

PREA Facility Audit Report: Final

Name of Facility: Santa Clara County Juvenile Hall

Facility Type: Juvenile

Date Interim Report Submitted: 10/12/2019

Date Final Report Submitted: 02/27/2020

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Michelle Mandery Baldwin | Date of Signature: 02/27/2020 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------------|
| Auditor name: | Mandery-Baldwin, Michelle |
| Address: | |
| Email: | mbaldwinprea@aol.com |
| Telephone number: | |
| Start Date of On-Site Audit: | 08/26/2019 |
| End Date of On-Site Audit: | 08/28/2019 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Santa Clara County Juvenile Hall |
| Facility physical address: | 840 Guadalupe Parkway, San Jose, California - 95110 |
| Facility Phone | 408-278-5820 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|-----------------------------|
| Name: | Robert Young |
| Email Address: | Robert.Young@pro.sccgov.org |
| Telephone Number: | 408-278-5854 |

| Superintendent/Director/Administrator | |
|---------------------------------------|------------------------------|
| Name: | Nick Birchard |
| Email Address: | Nick.Birchard@pro.sccgov.org |
| Telephone Number: | 408-278-5927 |

| Facility PREA Compliance Manager | |
|----------------------------------|----------------------------|
| Name: | |
| Email Address: | |
| Telephone Number: | |
| Name: | Sean Rooney |
| Email Address: | SEAN.ROONEY@PRO.SCCGOV.ORG |
| Telephone Number: | M: 4082785853 |

| Facility Health Service Administrator On-Site | |
|--|------------------------------|
| Name: | Chia-Chen Lee |
| Email Address: | chia-chen.lee@hhs.sccgov.org |
| Telephone Number: | 408-299-4841 |

| Facility Characteristics | |
|--|-------|
| Designed facility capacity: | 390 |
| Current population of facility: | 139 |
| Average daily population for the past 12 months: | |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | |
| Age range of population: | 13-21 |
| Facility security levels/resident custody levels: | |
| Number of staff currently employed at the facility who may have contact with residents: | 259 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | |

| AGENCY INFORMATION | |
|--|---|
| Name of agency: | Santa Clara County Probation Department |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 840 Guadalupe Parkway, San Jose, California - 95110 |
| Mailing Address: | |
| Telephone number: | 4082785854 |

| Agency Chief Executive Officer Information: | |
|--|-----------------------------|
| Name: | Laura Garnet |
| Email Address: | Laura.Garnet@pro.sccgov.org |
| Telephone Number: | 4084352000 |

| Agency-Wide PREA Coordinator Information | | | |
|---|--------------|-----------------------|-----------------------------|
| Name: | Robert Young | Email Address: | Robert.Young@pro.sccgov.org |

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Santa Clara County Probation Department- Juvenile Hall onsite audit for the third audit cycle was conducted on August 26,27,28, 2019. Due to scheduling conflicts during the onsite audit the Agency Wide PREA Coordinator (until April 2019) and two investigators were interviewed on September 18, 2019. The facility was audited in the first and second audit cycle and reached full compliance after a corrective action period. The facility created the audit on the Online Audit System February 5, 2019. The Pre-Audit Questionnaire was submitted May 29, 2019. The auditor made a Pre-Audit Visit at Juvenile Hall on July 30, 2019. Notifications were sent to the facility and posted on July 24, 2019 in English, Spanish, and Vietnamese. Santa Clara County set up a SharePoint account to upload information and documentation the auditor requested during the Pre-Audit, Onsite Audit, Post Audit, and Corrective Action Phases. The auditor reviewed the Prison Rape Elimination Act-PREA Juvenile Hall Policy and Procedures Manual. During the Pre-Audit Phase the auditor requested a copy of Juvenile Hall Policy and Procedures and Administrative Policy and Procedures referenced in the Juvenile Hall PREA Policies and Procedures. The Pre Audit Questionnaire, Juvenile Hall and Administrative Policy and Procedures, and documentation submitted by the facility were reviewed and used to complete the Pre Audit section of the online system Compliance Tool.

The auditor sent the facility a list of documentation to be reviewed as part of the onsite audit. A schedule was sent and a list of upper management interviews to be scheduled by the Quality Assurance Supervisor for day two and day three of the audit. The auditor requested the facility provide all information needed to select random staff and resident interviews on August 23, 2019. The auditor created random sample and specialized interview lists using the Security Staff Schedule (including name, position/title, shift, housing unit, or post. Complete resident roster based on August 23, 2019 population including age, race, and housing unit, list of residents with physical or cognitive disabilities, blind or visual impairments, deaf or hard of hearing, speech impairments, or limited English proficiency, residents who have reported sexual abuse and their role (victim, alleged perpetrator, witness, & substantiated, substantiated, or unfounded, residents who reported sexual victimization during the risk screening, youth identifying as LGBTI were used to create random and targeted interview lists. The auditor received the list of volunteers and contractors at the facility during the onsite visit including dates and times, and list of security staff hired during the audit period. The auditor selected staff and resident interviews before arriving at the facility on August 26.

The auditor arrived at the facility and met with two Quality Assurance Supervising Group Counselors who were in charge of the PREA Audit for the facility. The audit schedule was discussed and the times of upper management interviews set up in advance. The random and targeted resident interview list was given to staff to coordinate interviews.

The auditor toured the facility with the two Quality Assurance staff members. During the tour the auditor asked questions that were answered by various staff members and residents. Staff members explained

policy and procedures and demonstrated procedures used when the auditor had a question such as how showers are done. The auditor noted the daytime 1:8 ratios was met in all of the units and classroom during the onsite visit. Staff announced when entering an opposite gender unit. PREA Signage was posted throughout the facility including the lobby and visiting area.

Day one consisted of the facility tour, random, and targeted resident interviews. A total of 20 random and targeted residents were interviewed 18 on 8/26/ and 2 residents on 8/28. Interviews included every housing unit, various ages, and races. A total of 5 females and 15 males were interviewed by the auditor. Targeted interviews conducted included residents with cognitive disabilities, resident who identify as lesbian, gay, or bisexual, residents who reported sexual victimization during risk screening, and a resident who used the red phone. During the onsite audit there were no blind, deaf or hard of hearing, residents who identify as transgender or intersex, residents in isolation, or who reported sexual abuse. On day one of the audit the population was 116 including 20 females and 96 males.

On day two of the audit 15 randomly selected security staff were interviewed including all shifts, posts, and units. All security staff are first responders. The following specialized staff were interviewed: intake staff/isolation, nurse manager, Documentation was reviewed and requested to be uploaded into SharePoint for the auditor.

On day three of the audit two residents were interviewed, agency and facility leadership staff and specialized staff interviews were conducted including: Agency Wide PREA Coordinator, PREA Compliance Manager/Superintendent (current as of April 2019), Deputy Chief Probation Officer, staff monitoring retaliation, education staff, behavioral health supervisor, intermediate or high level staff who conduct rounds, volunteer and contract staff, and community based organization rape crisis advocate and PREA workshop leader for youth. The Human Resource Program Manager II was interviewed at the Human Resource office and employee personnel/background files were reviewed. Documentation reviewed and uploaded into SharePoint as requested by auditor. Due to scheduling conflicts during the three day onsite audit on September 28, 2019 2 investigators were interviewed at the Internal Affairs Office and the Agency Wide PREA Coordinator-Juvenile Hall (until April 2019). The auditor reviewed Internal Affairs investigation files while at Internal Affairs.

Documentation reviewed included PREA education training records for staff, CBO, Volunteers, PREA training slides for 2 year refresher course and CBO trainings, PREA 8 hour training curriculum, investigative reports, incident reports, incident review meeting notes, risk screening assessment tool and screen procedures, risk screening, Santa Clara Valley Medical Center SART Team, agency staffing plan, personnel files including background check files, required employment paperwork and hiring practices, Juvenile Hall Judicial Inspection Report Juvenile Hall Inspection Report Juvenile Justice Commission. Documentation review is included in the report as required by the PREA Standards.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

"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".

Juvenile Hall was constructed in 1958 and has a capacity of holding 390 residents. During day one of the onsite audit the population was 116 including 97 males and 19 female residents. The facility is located in downtown San Jose. There are currently six units out of the possible 13 units being used at Juvenile Hall. The majority of the residents are housed in the Beta Wing. New cameras and video system are being installed throughout the facility and in the living units and installation is expected to be completed November 2019. The control room is also being updated with new equipment. The current system was improved in 1998 and 2005. 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 during the last PREA Audit completed October 8, 2018. Several blind spots were identified during the facility's first PREA Audit and corrected with the installation of mirrors and staff coverage placement. Details are outlined in the PREA Auditor final report dated January 6, 2017 which can be reviewed on the agency website.

Upon arriving at Juvenile Hall youth participate in a thorough assessment and orientation process. PREA education and risk assessment is part of the orientation process. The residents receive one-on-one orientation and education on their rights to be free from sexual abuse/sexual harassment and on grievance procedures and the various ways to make a report. Medical, mental health, education, 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 in order to meet their programming needs and appropriate referrals are made to community-based organizations. The comprehensive assessment is used to develop an individualized case plan for the resident. There are a variety of community-based organizations utilized by the facility. These include recovery resources, counseling, PREA Workshops, anger management, after-care services, legal services, Planned Parenthood, education, yoga, mentoring and leadership programs, and religious services.

LOBBY AND VISITING AREA

Visitors, employees, CBO' and Volunteers enter Juvenile Hall through a door that goes into the visiting lobby. There is a sitting area and security station with a metal used by the Sheriff's Department during visiting hours. The entrance is straight past the security station. The lobby has PREA signage in the visiting area including Zero tolerance posters, how to report information, and PREA pamphlet on the Zero Tolerance Policy & Sexual Abuse Reporting in English, Spanish, and Vietnamese. Included in the information is the Rape Crisis phone number and the agency website information for the Third Party Reporting Form. When walking in to the visiting lobby to the right is a window where visitors check in before entering through two

locked doors. PREA Signage is also located by the window where visitors check in. There is a TV monitor mounted that runs in a continuous loop and displays PREA information on zero tolerance and how to report.

INTAKE AREA/POLICE ADMISSIONS DESK BOYS AND GIRLS RECEIVING

The Intake area is a large room with a desk area on one side that runs the length of the room. There are two staff members on one end of the desk who monitor who is allowed to enter Juvenile Hall through the visitor lobby. Only CBO's and Volunteers who are up to date on their PREA Education and have fingerprint clearance are allowed into the facility. The police entrance is at the opposite end of the room when youth enter into the intake area. On the other side of the room from the desk there are two doors leading to the boys and girls receiving area. When entering into girls receiving the staff desk is on the right. There is a private area for showering and changing clothes on the left. There are always two female staff present when the youth is searched, showering and changing into facility clothing. Along the wall are lockers where the residents' personal items and clothes are stored. The staff showed the auditor how the initial PREA Education is done including the youth and staff signing the Acknowledgement form documenting the youth was given the information and understood it. Next the auditor toured boys receiving which also has a staff desk to the right with a bathroom behind it for showering and changing clothes. There were two male staff members sitting at the desk who explained the intake process to the auditor. There are lockers by the bathrooms and also across the room along the wall used for storing youth belongings. In the back of boys receiving there is a hallway with isolation cells. Intake staff said they have not been used during the audit period for a PREA incident. Intake staff said that they are available to respond if there is an incident in the facility requiring extra staff support. No youth were present in either of the intake areas during the onsite tour. No blind spots were noted by the auditor.

HALLWAY FROM RECEIVING AREA

Leaving the intake area through a hallway by police admissions there are interview rooms on the right used for professional visit such as court staff or attorneys. The interview rooms have windows in the doors and are kept locked when not in use. On the opposite wall there are offices used by Juvenile Hall Probation Officers. At the end of the short hallway is the control room that has windows allowing for open viewing on three sides.

CONTROL DESK

The control desk has two security staff and a Supervising Group Counselor. The control room has monitors where the staff make observations and determine resident movement in the facility for safety. They are in charge of opening locked doors for youth, CBO's or other visitors. Staff members have keys to get in and out of the living units. The control room will be updated as part of the new security video system.

