monitoring technology could be deployed or augmented to supplement supervision by the staff.

(e) The facility implements the recommendations for improvement or documents its reason for not doing so.

SSC-Juvenile Hall held an incident review meeting for all sexual incidents during the audit period. Policy review, facility incident review forms completed by the review team, and interviews with the Incident Review Team were conducted and the information obtained was used to determine compliance. The Agency Wide PREA Coordinator reported that a 30 day incident review will be done on sexual incidents regardless of whether they require an investigation or unfounded. This is above and beyond the requirement and exceeds the standard.

SCC-Juvenile Hall Exceeds Standard 115.386

Standard 115.387 Data collection

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a), (c), (d) the auditor reviewed Procedures Manual Part: 13 Section: 13.01 LIV and the excel worksheet incident review was reviewed by the auditor. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control. The facility uses the worksheet to track data for the annual survey of sexual abuse the facility maintains, reviews, and collects data from incident based documents which includes reports, investigation files, and sexual abuse incident review. If a staff or resident has been involved in a PREA incident the information will be stored in their file. The data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice is included.

JCC-Juvenile Hall meets Standard 115.387

Standard 115.388 Data review for corrective action

X Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review

Does Not Meet Standard (requires corrective action)

(a)Interviews with the Deputy Chief Probation Officer and the Agency Wide PREA Coordinator report that there are so few cases to review and collect data. Santa Clara County Juvenile Probation does use sexual incident review to make changes. For example last year windows were put in the doors. The agency insures data is secure. The Agency Wide PREA Coordinator keeps the data. No report that compares past years and corrective action of Juvenile Hall and William James Ranch, as well as the agency as a whole has been completed.

(b)(c) Procedures Manual Part: 13 Section: 13.01LII- requires the agency to collect data in compliance with standard 115.387. The auditor reviewed the aggregate incident based data collection from all the incidents during the audit period. The incident based data collected include data necessary to answer questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

(d)The agency maintains, reviews, and collects data which includes reports, investigations, and sexual abuse incident reviews. Upon request the agency will provide data from the previous calendar year to the Department of Justice no later than June 30.

The auditor reviewed policy, aggregated data spread sheet with all information required to meet Standard 115.387. However a report has not been created or placed on the agency website for public review.

CORRECTIVE ACTION PLAN: The agency must create a report comparing the data and corrective actions with those from prior years. It shall reflection the agency's progress in addressing sexual abuse. The annual report is to be approved by the agency head and available on the website for public review.

CORRECTIVE ACTION COMPLETED- The annual report has been created and is on the website for public review. The report meets the provisions of this standard and exceeds expectations of the standard by being comprehensive and educational in regards to the agencies mission in regards to protecting the residents and staff from sexual harassment and/or sexual abuse.

SCC-Juvenile Hall exceeds Standard 115.387

Standard 115.389 Data storage, publication, and destruction

X Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a) Policy and Procedures Manual Section: 13, Part: 13.01 LV states that the agency will securely maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless federal, state or local law requires otherwise. The Agency Wide PREA Coordinator reported they collect the data and are responsible for keeping the data secure.

(b)(c) Santa Clara County Probation PREA Policy requires that the aggregated sexual abuse data is available to the public annually through the website.

CORRECTIVE ACTION PLAN: The facility must follow Policy and Procedures Manual Section: 13, Part: 13.01 LV and make the aggregated sexual abuse data available to the public annually on the agency website. Corrective action must be completed by January 6, 2017.

CORRECTIVE ACTION COMPLETED: The agency aggregated sexual abuse data is available to the public on the agency website. SCC- Juvenile Hall exceeds this standard by providing a comprehensive report that communicates the mission of the agency to protect staff and residents from sexual harassment and/or sexual abuse.

SCC-Juvenile Hall exceeds Standard 115.389

AUDITOR CERTIFICATION

I certify that:

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

Michelle Mandy Baldwin
DOJ Certified Juvenile PREA Auditor

January 6, 2017
Date