BETA WING FIRST FLOOR

Beta wing is a long hallway with living units on each side. The hallway has cameras and movement is monitored by the control desk staff. Upon entering the units there is a hallway with interview/office rooms on the left and classrooms on the right.

B-1 SECURITY UNIT (ages 15-16 1/2)- Population on day one of audit- 25

*The staff desk is in a central location and allows for viewing of the living area, hallway with classrooms and offices, and hallway for shower area. Behind the desk is a closet with supplies that stays open as it is routinely accessed by the Security staff on duty. A mirror has been placed across from the closet allowing staff to see in the closet correcting the blind spot. During the onsite tour the auditor noticed that the

mirror is out of position for viewing requirement corrective action.

*Past the staff desk is the shower area. The showers have doors providing privacy. The shower procedure was explained to the auditor during the facility tour and random resident and staff interviews.

*A mirror was installed during the first PREA Audit so staff can see down hallway to the closet at the end of the hallway. The closet remains locked.

*The living unit has a courtyard along the back wall and is used by the residents for outdoor activities. The area has a camera and a large window for supervising. A staff member stands in the doorway supervising when the courtyard is in use.

* Resident's rooms are located along one wall of the common area on two levels. The rooms are on the opposite wall from the classroom. The rooms are visible from the staff desk and the common area. The doors have windows and are locked when residents are out of their rooms and locked when they are in their rooms. Most rooms house two youth unless they are placed on no roommate status (NR) during the PREA Risk Screening or due to other concerns.

*PREA Signage including Zero tolerance of sexual abuse and sexual harassment are posted in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment poster with information on the Red Phone. PREA Flyers are available and a grievance box is in the unit which is locked and only checked by the unit supervisor. There is a locked box an sick call forms for youth to make a request to go to the medical clinic. There are request forms for seeing their attorney. The unit has a telephone for residents to make phone call.

B3 SECURITY UNIT (ages 16 1/2-19) Population 21

*The staff desk is at the end of the hallway when entering the unit and is located in the central living area. Behind the desk is a closet that stays open for easy access by the security staff on duty. A mirror has been installed across from the closet allowing staff in the living area to see into the closet correcting the blind spot. The mirror does not stay in the correct position and requires corrective action.

*Pass the staff desk is the shower area and provides for privacy when residents are showering.

*A mirror was installed during the first PREA audit so staff can see the hallway pass the showers which as a closet at the end. The closet remains closed and locked.

* The courtyard is located in the corner of the back wall between the classroom and the residents rooms off of the central living area. There is a small window, camera, and a mirror that was added for supervising. A staff member is required to be in the doorway when the residents are using the area for outdoor activities.

*Resident's rooms are located along one wall of the common living area on two levels and the classrooms are on the opposite wall. The rooms are visible from the staff desk and common area. The doors have windows for viewing and remain locked when residents are in or out of their rooms. Two residents are each room unless they are placed on a no roommate status (NR) during the risk screening or due to other concerns.

PREA Signage including zero tolerance of sexual abuse and sexual harassment poster are posted in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment posters are in the unit. PREA flyers which includes how to report are available for the residents. A grievance box is in the unit which is locked and only checked by the unit supervisor. There is a locked box an sick call forms for youth to make a request to go to the medical clinic. There are request forms for seeing their attorney. The unit has a telephone for residents to make phone call.

B4 MENTAL HEALTH UNIT- Population-10

B4 has the same floor plan as B3.

*The staff desk is at the end of the hallway when entering the unit and is located in the central living area. Behind the desk is a closet that stays open for easy access by the security staff on duty. A mirror has

been installed across from the closet allowing staff in the living area to see into the closet correcting the blind spot. The mirror does not stay in the correct position and requires corrective action.

*Pass the staff desk is the shower area and provides for privacy when residents are showering.

*A mirror was installed during the first PREA audit so staff can see the hallway pass the showers which as a closet at the end. The closet remains closed and locked.

* The courtyard is located in the corner of the back wall between the classroom and the residents rooms off of the central living area. There is a small window, camera, and a mirror that was added for supervising. A staff member is required to be in the doorway when the residents are using the area for outdoor activities.

*Resident's rooms are located along one wall of the common living area on two levels and the classrooms are on the opposite wall. The rooms are visible from he staff desk and common area. The doors have windows for viewing and remain locked when residents are in or out of their rooms. Two residents are each room unless they are placed on a o roommate status (NR) during the risk screening or due to other concerns.

PREA Signage including zero tolerance of sexual abuse and sexual harassment poster are poste in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment posters are in the unit. PREA flyers which includes how to report are available for the residents. A grievance box is in the unit which is locked and only checked by the unit supervisor. There is a locked box an sick call forms for youth to make a request to go to the medical clinic. There are request forms for seeing their attorney. The unit has a telephone for residents to make phone call.

During the onsite audit staff told the auditor that they use a lot of verbal redirecting and counseling on the unit. Residents can be placed on NR status or one on one with a staff member if they are having a difficult time functioning in the program. Direct supervision and progressive discipline is used to manage difficult behaviors. The mental health unit typically has a higher staff to youth ratio. The PREA Compliance Manager/Superintendent told the auditor that this unit usually as three staff regardless of the population count.

B4 MENTAL HEALTH UNIT- Population-10

B4 has the same floor plan as B3.

*The staff desk is at the end of the hallway when entering the unit and is located in the central living area. Behind the desk is a closet that stays open for easy access by the security staff on duty. A mirror has been installed across from the closet allowing staff in the living area to see into the closet correcting the blind spot. The mirror does not stay in the correct position and requires corrective action.

*Pass the staff desk is the shower area and provides for privacy when residents are showering.

*A mirror was installed during the first PREA audit so staff can see the hallway pass the showers which as a closet at the end. The closet remains closed and locked.

* The courtyard is located along the back wall of the central living area and is used by residents for outdoor activity. This area is monitored with a camera and has a large window for viewing. A staff member is required to be in the doorway when the residents are using the area.

*Resident's rooms are located along one wall of the common living area on two levels and the classrooms are on the opposite wall. The rooms are visible from he staff desk and common area. The doors have windows for viewing and remain locked when residents are in or out of their rooms. Two residents are each room unless they are placed on a o roommate status (NR) during the risk screening or due to other concerns.

PREA Signage including zero tolerance of sexual abuse and sexual harassment poster are poste in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment posters are in the unit. PREA flyers which includes how to report are available for the residents. A grievance box is in the unit which is locked and only checked by the unit supervisor. There is a locked box an sick call forms for

youth to make a request to go to the medical clinic. There are request forms for seeing their attorney. The unit has a telephone for residents to make phone call.

During the onsite audit staff told the auditor that they use a lot of verbal redirecting and counseling on the unit. Residents can be placed on NR status or one on one with a staff member if they are having a difficult time functioning in the program. Direct supervision and progressive discipline is used to manage difficult behaviors. The mental health unit typically has a higher staff to youth ratio. The PREA Compliance Manager/Superintendent told the auditor that this unit usually has three staff regardless of the population count.

Beta Wing Second Floor

B5 MALE GENERAL POPULATION UNIT (12-15 years old)- population 11

*The staff desk is at the end of the hallway when entering the unit and is located in the central living area. Behind the desk is a closet that stays open for easy access by the security staff on duty. A mirror has been installed across from the closet allowing staff in the living area to see into the closet correcting the blind spot. The mirror does not stay in the correct position and requires corrective action.

*Pass the staff desk is the shower area and provides for privacy when residents are showering.

*A mirror was installed during the first PREA audit so staff can see the hallway pass the showers which as a closet at the end. The closet remains closed and locked.

* The courtyard is located in the corner of the back wall between the classroom and the residents rooms off of the central living area. There is a small window, camera, and a mirror that was added for supervising. A staff member is required to be in the doorway when the residents are using the area for outdoor activities.

*Resident's rooms are located along one wall of the common living area on two levels and the classrooms are on the opposite wall. The rooms are visible from the staff desk and common area. The doors have windows for viewing and remain locked when residents are in or out of their rooms. Two residents are each room unless they are placed on a roommate status (NR) during the risk screening or due to other concerns.

PREA Signage including zero tolerance of sexual abuse and sexual harassment poster are posted in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment posters are in the unit. PREA flyers which includes how to report are available for the residents. A grievance box is in the unit which is locked and only checked by the unit supervisor. There is a locked box for sick call forms for youth to make a request to go to the medical clinic. There are request forms for seeing their attorney. The unit has a telephone for residents to make phone call.

B7 GENERAL POPULATION UNIT-(16-18 year old) - Population 25

*The staff desk is located at the end of the hallway leading into the living unit. It is in a central location and the living area, shower area, and hallway can be seen from the desk. Behind the desk is a closet that stays open as it is routinely accessed by security staff on duty. A mirror has been placed across from the closet allowing staff to see in the closet behind the staff desk from the living area. The mirror does not stay in place for proper viewing and requires corrective action.

*The shower area is beyond the staff desk and allows for privacy when the residents are showering.

*A mirror was installed during the first PREA audit upstairs and downstairs allowing the staff to see down the hallway where there is a closet. The closet is locked.

* The courtyard is located along the back wall of the central living area and is used by residents for outdoor activity. This area is monitored with a camera and has a large window for viewing. A staff member is required to be in the doorway when the residents are using the area.

*Resident's rooms are located along one wall of the common living area on two levels and the

classrooms are on the opposite wall. The rooms are visible from the staff desk and common area. The doors have windows for viewing and remain locked when residents are in or out of their rooms. Two residents are each room unless they are placed on a roommate status (NR) during the risk screening or due to other concerns.

PREA Signage including zero tolerance of sexual abuse and sexual harassment posters are posted in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment posters are in the unit. PREA flyers which includes how to report are available for the residents. A grievance box is in the unit which is locked and only checked by the unit supervisor. There is a locked box and sick call forms for youth to make a request to go to the medical clinic. There are request forms for seeing their attorney. The unit has a telephone for residents to make phone call.

During the onsite audit staff told the auditor that they use a lot of verbal redirecting and counseling on the unit. Residents can be placed on NR status or one on one with a staff member if they are having a difficult time functioning in the program. Direct supervision and progressive discipline is used to manage difficult behaviors. The mental health unit typically has a higher staff to youth ratio. The PREA Compliance Manager/Superintendent told the auditor that this unit usually has three staff regardless of the population count.

Beta Wing Second Floor

B5 MALE GENERAL POPULATION UNIT (12-15 years old)- Population 11

*The staff desk is at the end of the hallway when entering the unit and is located in the central living area. Behind the desk is a closet that stays open for easy access by the security staff on duty. A mirror has been installed across from the closet allowing staff in the living area to see into the closet correcting the blind spot. The mirror does not stay in the correct position and requires corrective action.

*Pass the staff desk is the shower area and provides for privacy when residents are showering.

*A mirror was installed during the first PREA audit so staff can see the hallway pass the showers which as a closet at the end. The closet remains closed and locked.

* The courtyard is located in the corner of the back wall between the classroom and the residents rooms off of the central living area. There is a small window, camera, and a mirror that was added for supervising. A staff member is required to be in the doorway when the residents are using the area for outdoor activities.

*Resident's rooms are located along one wall of the common living area on two levels and the classrooms are on the opposite wall. The rooms are visible from the staff desk and common area. The doors have windows for viewing and remain locked when residents are in or out of their rooms. Two residents are each room unless they are placed on a roommate status (NR) during the risk screening or due to other concerns.

*PREA Signage including zero tolerance of sexual abuse and sexual harassment posters are posted in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment posters are in the unit. PREA flyers which includes how to report are available for the residents. A grievance box is in the unit which is locked and only checked by the unit supervisor. There is a locked box and sick call forms for youth to make a request to go to the medical clinic. There are request forms for seeing their attorney. The unit has a telephone for residents to make phone call.

G1 FEMALE UNIT- Population 19

*Same floor plan as B5.

*PREA Signage including zero tolerance of sexual abuse and sexual harassment posters are posted in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment posters are in the unit. PREA flyers which includes how to report are available for the residents. A grievance box is in the

unit which is locked and only checked by the unit supervisor. There is a locked box an sick call forms for youth to make a request to go to the medical clinic. There are request forms for seeing their attorney. The unit has a telephone for residents to make phone call.

A2 MALE POPULATION (18-21 year olds)- Population 2

* When you walk into the unit there is a phone that residents can use.

*The desk is on the wall to the left and has a closet to the right. A half dome security mirror was installed during the last PREA audit to correct a blind spot at the back of the oblong closet.

*Next to the closet there are two offices and a mirror was installed in each office during the last PREA audit to correct a blind spot in the left corner. The blinds were removed from the windows for open viewing.

* At the end of the room is a large classroom with windows for viewing and a large half-dome mirror along the back wall which is visible from the common area in the unit.

* In the large common area there is a camera and no blind spots.

*PREA Signage including zero tolerance of sexual abuse and sexual harassment poster are poste in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment posters are in the unit. PREA flyers which includes how to report are available for the residents. A grievance box is in the unit which is locked and only checked by the unit supervisor. There is a locked box an sick call forms for youth to make a request to go to the medical clinic. There are request forms for seeing their attorney.

*Resident rooms are located in an L shape on the wall across from the staff desk and the wall to the right when entering the unit. The first floor rooms are below floor level of the common living area. It is an open floor plan with on blind spots upstairs.

*The courtyard for outside activities has a camera and large windows for open viewing.

*The showers are located between some of the resident's rooms and the bathroom is separate except for a couple of the cells have toilets. The showers and bathrooms allow for privacy.

A3 FEMALE POULATION(ages 18-21 years old) Population 0

* When you walk into the unit there is a phone that residents can use.

*The desk is on the wall to the left and has a closet to the right. A half dome security mirror was installed during the last PREA audit to correct a blind spot at the back of the oblong closet.

*Next to the closet there are two offices and a mirror was installed in each office during the last PREA audit to correct a blind spot in the left corner. The blinds were removed from the windows for open viewing.

* At the end of the room is a large classroom with windows for viewing and a large half-dome mirror along the back wall which is visible from the common area in the unit.

* In the large common area there is a camera and no blind spots.

*PREA Signage including zero tolerance of sexual abuse and sexual harassment poster are poste in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment posters are in the unit. PREA flyers which includes how to report are available for the residents. A grievance box is in the unit which is locked and only checked by the unit supervisor. There is a locked box an sick call forms for youth to make a request to go to the medical clinic. There are request forms for seeing their attorney.

*Resident rooms are located in an L shape on the wall across from the staff desk and the wall to the right when entering the unit. The first floor rooms are below floor level of the common living area. It is an open floor plan with on blind spots upstairs.

*The courtyard for outside activities has a camera and large windows for open viewing.

*The showers are located between some of the resident's rooms and the bathroom is separate except for a couple of the cells have toilets. The showers and bathrooms allow for privacy.

ASSESSMENT ROOM A4

*The room has a staff desk where a staff from the County of Education Office sits. There are computers along the side wall where residents take educational assessment tests.

*There is a camera in the room and there are no blind spots. During the last PREA audit two filing cabinets were placed in the right back corner correcting the blind spot. During the facility tour the auditor noted the filing cabinets are still in place.

*The door is open when residents are in the room for testing allowing for viewing and staff member can hear in the event of an emergency.

*The control room monitors A4

MEDICAL CLINIC

*When entering the clinic there is a large room with chairs for sitting a large desk area. 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 is a medical work station where the binders are kept documenting PREA Education for the interns from Sanford University Medical School. The red phone is in a room with a window with easy viewing but allows for the phone call to be confidential. Medical files are kept private and are for medical staff use only.

BEHAVIORAL HEALTH OFFICES

* The behavioral health offices are located upstairs where youth are not allowed. The behavioral health counselors see the youth in a private room in the living units.

MULTI AGENCY ASSESSMENT CENTER

*The Multi Agency Assessment Center (MAAC) center is made up of offices and a conference room. The Quality Assurance Office is next door and connected by a hallway. Residents are allowed in this area for PREA Risk Assessment or when attending a meeting in the conference room.

* There are no blind spots in the office where PREA Screenings are done due to the placement of a mirror which makes the inside of the office visible from the hallway for added security. The Agency Wide PREA Coordinator requires the screening staff to only do assessments in this area when other staff members are in adjacent offices. Screenings are done in the unit interview rooms when there are no other staff members working in the MAAC offices.

LEARNING LOUNGE

* The learning lounge has books for the residents to read and they view as a unit. There are always two staff members when residents are in the learning lounge.

* There is a closet with supplies that remains locked.

* The learning lounge is one open room with no blind spots and has a camera monitored by staff at the control desk.

* During the facility tour the auditor noted PREA Signage in the Learning Lounge.

GIRLS MAAC ASSESSMENT OFFICE

* There is a round table in the room when you walk in where assessments are done. On each side of the room there are partition that create blind spots. A mirror needs to be installed at each end of the room to correct the blind spots. There is a window by the door that allows for viewing from the hallway. The window has paper covering it and needs to be removed to open up viewing from the hallway.

P.E. FIELD

*The PE field is a large open area between the main building and the gymnasium. There are two wide

angel rotating cameras that pan in and out for viewing. The PE field area is surrounded by fencing.

GYMNASIUM

* The gymnasium consists of a large room with basketball courts and a weight room. When entering the gym the weight lifting and exercise equipment area is on the right and has a mirror for open viewing. On the left is a staff desk that has a bathroom behind it. There is a mirror that shows the area behind the desk and bathroom entrance. Residents are not allowed to use this bathroom. There is a camera at the far end of the room in the corner that has an open view of the gym. The mirrors were installed during the first PREA audit to correct blind spots.

KITCHEN AND CAFE

* The area consists of one large room with tables for eating. The kitchen is at the front end of the room and has a long counter area where kitchen staff serve the food.

* Residents are not allowed in the kitchen area. During the onsite tour staff explained the policy and procedures used when residents are getting their food and eating in the cafeteria.

* Residents enter the cafeteria area and line up along the wall on the right. Once they receive their food at the counter they go to the table to eat. Staff reported that it is a very controlled situation due to the number of residents in the room.

* PREA signage is posted on the wall where the residents line up and wait to get their food.

* When entering the cafeteria on the left side there is a door that goes into the kitchen staff area which includes an office, bathroom and break room. Residents are not allowed in this area and a security staff stands in front of the door when residents are using the cafeteria.

STAIRWAYS

* All stairways have cameras and mirrors for monitoring

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

| | |
|--------------------------------------|----|
| Number of standards exceeded: | 6 |
| Number of standards met: | 37 |
| Number of standards not met: | 0 |

The following five standards that were not met required a corrective action plan that was completed by the facility as outlined in the report.

PREVENTION PLANNING

115.311- Zero tolerance of sexual abuse and sexual harassment

CORRECTIVE ACTION

The agency must have one Agency Wide PREA Coordinator over seeing both of the facilities. In order to determine compliance the auditor will look at the facilities organization chart, job duties of position, and interview the Agency Wide PREA Coordinator to determine if an upper-level agency wide PREA coordinator has sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards in both facilities. The Agency Wide PREA Coordinator should work in conjunction with the two PREA Compliance Mangers when implementing or making changes to PREA Policy and/or procedures.

The standard requires an Agency Wide PREA Coordinator who has the time, authority and resources to oversee the design and implementation of the agency's PREA program for all juvenile facilities under the agency umbrella. Agencies operating multiple facilities must have a designated PREA Compliance Manger in each facility to work collaboratively with the Agency Wide PREA Coordinator who has time, authority and resources to implement, oversee and sustain the agency's PREA compliance.

The auditor will work with the facility to make the corrections necessary to meet Standard 115.311. The auditor will make a corrective action visit in January 2020

SCC-Juvenile Hall does not meet Standard 115.311

CORRECTIVE ACTION MUST BE COMPLETED BY April 10, 2020

CORRECTIVE ACTION COMPLETED

During the Corrective Action Period the Auditor consulted with the PREA Coordinator and Quality Systems Supervisor at Juvenile Hall to implement changes required for compliance with Standard 115.311. A corrective action review visit at Santa Clara County Juvenile Hall was conducted on February

4, 2020 by the Auditor. The PREA Coordinator position is once again filled by the Program Manager who has had the position during the last three audits. The Auditor interviewed the PREA Coordinator during the on site corrective action visit. The Manager reported to the Auditor that he spends about twenty percent of his time at Juvenile Hall and the remainder at William James Ranch. The Agency Wide PREA Coordinator is an upper-level manager who has sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA Standards in both facilities. The Agency Wide PREA Coordinator works in conjunction with the PREA Compliance Manger at Juvenile Hall and James Ranch when implementing or making changes to PREA Policy and/or procedures. The PREA Coordinator also works closely with the Quality Systems Supervisor at Juvenile Hall and James Ranch to develop, implement, and oversee the agency efforts to comply with the PREA Standards. When interviewing the Juvenile Hall PREA Compliance Manager during the onsite visit it was reported to the Auditor that he works with the PREA Coordinator and Quality Systems Supervisor when developing, implementing, and overseeing the facilities efforts to comply with the PREA Standards on an ongoing basis.

Santa Clara County Juvenile Hall has completed the required corrective action and meets all provisions of Standard 115.311.

SCC-Juvenile Hall Meets Standard 115.311

115.313-- Supervision and monitoring

CORRECTIVE ACTION

(a) Brackets that hold the mirrors in the living units behind the staff desk need to be replaced or repaired so they hold the mirrors in the correct position to correct the closet blind spot.

In the Girls Multi- Agency Assessment Center- one mirror needs to be installed on the wall to the right and one on the wall to the left as you walk into the room from the hallway. The papers on the window by the entrance door are blocking the view into the Assessment office. A corrective action visit will be made January 2020.

SCC-Juvenile Hall does not meet Standard 115.313

CORRECTIVE ACTION MUST BE COMPLETED BY April 10, 2020

CORRECTIVE ACTION COMPLETED

During the Corrective Action Period the Auditor consulted with the Quality Systems Supervisor at Juvenile Hall to implement changes required for compliance with Standard 115.313. A corrective action review visit at Santa Clara County Juvenile Hall was conducted on February 4, 2020 by the Auditor. During the onsite corrective action visit the auditor toured the living units with the Quality Systems Supervisor and Maintenance Supervisor to inspect the mirrors behind the staff to see if they correct the blind spot in the closet. All of the mirrors were in the correct position except for B-1, B-4, and B-7. The Auditor requested pictures once the mirror positions were corrected as required by the Corrective Action Plan. On February 21, 2020 the Quality Systems Supervisor emailed pictures of the mirrors in the correct position in housing units B-1,B-4, and B-7.

Classroom 2A is no longer in use as the Girls Multi- Agency Assessment Center. The girls unit G-1 is now located upstairs and the assessments are done on the unit in the interview rooms. The Auditor toured G-1 and Classroom 2A during the onsite corrective action visit on February 4, 2020. The papers on the

window by the door leading into 2A have been removed. The partition walls on each side of the room have been lowered correcting the blind spot. Mirrors are no longer required as the blind spots have been corrected by lowering the partition walls. The room is now monitored with the new audio and video surveillance system.

The new surveillance system went live 5 days before the corrective action onsite visit. The area behind the staff desk including the door going into the closet is monitored using the new audio and video surveillance system. Classroom 2A is no longer used as the Girls Multi- Assessment Center. The blind spots have been corrected and the room is monitored by the control room staff using the new surveillance system. The auditor was shown the new monitors in the control that are part of the new surveillance system installed throughout the facility.

All of the mirrors in the housing units at Santa Clara County Juvenile Hall are in the correct position to correct the blind spot in the closet behind the staff desk. The new camera system shows the staff desk area and has video and audio recording capability. Santa Clara County Juvenile Hall is compliant with all provisions of Standard 115.313.

SCC- Juvenile Hall Meets Standard 115.313

TRAINING AND EDUCATION

115.333- Resident education

CORRECTIVE ACTION: The facility is required to show the PREA Educational Video to all of the resident's within 10 days of intake. It is recommended each unit have a supervisor who is responsible for making sure the PREA education is given within 10 days and documented. The facility and auditor will work together to determine the most efficient way for the facility to comply with Standard 115.333(b). The auditor will randomly sample ten youth who were admitted to Juvenile Hall during the corrective action period to ensure they received the PREA Education within 10 days of intake and it is documented in the JACP system on the youths' cover sheet. If some of the residents do not have documentation of watching the video within 10 days of being admitted further documentation will be reviewed to make a determination. The auditor will make a corrective action visit in January 2020

SCC- Juvenile Hall Does Not Meet Standard 115.333

CORRECTIVE ACTION MUST BE COMPLETED BY April 10, 2020

CORRECTIVE ACTION COMPLETED

During the Corrective Action Period the Auditor consulted with the PREA Coordinator and Quality Systems Supervisor at Juvenile Hall to implement changes required for compliance with Standard 115.333(b). A corrective action review visit at Santa Clara County Juvenile Hall was conducted on February 4, 2020 by the Auditor. The Auditor reviewed the Juvenile Assessment Case Plan (JACP) for ten residents admitted during the corrective action period. All ten youth had documentation of watching the educational video within 10 days of placement. The majority of those reviewed watched the video within the first few days.

During the corrective action visit the Auditor met with Quality Systems staff and supervisor who explained the new procedures in place for showing the PREA Video within ten days and documentation. The Auditor received a copy of the new Juvenile Hall Youth Orientation packet which has a section on PREA

information for residents. A copy of the signature page acknowledging residents understand the orientation was provided to the Auditor. The Santa Clara County Juvenile Hall Orientation Contract form was reviewed by the Auditor. PREA/red phone is included on the form which tracks the many different services and orientations residents receive as part of the intake process. The form includes the youth and orientation counselor signature, date of admittance, and date orientation is completed. The new procedure for resident PREA Education includes the video being viewed with the MAAC Assessment Counselor. The Quality System staff sign off on the form, and the MAAC Supervisor reviews the JACP file to confirm the information has been documented on the Juvenile Assessment Case Plan cover sheet. The PREA Video and PREA Workshop are documented on this form which tracks the other assessments completed as part of the intake process. The JACP tracks assessment completion, Juvenile Hall screening section (including educational, psych history, medical problems/pregnancy, physical abuse, drug abuse, runaway history, history of suicide, hospitalizations, sexual abuse) risk assessment screening information section, and behavioral health screening information section. During the onsite corrective action visit the Auditor met with the MAAC Supervisor who reviews the youths' JACP for PREA Education compliance. 115.333(b)

Santa Clara County- Juvenile Hall meets all provisions of Standard 115.333

SCC-Juvenile Hall Meets Standard 115.333

DATA COLLECTION AND REVIEW

115.386- Sexual abuse incident reports

CORRECTIVE ACTION

An upper-level management official is required to be part of the incident review team; preferably the Agency Wide PREA Coordinator or the PREA Compliance Manager. During the corrective action phase the facility needs to add an upper level management official to the team and they must attend incident review meetings during the corrective action phase. The auditor will review the members of the team and Incident Review Team meeting notes from meetings held during the corrective action phase. A corrective action visit will be made January 2020.

SCC-Juvenile Hall Does Not Meet Standard 115.386

CORRECTIVE ACTION MUST BE COMPLETED BY April 10, 2020

CORRECTIVE ACTION COMPLETED

During the Corrective Action Period the Auditor consulted with the Quality Systems Supervisor at Juvenile Hall to implement changes required for compliance with Standard 115.386. A corrective action review visit at Santa Clara County Juvenile Hall was conducted on February 4, 2020 by the auditor. The incident review team consists of the PREA Compliance Manager, SGC/Quality Systems Supervisor, Behavioral Health Manger and Clinic Staff. The PREA Compliance Manager is an upper management position. The meeting notes from an Incident Review meeting held during the corrective action period was reviewed by the auditor. The incident review team meets Standard 115.386(e).

Santa Clara County Juvenile Hall meets all provisions of Standard 115.386

SCC-Juvenile Hall Meets Standard 115.386

FREQUENCY AND SCOPE OF AUDITS

115.401- Frequency and scope of audit

CORRECTIVE ACTION

(i) Auditor must receive the information uploaded to SharePoint during the onsite audit as soon as possible. The auditor must receive the information during the corrective action phase in order to be compliance with Standard 115.401(i)

CORRECTIVE ACTION DUE BY April 10, 2020.

CORRECTIVE ACTION COMPLETION

The Auditor received information uploaded to SharePoint during the onsite audit.

SCC- Juvenile Hall Meets Standard 115.401

STANDARDS MET AFTER CORRECTIVE ACTION 5

STANDARDS MET

PREVENTION PLANNING

115.312- Contracting with other entities for the confinement of residents

115.315- Limits to cross-gender viewing and searches

115.316- Residents with disabilities and residents who are limited English speaking

115.318- Upgrades to facilities and technologies

RESPONSIVE PLANNING

115.322- Policies to ensure referrals of allegations for investigation

TRAINING AND EDUCATION

115.331- Employee training

115.332- Volunteer and contractor training

115.334- Specialized training: Investigations

115.335- Specialized training: Medical and mental health care

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

115.341- Obtaining information from residents

115.342- Placement of residents

RESIDENT REPORTING

115.351- Resident Reporting

115.352- Exhaustion of administrative remedies

115.354- Third party reporting

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

115.361- Staff and agency reporting duties

115.362- Agency protection duties

115.363_ Reporting to residents

115.364- Staff first responder duties

115.365- Coordinated response

- 115.366- Preservation of ability to protect residents from contact with abusers
- 115.367- Agency protection against retaliation
- 115.368- Interventions and disciplinary sanctions for residents

INVESTIGATIONS

- 115.371- Criminal and administrative agency investigations
- 115.372- Evidentiary standard for administrative investigations
- 115.373- Reporting to residents

DISCIPLINE

- 115.376- Disciplinary sanctions for staff
- 115.377- Corrective action for contractors and volunteers
- 115.378- Interventions and disciplinary sanctions for residents

MEDICAL AND MENTAL HEALTH CARE

- 115.381- Medical and mental health screenings; history of sexual abuse
- 115.382- Access to emergency medical and mental health services

DATA COLLECTION AND REVIEW

- 115.387- Data collection

FREQUENCY AND SCOPE OF AUDITS

- 115.403- Audit contents and findings

STANDARDS MET 32

STANDARDS EXCEEDED

PREVENTION PLANNING

- 115.317- Hiring and promotion decision

RESPONSIVE PLANNING

- 115.321- Evidence protocol and forensic medical examinations

RESIDENT REPORTING

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

MEDICAL AND MENTAL HEALTH CARE

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

DATA COLLECTION AND REVIEW

- 115.388- Data review for corrective action
- 115.389- Data storage, publication, and destruction

STANDARDS EXCEEDED 6

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

| | |
|---------|--|
| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.311(a) Juvenile Hall PREA Policies and Procedures Manual Section 13.01 states Santa Clara County Juvenile Probation Department is committed to providing safe and secure custodial care for juvenile residents. This includes a zero tolerance standard towards all forms of sexual abuse and sexual harassment which includes all sexual activity including consensual sexual contact between residents which is not allowed in the facility. The agency policy includes procedures for preventing, detecting, and responding to sexual abuse and sexual harassment. Policy includes investigating and supports the prosecution of sexual abuse and sexual harassment internally through Santa Clara County Probation Department Internal Affairs and externally in partnership with the Santa Clara County Sheriff's Department. On page 7 section UU of the PREA policy definitions include sexual abuse of a resident by a resident, staff member, contractor, volunteer, intern and official guest or visitor. Zero tolerance policy on sexual abuse, sexual harassment and sexual misconduct complements the existing county wide policy on sexual harassment. Policies reviewed by the auditor includes Administration Policy and Procedures Manual, Part 200, Section 220- code of Ethical Conduct, Juvenile Hall Policy and Procedures Manual, Part 01, Section 1.05- Code of Ethical Conduct, and Part 01, Section 1.06- Staff Conduct.</p> <p>(b) During facility interviews the auditor learned in April of 2019 the previous Agency Wide PREA Coordinator who oversaw both Santa Clara County juvenile facilities is no longer the PREA Coordinator for Juvenile Hall only James Ranch. Currently William James Ranch and Juvenile Hall have individual PREA Coordinators who are upper level management Probation Managers. The agency organizational chart submitted as part of the PAQ identifies one Agency Wide PREA Coordinator who oversees the two facilities. The auditor interviewed the PREA Coordinator at James Ranch who served in the position at both facilities until April, 2019 and also interviewed the current PREA Coordinator of Juvenile Hall. During the interview with the current Juvenile Hall PREA Coordinator it was reported he has time to complete PREA related responsibilities. The Quality Assurance staff members make sure PREA policy and procedures are being followed on a regular basis. The Quality Assurance Probation Supervisor makes sure PREA policy and procedures are being followed and documentation as required by the PREA Standards is being maintained on a regular basis. Juvenile Hall Agency Wide PREA Coordinator stated if an issue is identified we need to see if the policy and PREA Standards are in line and if not rewrite policy and train staff on new policy. The PREA Coordinator said he supports Quality Assurance staff assisting them in anyway they need for the implementation of PREA. The PREA Coordinator is the Probation Manager for the Living Unit at Juvenile Hall and reports directly to the Deputy Chief Probation Officer for Institution's. The agency no longer has an Agency Wide PREA Coordinator who oversees both facilities but two separate PREA Coordinators for the facilities which is not compliant with this standard. Santa Clara County Juvenile Probation needs to have one Agency Wide PREA Coordinator who "oversee the agency efforts to comply with the PREA Standards.</p> <p>(c) The PREA Compliance Manager reports having the time and authority to coordinate the facility's efforts to comply with the PREA Policy and Procedures. The PREA Compliance Manager is responsibility for the day to day operation of PREA Compliance.</p> |

The agencies zero tolerance policy and procedures were reviewed by the auditor. Observations were made during the facility tour and during the onsite audit. Interviews conducted during the onsite audit and observation showed a culture of zero tolerance of sexual abuse and sexual harassment. The residents and staff are knowledgeable on the zero tolerance policy and procedures. The staff members reported having a team approach working together to provide a safe environment for residents and staff.

CORRECTIVE ACTION

The agency must have one Agency Wide PREA Coordinator over seeing both of the facilities. In order to determine compliance the auditor will look at the facilities organization chart, job duties of position, and interview the Agency Wide PREA Coordinator to determine if an upper-level agency wide PREA coordinator has sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards in both facilities. The Agency Wide PREA Coordinator should work in conjunction with the two PREA Compliance Mangers when implementing or making changes to PREA Policy and/or procedures.

The standard requires an Agency Wide PREA Coordinator who has the time, authority and resources to oversee the design and implementation of the agency's PREA program for all juvenile facilities under the agency umbrella. Agencies operating multiple facilities must have a designated PREA Compliance Manger in each facility to work collaboratively with the Agency Wide PREA Coordinator who has time, authority and resources to implement, oversee and sustain the agency's PREA compliance.

The auditor will work with the facility to make the corrections necessary to meet Standard 115.311. The auditor will make a corrective action visit in January 2020

SCC-Juvenile Hall does not meet Standard 115.311

CORRECTIVE ACTION MUST BE COMPLETED BY April 10, 2020

CORRECTIVE ACTION COMPLETED

During the Corrective Action Period the Auditor consulted with the PREA Coordinator and Quality Systems Supervisor at Juvenile Hall to implement changes required for compliance with Standard 115.311. A corrective action review visit at Santa Clara County Juvenile Hall was conducted on February 4, 2020 by the Auditor. The PREA Coordinator position is once again filled by the Program Manager who has had the position during the last three audits. The Auditor interviewed the PREA Coordinator during the on site corrective action visit. The Manager reported to the Auditor that he spends about twenty percent of his time at Juvenile Hall and the remainder at William James Ranch. The Agency Wide PREA Coordinator is an upper-level manager who has sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA Standards in both facilities. The Agency Wide PREA Coordinator works in conjunction with the PREA Compliance Manger at Juvenile Hall and James Ranch when implementing or making changes to PREA Policy and/or procedures. The PREA Coordinator also works closely with the Quality Systems Supervisor at Juvenile Hall and James Ranch to develop, implement, and oversee the agency efforts to

comply with the PREA Standards. When interviewing the Juvenile Hall PREA Compliance Manager during the onsite visit it was reported to the Auditor that he works with the PREA Coordinator and Quality Systems Supervisor when developing, implementing, and overseeing the facilities efforts to comply with the PREA Standards on an ongoing basis.

Santa Clara County Juvenile Hall has completed the required corrective action and meets all provisions of Standard 115.311.

SCC-Juvenile Hall Meets Standard 115.311

| 115.312 | Contracting with other entities for the confinement of residents |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Contracts for the confinement of Santa Clara County probation youth are not utilized for the purpose of housing youth. The foster care system is used to place probation youth into foster homes and residential group homes which house residents from different probation departments and social service agencies. They are not utilized solely by Santa Clara County Probation. Juvenile Hall meets all provisions of standard 115.312.</p> <p>SCC-Juvenile Hall Meets Standard 115.312</p> |

| | |
|---------|---|
| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.313 (a) The auditor reviewed PREA Policy and Procedures Manual Part:13.01 Sections 13.01 V and VI Resident Supervision and Monitoring. Policy states Santa Clara County Probation Department juvenile facilities maintain the safety, well being and accountability for the whereabouts of all youth assigned to its facilities. Each facility provides supervision necessary to protect residents from harm, including sexual abuse. Staff conduct count of the population at various times, including during shift changes. The auditor reviewed Juvenile Hall Polices and Procedures Manual Part 04, Section 4.01, Sub Section II- Guidelines for Supervision of Minors: Juvenile Hall, Section 6.02, Section 6.02- Watch Standards and Supervision Guidelines, Part 10, Section 10.02, Sub section II- Supervision of Minors, Part 09, Section 9.16- Security Staff Juvenile Hall Facility Escapes. The staffing plan includes extra staff each day to ensure required ratios are met. During the interview with the PREA Compliance Manager/ Superintendent it was explained to the auditor PREA drives the staffing assignments for the day and depending on population extra staff are moved around. The staffing plan has not changed with the drop in overall population during the last several years. Each morning the control desk staff reviews the population counts for each of the units and the composition of the resident population is taken into account when the final staffing assignments are made for the day. The mental health unit usually has three staff during waking hours even though the population requires one or two staff depending on the number of residents. Extra staff members are always scheduled for breaks and high risk situations or increased supervision for residents as needed. There are staff available for one on one supervision when there is a need. The extra staff are not assigned to a certain unit but float for shift relief and/or to help out when needed. When staff are assigned to one on one supervision they do a four hour shift and then another staff member takes their place. The facility utilizes triangulation for supervision. Staff position themselves in the unit where they can always see each other. The units and population on the first day of the audit: Girls Unit (G1) population 19, Security Unit (B1) 15-16 1/2 years old population 25, Security Unit (B3) 16 1/2-19 population 21, Behavioral Health Unit (B4) population 11, Male General population (B5) 12-15 year olds, population 12, Male General population (B7) 16-18 year olds, population 25, Young Adult male unit (A2) population 2. The young adult unit is by itself and has separate programing than the rest of the facility. Santa Clara County Juvenile Probation is a Pilot Project Participant for SB 1004, a deferred entry of Judgment program for transitional age youth.</p> <p>Santa Clara County- JH has security staff assigned to boy's receiving, girl's receiving, police admissions, control desk, security staff breaks, clinic, and camera's. On day one of the audit there were 15 security staff with shift relief assignments, two Quality Assurance staff, three MAAC staff, two transportation staff, one police admissions staff, two control desk staff, two boys and one girls receiving staff, and three court waiting room staff members. Receiving staff interviewed stated they respond to any situation within Juvenile Hall that requires extra help. Observations made during the facility tour and during the onsite audit day time staff ratios were met in the living units and the classrooms. The Board of State and Community Corrections (BSCC) inspection dated August 15, 2018 reviewed the schedules and the overall staffing plan and found there are sufficient staff for youth supervision. The BSCC reviewed a</p> |

variety logs reflecting the daily unit counts and interviewed staff, and found no discrepancies to the provided scheduling scheme. In the summary of the report it states that " We are very impressed with the implementation of PREA into your policy and staffing ratio's, allowing for close youth supervision and services. You have dedicated staff to ensure adequate coverage and response to all PREA needs." The scope of the inspection consisted of a review of the Santa Clara County Policy and Procedures Manual, a site-visit to review operation, physical plant and relevant documentation, and interviews with administration, facility staff, youth and agency partners. During the inspection consistency between policy and practice was evaluated. The BSCC found no outstanding issue items of non-compliance The Juvenile Justice Commission (JJC) inspection dated March 2019 included an annual inspection of Santa Clara County Juvenile Hall from November 2018-January 2019. Members of the inspection team conducted interviews with managers, medical services, behavioral health, facilities management, quality assurance, and Osborne School to gain an overview of policies, procedures, and programs. The inspection team also interviewed youth, living unit staff, school staff, and medical personnel. The report state Juvenile Hall has 182 filled positions and nine vacancies. There are nine designated extra help staff with four provisional slots vacant. There were no supervisor or managerial vacancies. During the interview with the PREA Compliance Manager/Superintendent it was reported to the auditor that there were no judicial findings of inadequacy or findings of inadequacy from federal investigative agencies or from internal or external oversight bodies.

Over the past several years the agency has been working towards upgrading the current security system at Juvenile Hall which is outdated and does not have the capacity to record. During the past two audit cycles the documentation and process of this upgrade has been reviewed by the auditor. A security system consultant who is an expert designing correction facility surveillance systems evaluated the needs of Juvenile Hall and designed the system which is now being installed. The Board of Supervisors 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 technology . Funding was secured to upgrade the camera system which records high definition picture and audio. The system begins recording when it detects motion in an area. The upgrade also includes new control panels which will be installed in the current control room. The system is projected to be up and running by the end of December 2019. During the first audit cycle the auditor required the facility to install mirrors and/or use staff coverage to address blind spots. During the facility tour it was noted by the auditor many of the mirrors placed during the first audit cycle were not in the correct position to serve the purpose of correcting identified blind spots. During the facility tour when reviewing the positions of the mirrors staff showed the auditor how some mirror brackets are loose so the mirror does not stay in the correct position while others brackets are so tight they can not be moved to the correct position to correct blind spots. There were two blind spots noted in the Multi-Agency Assessment Center- Girls (MAAC) . A mirror is needed on the wall to the right and to the left to open up the blind spots created by the partitions and an office at one end of the room. The papers on the window by the entrance door are blocking the view into the Assessment office and need to be removed for open viewing

(b)(c)PREA Policy and Procedures Manual Part:13 Sections 13.01 V and VI and Juvenile Hall Policy and Procedures Manual, Part 01, Section 1.08 were reviewed by the auditor. The staffing plan includes extra staff being on duty to ensure required rations are met as outlined

in section 115.313 (a). The facility documented the one deviation from the staffing plan due to a limited and discrete exigent circumstance. The control supervisor contacted the PREA Compliance Manager/Superintendent to inform him that for five hours on December 13, 2018 the staffing would be within the Title 15 requirements (1-10) ratio but not 1 to 8 PREA ratio in two units. The PREA Compliance Manager emailed the PREA Compliance Manager and explained the Control supervisor had called all staff who had made themselves available for overtime, made a facility wide page for any additional staff who might be willing to stay , and no staff replied. There were no Deputy Probation Officers available to help with staffing due to trainings, position changes, and time off requests. After consideration of staffing numbers and discussing with the Acting Manager the PREA Compliance Manager made the call to temporarily suspend PREA staffing levels in two units from 3pm-8pm. This was the only deviation from the PREA staffing ratios during the audit period and it was documented as required by 115.313(b)(c). The documentation was reviewed by the auditor.

(d) Each day the ratios are looked at and the staff schedule is finalized according to the population numbers and components of the resident population needs. Staff are plugged into areas of need from the shift relief assignment. Each year a memorandum is sent to the Control Supervising Group Counselors from the Deputy Chief Probation Officer, PREA Coordinator/Manager, and PREA Compliance Manager/Superintendent outlining the shift by shift totals for security staff for the year. Every year shift change happens on August 12 as outlined to meet the new staffing schedule. The memorandum is broken down by shift, area, and days of the week. in general the total required on all shifts and days ranges from 28-33 for daytime ratios. The number assigned ranges from 41-49. The number required for nighttime ratios is 15 and the number assigned ranges from 20-24. The PREA Compliance Manager/Superintendent stated Santa Clara County always schedules extra staff members that are plugged into areas of the facility depending on youth population and the composition of resident population. The mental health unit is staffed with extra Probation Counselors and extra staff are available for crisis situations including one on one supervision when necessary.

(e) Intermediate or higher level supervisors are required to do two unannounced rounds per shift 24 hours a day. During interviews Security Supervisor staff told the auditor they go unexpectedly to the units changing times and usually more that twice per shift. One Supervisor said they are in and out of the unit during their shift. When they enter the unit staff do not know if they are making an unannounced round or there for another business. During interviews it was reported to the auditor unannounced rounds includes review of the unit log, program log, search log, and security log and they sign each to show they are aware of current status of each unit they visit. One of the supervisors interviewed said if they see an issue they would email the PREA Compliance Manager/Superintendent or Duty Chief, and complete a supervisors report. The supervisor told the auditor depending on the severity they may step in and tell the staff they need to speak to them and take a walk to the supervisors office. Once in the office they would let the staff know they called them in because of what might be a PREA Incident and then contact the Manager on duty by phone. Supervisors also stated they do random safety checks and sign on the safety check sheet. The supervisor checks the safety check sheet to make sure they can read the staff signature, appropriate time frame for checks, and there are not big gaps. If there is a concern during the unannounced round the staff will be pulled out and concerns discussed. Supervisor staff said it may be a learning issue, however, if it happens again they will email the Probation Manager and the staff may be removed.

In the control room there is a sign informing staff of this standard and it's against the PREA Standards to inform staff of unannounced rounds. Supervisors did say they have their own keys and go in and out of the units without control being notified to let them in. The Supervisors are knowledgeable of their PREA responsibilities. Supervisors document rounds in the unit log and a random sample of unit logs on all shifts throughout the audit period were reviewed by the auditor.

The auditor reviewed the staffing plan and how it is implemented on a daily basis by the control staff to meet the PREA daytime ratio of 1:8 and nighttime ratio 1:16. Interviews with the Agency Wide PREA Coordinator, PREA Compliance Manager/Superintendent, and Supervisor Probation Officers were conducted to further understand how the facility team members work together to implement the PREA staffing ratios and unannounced rounds. There was one deviation from the daytime ratios during the audit period which was fully documented by the PREA Compliance Manager which included notification to the Agency Wide PREA Coordinator. During the onsite audit the auditor observed the facility was in compliance with the ratios in the living units and classrooms. Supervisors are doing unannounced rounds several times each shift and documenting in the unit log which was verified by the auditor. The facility is compliant with Standard 115.313 except (a) blind spots requires corrective action.

SCC-Juvenile Hall does not meet Standard 115.313(a) blind spots

CORRECTIVE ACTION

(a) Brackets that hold the mirrors in the living units behind the staff desk need to be replaced or repaired so they hold the mirrors in the correct position to correct the closet blind spot.

In the Girls Multi- Agency Assessment Center- one mirror needs to be installed on the wall to the right and one on the wall to the left as you walk into the room from the hallway. The papers on the window by the entrance door are blocking the view into the Assessment office. A corrective action visit will be made January 2020.

SCC-Juvenile Hall does not meet Standard 115.313

CORRECTIVE ACTION MUST BE COMPLETED BY April 10, 2020

CORRECTIVE ACTION COMPLETED

During the Corrective Action Period the Auditor consulted with the Quality Systems Supervisor at Juvenile Hall to implement changes required for compliance with Standard 115.313. A corrective action review visit at Santa Clara County Juvenile Hall was conducted on February 4, 2020 by the Auditor. During the onsite corrective action visit the auditor toured the living units with the Quality Systems Supervisor and Maintenance Supervisor to inspect the mirrors behind the staff to see if they correct the blind spot in the closet. All of the mirrors were in the correct position except for B-1, B-4, and B-7. The Auditor requested pictures once the mirror positions were corrected as required by the Corrective Action Plan. On February 21, 2020 the Quality Systems Supervisor emailed pictures of the mirrors in the correct position in housing units B-1, B-4, and B-7.

Classroom 2A is no longer in use as the Girls Multi- Agency Assessment Center. The girls unit G-1 is now located upstairs and the assessments are done on the unit in the interview rooms. The Auditor toured G-1 and Classroom 2A during the onsite corrective action visit on February 4, 2020. The papers on the window by the door leading into 2A have been removed. The partition walls on each side of the room have been lowered correcting the blind spot. Mirrors are no longer required as the blind spots have been corrected by lowering the partition walls. The room is now monitored with the new audio and video surveillance system.

The new surveillance system went live 5 days before the corrective action onsite visit. The area behind the staff desk including the door going into the closet is monitored using the new audio and video surveillance system. Classroom 2A is no longer used as the Girls Multi-Assessment Center. The blind spots have been corrected and the room is monitored by the control room staff using the new surveillance system. The auditor was shown the new monitors in the control that are part of the new surveillance system installed throughout the facility.

All of the mirrors in the housing units at Santa Clara County Juvenile Hall are in the correct position to correct the blind spot in the closet behind the staff desk. The new camera system shows the staff desk area and has video and audio recording capability. Santa Clara County Juvenile Hall is compliant with all provisions of Standard 115.313.

SCC- Juvenile Hall Meets Standard 115.313

| | |
|---------|---|
| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.315 (a-c) Juvenile Hall PREA Policy Part:13 Section 13.01 VII page 15-16 Limits to Cross Gender Viewing Searches and Juvenile Hall Policy and Procedures Manual, Part 09, Section 9.05- Searches were reviewed by the auditor. The 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. In the past 12 month there were no cross-gender pat-down searches, cross-gender strip or cross-gender visual body cavity searches of residents at the facility. No searches due to exigent circumstances were performed so there was no documentation to review. Juvenile Hall Policy does require staff to document including justification in the event there is a cross-gender strip search, cross gender visual body cavity search, or cross gender pat down search due to exigent circumstances. Staff interviewed by the auditor reported cross gender pat down searches never happen. That there are always same gender staff available for searches. All staff reported they have never seen or heard of it happening at Santa Clara County Juvenile Hall. Therefore, there was no documentation of cross gender searches.</p> <p>(d) According to PREA Policy and Procedures Manual Part:13 Section:13.01 VII. I opposite gender staff must announce when entering a opposite gender housing unit where residents are likely to be showering and/or changing clothes. During interviews with residents, probation counselors, and supervisors it was reported staff always announce their presents when entering an opposite gender living unit. During the facility tour the auditor observed staff announcing their presents. When interviewing staff and residents the auditor was told announcing happens on a routine basis and is standard policy. All residents interviewed did not report any incidents of incidental viewing during routine cell checks, using the toilet, showering, or changing clothes. Residents and staff talked about youth placing a piece of paper or playing card on the window when using the bathroom as a way to alert staff for privacy. Staff told the auditor they still need to do room checks but if the card is up they do a general visual check and do not peer into the area where the toilet is located. All of the residents and staff interviewed said opposite gender staff either leave the unit taking their break during shower time or they sit behind the staff desk giving the youth privacy. Residents and staff reported opposite gender staff never supervise showers. All residents felt their privacy is respected during changing, showering, and using the toilet. There were no reports of accidental viewing.</p> <p>(e) Juvenile Hall PREA Policy states staff are prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status. PREA Policy VII. page 16 -Search Procedures for Transgender Youth includes transgender youth will not be searched in a manner that is humiliating, degrading, or to determine physical anatomy of the resident. The Transgender Preference Form documents if the youth prefers a male or female staff to conduct the search or be present during a search. The form is completed during intake and placed in the residents file. During the audit period there were zero incidents of searches or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Security staff and the Nurse Manager reported this is against policy and never happens at the facility.</p> |

(f) Security staff reported receiving training on cross gender pat down as part of the Defensive Tactic Training attended annually. A copy of the Defensive tactics training was reviewed by the auditor. The auditor interviewed Security staff that teach the Defensive Tactic Training. All staff and residents interviewed reported they had never seen or heard of a cross gender pat down search happening at SCC-JH. It was reported to the auditor staff are available to ensure a cross gender pat down search never happens even in exigent circumstances. Searching of transgender and intersex resident for the sole purpose of determine the resident's genital is against policy and all security and medical staff say it has never happened. The team approach creates an environment where residents feel their privacy is respected.

The auditor reviewed policy and procedures, took into account staff and resident interview, staff announcing their presence during the facility audit, the showering procedures demonstrated by staff, and verified through resident and staff interview to determine that all provisions of this standard are met by SCC-JH.

SCC-Juvenile Hall Meets standard 115.315

| | |
|---------|--|
| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.316 (a)- PREA Policy and Procedures Manual Part:13 Section:13.01 VIII I. Page 17-18 states the agency takes steps to ensure residents with disabilities have a equal opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA material is provided in English, Spanish, and Vietnamese. Contracts with translation for language other than Spanish and Vietnamese are utilized by the facility. Administration Services Policy and Procedures Manual, Part 300- Use of interpreters and the Department Language Access Plan ensures residents with limited English, deaf, or disabled are able to report sexual abuse directly to staff or through interpretive technology. All of the residents interviewed including those with intellectual disabilities, limited reading skills, and mental health issues understood the PREA education received. During the onsite audit there were no blind, deaf, or physically handicapped residents in the facility . The mental health living unit has extra staff on duty to help with youths needs. During the interviews with residents they had a clear understanding on the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All residents had received the PREA education and understood the material. Intake and unit staff interviewed said they make sure the PREA information is given in a way the resident understands and utilize the use of interpreters or will read the information to the resident on a one on one bases.</p> <p>(b) Policy states residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agencies efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA related information is available in English, Spanish, and Vietnamese. The auditor received a copy of the PREA informational pamphlet in each of the languages. The PREA Video is available in multiple languages including Spanish and Vietnamese. Santa Clara County has several bilingual staff who work directly with the residents as Group Counselors, Senior Group Counselors, and Supervising Group Counselors. The auditor reviewed the list the agency maintains of bilingual staff including name, job title, language test passed, and language. Languages include Spanish, Vietnamese, Mandarin, and Chinese. There are approximately 120 full-time bilingual employees within the institutions and Juvenile Services Division providing language interpretation and sight translation services. 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 the Santa Clara County Superior Court certified Interpreters Program to provide services for telephonic and in person communications. Contracts for interpretation services were reviewed by the auditor including sign language for the deaf and hard of hearing, and contract for written translation services in support of meeting DOJ Language Access Plan for Limited English Proficient populations served by probation. Santa Clara County also maintains a contract for Video and voice over dubbing.</p> <p>During interviews with random staff and residents with disabilities the auditor was told if a resident is unable or unwilling to read intake information including PREA staff will read and explain material to the youth. Intake staff interviewed stated they go over the PREA Information by reading it with the youth to make sure it is understood before signing the</p> |

Sexual Abuse and Sexual Harassment Prevention and Reporting New Admit Orientation & Resident Education form.

(c) The use of resident interpreters is prohibited as outlined in PREA Policy and Procedures Manual Part:13.01 VIII C page 17. Interpretation and translation services are provided by employees, volunteers, and contractors. During random staff interviews it was reported to the auditor residents are never used to interpret for other residents. Staff reported there are always staff members working at the facility who can be used if interpretation is needed. They also told the auditor the facility has contracts with outside agencies if necessary for interpreter services.

Santa Clara County has contracts for interpreter services for limited English speaking residents, deaf or hard of hearing residents, blind or low vision, intellectual, and speech disabilities. The facility has a behavioral health unit where the special needs of psychiatric and/or residents with special mental health needs can be met. All of the residents interviewed had received PREA related material and understood it. Santa Clara County meets all provisions of this standard.

SCC-Juvenile Hall Meets Standard 115.316.

| | |
|---------|---|
| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.317 (a)- PREA Policy and Procedures Manual Part:13 Section 13.01 and Santa Clara County Juvenile Probation Policy and Procedures Manual, Part 200, Section 200.05 requires all sworn employees undergo peace officer background checks as part of the hiring process. This includes polygraph examination, psychological evaluation, physical examination, and a criminal background investigation. All non-sworn employees, volunteers, contractors, and interns undergo a criminal background investigation through the DOJ prior to being allowed in the facility for employment or to provide services. Santa Clara County Probation Department is statutorily mandated to receive subsequent arrest notification from the DOJ regarding any criminal charges brought against a sworn staff, non sworn staff, contractor, CBO, or intern working in Juvenile Hall. The hiring process for security staff includes a personal interview, psychological evaluation, personal history statement, military history, employment history, residences, legal history, illegal substance use, polygraph, social media accounts, and motor vehicle operation record. The agency utilizes fingerprint record (CACF) which includes continuous reporting, child abuse index, firearms check, FBI check, and State, Federal, and Polices Department checks in every city the applicant has lived. A credit, residence, and employment history, ten year driving record, and ten year life history which includes interviewing neighbors where the applicant has lived is all part of the extensive hiring practices.</p> <p>The auditor interviewed the Human Resource Program Manger II who explained the hiring process in detail. The first step is an exam and the agency takes the top scores and sends bands of names to the Managers to interview. The Manager will then send a list of candidates to Human Resource. A referral to start the background check is made. . There is an orientation with the applicants explaining the process and what is expected. A personal history interview is scheduled with an investigator at the firm used by Santa Clara County. This includes accusation of activates, material history, domestic violence, polygraph (2 hours) including anything you may have done, law enforcement history, The polygraph is sent to the investigator to compare with information received. The next step is going out into the field and fact check. If the applicant clears background check then they are required to complete a psychological exam and a physical exam. The auditor reviewed the personnel/background file for 5 randomly sampled security staff hired during the audit period. All files reviewed had the following in their file: Peace Officer- Firearms Eligibility Approval Notification from Department of Justice, Bureau of Firearms, Child Abuse Central Index clearance from Bureau of Criminal Information and Analysis, Fingerprint Clearance from State of California Department of Justice Bureau of Criminal Information and Analysis/ Fingerprints submitted to the FBI,</p> <p>(b)(c) The agency considers any substantiated incidents of sexual harassment when determining whether to hire, promote, or contract with an individual. Disciplinary records are kept in the personnel file and it's against agency policy for an employee to promote if they have a disciplinary letter or Internal Affairs Investigation Report in their file. The agency allows background investigators from other companies to review the personnal file of terminated employees.</p> |

(e) The department is continuously notified of information on law violations for current employees. Employees are required to sign an agreement requiring them to report within 24 hours or by the net business day of any felony or misdemeanor arrest or citation to the Supervisor, Deputy Chief, Probation Officer, or Executive Administrative services Manger. Administrative Services Policy and Procedures Manual Part 200, Section 231 requires employees to provide notification of an arrest, citation, or change in driver license status and can be subject to disciplinary action which includes suspension, demotion, or termination for not reporting new information.

(f) Agency PREA Procedures Manual requires the department to ask all applicants and staff who have contract with the residents about previous misconduct in written applications and during the hiring interview and for promotions.

(g) Staff being considered for promotion are required to disclose any sexual misconduct and false information is grounds for termination. New hires who provide any false information as part of the application process are not employed by the department.

(h) Santa Clara County Probation Department allows background investigators from other companies to review the personnel file of terminated employees.

Santa Clara County exceeds Standard 115.317 by conducting an in depth background check which includes criminal, work, personal, driving, and financial histories dating back 10 years.

SCC- Juvenile Hall Exceeds Standard 115.317

| 115.318 | Upgrades to facilities and technologies |
|---------|--|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.318 (a) Interviews with the Deputy Chief Probation Officer and Superintendent indicate during the audit period no substantial expansion or modification to the existing facility took place.</p> <p>(b) Video Monitoring upgrade is currently in progress and is projected to be complete 12/2019. The video monitoring engineering plan was developed with the goal of protecting residents and staff from sexual abuse and/or sexual harassment. The cameras will cover all previously identified blind spots in the facility that have been corrected using mirrors and/or staff coverage. The new system is motion sensitive and will record using HD cameras and includes audio recording. During the interviews the auditor was told the system installation will be completed by December, 2019.</p> |
| | SCC-Juvenile Hall Meets Standard 115.318 |

| | |
|---------|--|
| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.321(a) Juvenile Hall Policy and Procedures Manual Part 02, Section 2.05- Child Abuse Reporting Procedures and PREA Procedures Manual Part: 13 Section 10.02 Sexual Assault Coordinated Response Plan outlines a victim centered approach. Santa Clara County Sheriff's Department is responsible for conducting sexual abuse investigations and evidence collection. In accordance with Juvenile Hall Policy and Procedures Manual Part 02, Section 2.05- Child Abuse Reporting Procedures and PREA Policy Part:13 Section 13.02- Sexual Assault Coordinated Response Plan outlines the duties of first responds for preserving the evidence until the Sheriff's Department arrives. Staff interviewed were knowledgeable on how to secure the scene including separating the victim and perpetrator, removing the victim from the area the alleged assault took place, and seal off the room to protect evidence, supervise the victim and perpetrator ensuring evidence is not destroyed by brushing teeth, going to the bathroom, showering, and/or changing clothes. Staff report water would be turned off to protect the evidence. The sheriff will be called immediately, supervisor, and managers, behavioral health and medical staff are informed. The staff and managers told the auditor if there is an incident of any kind all available staff will report to the area to help. The victim will be taken to the medical clinic for safety and observation until the Sheriff arrives.</p> <p>(b)115.321 Evidence Protocol and Forensic Medical Examinations document was reviewed by the auditor. The facility staff follows a uniform evidence protocol which protects usable physical evidence until the Sheriff's Department arrives. Facility staff follows the Evidence Protocol and Forensic Medical Examination Document which outlines the procedures staff is to follow in the event of an allegation of sexual abuse and/or sexual assault. The protocol is a comprehensive response appropriate for youth and in compliance with The California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims. The staff member receiving the information is required to immediately refer the resident to the medical clinic staff for evaluation as outlined in Juvenile Hall Policy and Procedures Manual Part 02, Section 2.05, Sub Section III A(d)- Child Abuse Reporting Procedures, Part 05, Section 05.01- Programs, and Part 10, Section 10.01- Medical Program.</p> <p>(c) Forensic medical examinations are conducted at Valley Medical Center (VMC) where there are approximately 20 specially trained registered nurses who serve as SART Nurse Examiners. The Sexual Assault Response Team (SART) at VMC provides medical and forensic response to victims of sexual assault who come into the Emergency Department 24/7. During the audit period there were no sexual assaults or sexual abuse incidents and therefore no forensic medical exams 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 investigations arising out of the incident while in or out of custody. The minor is transported to VMC if the sexual abuse occurred within 72 hours. The Probation Department reports to the Sherriff's Department who initiates a SART exam as part of their investigation process for evidence gathering.</p> <p>(d)(e) Santa Clara County Juvenile Probation has a contract with the YWCA Silicon Valley Rape Crisis to provide victim advocate community based services 24/7. The current contract</p> |

was reviewed by the auditor. Services include victim advocacy, emotional support, crisis intervention, information, language assistance services, and referrals before, during, and after the exam process. They work with the probation department to insure the victim is transported and accompanied to and from VMC. The victim advocate confers with the probation supervisor prior to and after interaction with the victim to share any information to enhance the safety and security of the victim and the general population. YWCA Silicon Valley Rape Crisis comes to the facility to talk with the resident involved and provide continuous services including counseling inside and outside the facility as long as the victim wants. This includes attending court interviews, and court hearings and providing counseling services as long as the client wishes. Services are confidential unless a youth expresses they are going to harm themselves or others. The auditor interviewed an advocate from the YWCA explained the program and services offered. During the interview with the YWCA it was confirmed they have not responded to any sexual assault incidents at Juvenile Hall during the audit period.

(f)(g) Santa Clara County Juvenile Probation Department has requested Santa Clara County Sheriff's Department follows the PREA Standard requirements when investigating allegations of sexual abuse. The auditor reviewed communication via email documenting the agreement between the two agencies meeting the PREA Standard. The YWCA program offers two types of services support for victims of human trafficking, and support for residents who report allegations of sexual abuse and/or sexual harassment at Juvenile Hall. The YWCA does a PREA workshop each Wednesday for residents who have entered the facility since the previous Wednesday. During the interview the advocate explained they respond 24/7 via the red phone in the medical clinic. General response time is 30 minutes. If the victim wants the advocate will sit with them during the initial contact with the Sheriff, accompany and support the victim through the forensic medical exam process and the investigatory interview. They usually meet once every 2 weeks until the victim no longer wants services.

(h) YWCA Silicon Valley Rape Crisis and Valley Medical Center SART staff have received education concerning sexual assault and forensic examination issues in general . All of the service the Valley Medical Center SART staff offer is on Valley Medical Center website.

Santa Clara County Juvenile Hall exceeds Standard 115.321. Juvenile Hall has a contract with the Silicon Valley Rape Crisis (YWCA) to provide victim advocate community based services. During interviews with the Nurse Manager, PREA Compliance Manager, security staff, YWCA staff member and review of the contract the auditor determined SCC- JH exceeds the requirements of the standard. The YWCA is available 24/7 and has a general response time of 30 minutes. They typically arrived before the Sheriff Officer takes the report and they are able to begin offering services during this time until the youth no longer wishes.

SCC- Juvenile Hall Exceeds Standard 115.321.

| | |
|---------|---|
| 115.322 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Procedures Manual Part: 13 Section: 13.01XIV ensures allegations of sexual abuse and/or sexual harassment are referred for investigation and both the criminal and administrative investigations are completed. During the audit period there were two allegations of sexual abuse and one was referred for criminal investigation, and one was referred to administrative and criminal investigation. The Deputy Chief Probation Officer confirmed all allegations of sexual abuse or sexual harassment are referred for investigation and the administrative investigation begins once the criminal investigation is complete.</p> <p>(b) The auditor reviewed PREA Procedure Manual Part: 23 Section 13.01 XVI A and Juvenile Hall Policy and Procedures Manual, Part 02, Section 2.05- Child Abuse Reporting. Policy states if there is a known or suspected abuse inside Juvenile Hall the reporting employee shall report by telephone to the Sheriff's Department which begins the investigation. The report must be made immediately or as soon as practically possible. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.</p> <p>(c) The Sexual Assault Coordinated Response Plan outlined in PREA Procedures Manual Part 13 Section: 13.02 details the responsibilities of agency and investigating entities. The policy includes the PREA Coordinated Response Flowchart which outlines steps to be taken and by whom. The Sheriff's Department is the only agency that investigates allegations of sexual abuse/assault. If the abuse involves a staff member Internal Affairs investigates once the criminal investigation is completed. The auditor reviewed all of the incident reports of a sexual nature during the audit period including PREA Incidents. One incident of sexual harassment minor on minor was reviewed by the auditor.</p> <p>SCC-Juvenile Hall Meets Standard 115.322</p> |

| | |
|---------|--|
| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) The auditor reviewed Procedures Manual Part: 13 Section 13:01 XVII Resident Education. The PREA Training Curriculum was reviewed by the auditor for the eight hour course new employees are required to take and the online PREA training refresher course employees are required to complete every two years. The course includes questions at the end of each section that staff must answer correctly to advance to the next topic. Power slides of the online training course include 115.331(a) 1-11. The system documents via employee signature that they understand the course information. In order to pass the course and receive the certification the employee must demonstrate an understanding by passing a test at the end of each section.</p> <p>(b) The training is tailored to the needs and attributes of residents housed at Santa Clara County Juvenile Hall. Both facilities Juvenile Hall and William James Ranch house male and female wards, therefore further training is not required when an employee is reassigned to other facility.</p> <p>(c) The auditor reviewed the training records for a random sample of fifteen security staff. All of the employees have completed the initial eight hour training class and were up to date on their two year refresher training. The PREA Compliance Manger explained to the auditor all staff are required to read the Agency Policies and Procedures electronically one each year including the PREA Policy and Procedures. The computer system documents when a staff member has completed reading the manual and record the staff signature. In years in which an employee does not receive refresher training, the agency provides refresher information through the yearly reading of PREA Policies and Procedures, educational emails.</p> <p>(d) A random sample of the PREA training certificates were reviewed by the auditor. The employees must demonstrate that they have a understanding the training they have received by passing an test in order to move on to the next section of the PREA training. If the employee does not pass each test then they do not receive a certification of completing the PREA Training.</p> <p>A random sample of Supervising Group Counselors, Sr. Group Counselors, and Group Counselors were interviewed by the auditor. Security staff interviewed understood the agency's zero-tolerance policy on sexual abuse and sexual harassment. They have a comprehensive understanding of their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, in accordance with the agency policy and procedures and the PREA Standards. Staff interviewed talked about the positive changes they have seen since the agency implementation of the PREA Standards. SCC Juvenile Hall exceeds Standard 115.331 by developing a comprehensive eight hours PREA Course and a comprehensive on line PREA refresher course. All staff interviewed have a comprehensive understanding of PREA and feel that it is an important part of their job to keep the residents safe from sexual abuse and sexual harassment. SCC- Juvenile Hall meets all provisions of this Standard.</p> |

| | |
|---------|---|
| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) Juvenile Hall Policy and Procedures Manual, Part 11, Section 11.01 Special Services and Programs states volunteers and contractors who have contact with the residents will receive PREA Training. The training includes their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The online refresher training is accessible to volunteers and contractors and the curriculum meets the requirements regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>(b) Juvenile Hall Policy and Procedures Manual Part 12 Section 12.2 Volunteers/Programs/Non-Probation Visitors was reviewed by the auditor. A large variety of programs are provided at Juvenile Hall by community based volunteers and/or community programs. The Agency Wide PREA Coordinator has made the online PREA Training available to CBO for training of their volunteers and contractors. Training includes the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. They receive information on how to report such incidents.</p> <p>(c) Community based organization, volunteers and contractors check in through the police admissions. If PREA training and fingerprinting are not current a "hold" is placed on the volunteer/contractors name and they are not allowed into the facility. The auditor reviewed a copy of this list.</p> <p>SSC-Juvenile Hall exceeds Standard 115.332. All of the volunteers and contractors interviewed know the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and understand how to report such incidents. The level and type of training provided to volunteers and contractors exceeds the requirement to be based on the services they provide and level of contact they have with resident. All of the volunteers and contractors randomly selected have received the two hour PREA Training online. They are knowledgeable in their responsibilities in keeping youth safe from sexual abuse and sexual harassments. Those interviewed said that they would notify their supervisor at the agency they are from and also tell a Manager at Juvenile Hall if they had any PREA related concerns or knowledge. Those interviewed took their responsibilities seriously and feel that protecting the residents from sexual abuse and sexual harassment during their stay at Juvenile Hall is important.</p> <p>SCC-Juvenile Hall Meets Standard 115.332</p> |

| | |
|---------|---|
| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.333(a) PREA Procedures Manual Part: 13 Section: 13:01 XVII Residents Education and Orientation and Procedures Manual, Part: 03, Section: 03.02 requires residents at Juvenile Hall receive information which includes zero tolerance policy and how to report sexual abuse and/or sexual harassment. The orientation packet was reviewed by the auditor and includes information on sexual abuse prevention and reporting information as well as the youth's right to be free from sexual abuse and free from retaliation for reporting abuse. Procedures Manual Part: 09 Section 903 Admission Procedures/Admit Counselor Duties was reviewed by the auditor. During the audit period there were 837 youth who were given the PREA information at intake. Youth sign the New Admit Orientation & Resident Education Form at the completion of receiving the required PREA information. The information includes the agency's policy on zero tolerance of sexual abuse/sexual harassment between youth and youth and staff. This includes any type of sexual relations between youth including consensual is prohibited and sexual contact between youth and a staff member is never consensual even if the youth consents, initiates, or pursues the contact. The orientation includes how to report sexual abuse/sexual harassment. This includes if the youth is sexually abused/ harassed or is a witness to sexual abuse and/or harassment. Ways to report include telling a trusted adult including staff, unit supervisor, facility manager, chaplain, parent, teacher, attorney, or use the red phone.</p> <p>(b) Within 10 days of intake 837 youth received the comprehensive age-appropriate PREA education. The residents watch an education PREA video. The video was reviewed by the auditor and is age appropriate and includes the right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and covers agency policies and procedures for responding to such incidents. The Nurse Manager and other Juvenile Hall staff members are in the video which makes the education more personal to the facility. Every Wednesday a staff member from the YWCA conducts a PREA workshop for residents who have arrived at Juvenile since the previous Wednesday. The residents interviewed by the auditor reported watching the video within the first day or two of intake. Many reported seeing the video several times and also attended the PREA Workshop. The residents know their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting an incident.</p> <p>(c) All the youth admitted to Juvenile Hall receive the comprehensive PREA information regardless of how many times they have been admitted or how recent. During the audit there were no youth who were in the facility that had been admitted prior to August 20, 2013.</p> <p>(d) Procedures Manual Part:13 Section: 13.01 XVII A.5 states education is provided in formats accessible to all residents including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills in accordance with Administrative Services Policy and Procedures Manual, Part 300, Section 304- Use of Interpreters. Intake staff told the auditor they go over the PREA information during intake with the youth. If the youth cannot read or is refusing to read the PREA information the counselor reads it to them. Youth interviewed reported they received the PREA Admit</p> |

Orientation at intake and PREA Education Video within a day or two and understood the information. The PREA education video is available in English, Vietnamese, and Spanish. Santa Clara County has contracts with agencies that provide translation services for limited English proficient, deaf or hearing impaired, visually impaired and disabled residents as outlined in Administrative Services Policy and Procedures Manual, Part 300, Section 304- Use of Interpreters.

(e) The New Orientation and Resident Education form is used by Juvenile Hall to document the PREA orientation information at intake and the resident education within 10 days. The intake staff are routinely using the form during the intake process and both staff and resident sign. Quality Assurance Supervisors are going to be tracking the date the PREA Education Video on the JACP youth index card under orientations. Out of the fifteen randomly selected resident education documentation four of the youth watched the video after the ten day requirement.

(f) Procedure Manual Part: 13 Section: 13.01 XVII states the facility will ensure key information is continuously and readily available or visible to residents through handbooks, brochures, flyers, and posters throughout the facility. Brochures, flyers, and posters are available in English, Spanish, and Vietnamese. During the facility tour the auditor noted PREA education posters are in all living units and all areas of the facility where resident's or parents/legal guardian frequent. The posters include zero tolerance of sexual abuse and sexual harassment policy and how to report information. Posters from the YWCA are also posted. Zero Tolerance Policy & Sexual Abuse Reporting flyers in English, Spanish, and Vietnamese are available for residents throughout the facility and for parents/legal guardians in the lobby and visiting area of the facility. Parents are invited to attend a parent orientation which is offered twice a month and includes PREA related information.

The auditor reviewed policies and procedures, interviewed residents and staff, and toured the facility to determine residents receive PREA information through several different means intake, educational video, PREA Workshop by YWCA, and signage displayed throughout the facility. PREA brochures are available to the residents in English, Spanish, and Vietnamese. SCC- Juvenile Hall is compliant with all provisions of Standard 115.333 except providing residents PREA Education within 10 days of intake.

SCC-Juvenile Hall does not Meet Standard 115.333.

CORRECTIVE ACTION: The facility is required to show the PREA Educational Video to all of the resident's within 10 days of intake. It is recommended each unit have a supervisor who is responsible for making sure the PREA education is given within 10 days and documented. The facility and auditor will work together to determine the most efficient way for the facility to comply with Standard 115.333(b). The auditor will randomly sample ten youth who were admitted to Juvenile Hall during the corrective action period to ensure they received the PREA Education within 10 days of intake and it is documented in the JACP system on the youths' cover sheet. If some of the residents do not have documentation of watching the video within 10 days of being admitted further documentation will be reviewed to make a determination. The auditor will make a corrective action visit in January 2020

SCC- Juvenile Hall Does Not Meet Standard 115.333

CORRECTIVE ACTION MUST BE COMPLETED BY April 10, 2020

CORRECTIVE ACTION COMPLETED

During the Corrective Action Period the Auditor consulted with the PREA Coordinator and Quality Systems Supervisor at Juvenile Hall to implement changes required for compliance with Standard 115.333(b). A corrective action review visit at Santa Clara County Juvenile Hall was conducted on February 4, 2020 by the Auditor. The Auditor reviewed the Juvenile Assessment Case Plan (JACP) for ten residents admitted during the corrective action period. All ten youth had documentation of watching the educational video within 10 days of placement. The majority of those reviewed watched the video within the first few days.

During the corrective action visit the Auditor met with Quality Systems staff and supervisor who explained the new procedures in place for showing the PREA Video within ten days and documentation. The Auditor received a copy of the new Juvenile Hall Youth Orientation packet which has a section on PREA information for residents. A copy of the signature page acknowledging residents understand the orientation was provided to the Auditor. The Santa Clara County Juvenile Hall Orientation Contract form was reviewed by the Auditor. PREA/red phone is included on the form which tracks the many different services and orientations residents receive as part of the intake process. The form includes the youth and orientation counselor signature, date of admittance, and date orientation is completed. The new procedure for resident PREA Education includes the video being viewed with the MAAC Assessment Counselor. The Quality System staff sign off on the form, and the MAAC Supervisor reviews the JACP file to confirm the information has been documented on the Juvenile Assessment Case Plan cover sheet. The PREA Video and PREA Workshop are documented on this form which tracks the other assessments completed as part of the intake process. The JACP tracks assessment completion, Juvenile Hall screening section (including educational, psych history, medical problems/pregnancy, physical abuse, drug abuse, runaway history, history of suicide, hospitalizations, sexual abuse) risk assessment screening information section, and behavioral health screening information section. During the onsite corrective action visit the Auditor met with the MAAC Supervisor who reviews the youths' JACP for PREA Education compliance. 115.333(b)

Santa Clara County- Juvenile Hall meets all provisions of Standard 115.333

SCC-Juvenile Hall Meets Standard 115.333

| | |
|---------|---|
| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) Policy Manual Part: 13, Section 13.01 XVII D mandates the department will maintain documentation of specialized training that internal affairs investigators receive. Specialized training includes Forensic Interviewing of Child Abuse Victims which is a 16 hours class that includes rapport building, developmental assessment, fact-finding, and closure/termination with the child at the end of the interview. The training includes interview and investigation techniques for 3 year olds up to adults. The auditor interviewed two Internal Affairs Investigators.</p> <p>(b)(c) Training for internal affairs investigators 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, criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Sheriff's Department conducts the criminal investigations and collects the DNA and/or evidence within the confinement setting. Investigators do interviews once the Sheriff's Department interviews are completed. Once the Sheriff's Department has completed their investigation the investigator interviews the victim as soon as possible.</p> <p>(d) Specialized training documentation is maintained in the internal affairs investigators personnel file. The auditor reviewed documentation of specialized training.</p> <p>There were no completed IA investigations during the audit period. The auditor reviewed an investigation completed before the audit period and determined the investigation report met the PREA Standards and Santa Clara County policy and procedures. The Sheriff's Department always handles the criminal case first. Once the criminal aspect is done the IA investigation begins. Steps include gathering information and reviewing reports. All reports are looked at including police dash cam, surveillance video, cell phone records, police files, and physical evidence collected. The youth is interviewed where they feel comfortable and an advocate from the YWCA maybe present if they wish. The report includes all of the Santa Clara Policy and Procedures violated. The investigator does not make the final decision on outcome. The Discipline Review Board and Consciences Review Board review the case and recommendations go to the Deputy Chief who consults with County Counsel.</p> <p>The auditor interviewed two investigators, reviewed a completed PREA Investigation file, an open investigation that is not PREA, and reviewed policy and procedures to determine SCC-Juvenile Hall meets Standard 115.334</p> <p>SCC-Juvenile Hall Meets Standard 115.334</p> |

| | |
|---------|---|
| 115.335 | Specialized training: Medical and mental health care |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Procedures Manual Part:13 Section:13.01 XIX states the department will ensure all full and part time medical and mental health care practitioners working in juvenile hall will be trained in detecting, assessing, and responding effectively and professionally to signs of possible sexual abuse, preservation of physical evidence for investigation by local law enforcement, how to respond effectively and professionally to victims of sexual abuse/harassment, and how and to whom to report allegations or suspicions of sexual abuse/harassment.</p> <p>(b) Forensic medical exams are done at Santa Clara Valley Medical Center and not at Juvenile Hall. The SART Nurse Examiners provide services 24 hours a day. They provide medical evaluations and treatment, collect evidence for forensic purposes, and will testify in court as necessary. Santa Clara Valley Medical Center has a Sexual Assault Response Team and there are approximately 20 specially trained SART Nurse Examiners. No incidents of sexual assault were reported during the audit period.</p> <p>(c) Santa Clara Valley Health and Hospital System provide the medical services at Juvenile Hall clinic. The Nurse Manager was interviewed by the auditor. The Nurse Manager is responsible for assuring medical staff has completed PREA Education every 12 months. PREA Education is tracked for each employee and emails are sent out to the employee when the online training news to be done. The Nurse Manager also tracks PREA Training for medical students from Stanford University Medical School who work at JH as part of their medical program. The auditor reviewed PREA Training documentation provided by the Nurse Manager and Quality Assurance staff members.</p> <p>(d) Medical and behavioral health staff are trained on the departments zero tolerance policy regarding sexual abuse and sexual harassment, and how to report such incidents. Behavioral health and medical staff interviewees were knowledgeable in regards to the PREA policy and procedures. They have received specialized training as part of their professional requirements and reported completing the online PREA training provided by Santa Clara County Probation-JH.</p> <p>PREA training is part of the medical and behavioral health contracts. Starlight is the contract agency for behavioral health and they have their own PREA training. Verification is emailed on a monthly basis to the behavioral health program manager. Behavioral health and medical staff interviewed were knowledgeable of the PREA policy and procedures for Juvenile Hall and their responsibility within the facility.</p> <p>SCC-Juvenile Hall Meets Standard 115.335.</p> |

| | |
|---------|---|
| 115.341 | Obtaining information from residents |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 618">(a) PREA Policy and Procedures Manual Part:13 Section:13.01 XX a-g Screening for Risk of Sexual Victimization and Abusiveness was reviewed by the auditor. Juvenile Hall uses the Risk of Victimization/Sexually Aggressive Behavior RV/SAB instrument to assess resident's potential risk as a victim or victimizer. During the audit period 556 residents were screened out of 545 were screened within 72 hours. The auditor reviewed a random sampling of 15 risk assessments and all were with 72 hours of admit. Most screenings were done the same day as admission or within 2 days.</p> <p data-bbox="252 667 1485 1088">The auditor reviewed Procedures Manual Part:13 Section:13:01 XXG which state residents will be reassessed, within 30 days of initial assessment, when warranted due to a referral, incident of sexual abuse, or receipt of additional information that bears on the residents risk of sexual victimization or abuse. Policy states resident's will be reassessed, within 30 days of the initial assessment, when warranted due to a referral request, incident of sexual abuse, or receipt of additional information that bears on the residents risk of sexual victimization. Residents are screened by medical and behavioral health staff within 30 days of intake. Multi- Disciplinary Team meetings (MDT) are held to discuss any situation or behaviors that may put a resident or other residents at risk. The meetings are attended by upper management, behavior health, supervisors and other professionals as required insuring safety of residents in the facility.</p> <p data-bbox="252 1137 1382 1171">(b)(c)The RV/SAB screening instrument meets the standard and includes the following.</p> <ol data-bbox="252 1182 1477 1641" style="list-style-type: none"> 1. Whether the resident has mental, physical or developmental disability 2. The age and physical built 3. Previous commitment/detention 4. Criminal charges and offense history, including sustained petitions for sex offenses 5. Any gender nonconforming appearance or manner or identification as LGBT and where the resident may therefore be vulnerable to sexual abuse 6. History of victimization or abusiveness 7. Residents own perception of vulnerability 8. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. <p data-bbox="252 1697 1465 1944">(d) The information is gathered during the screening in conversation with the youth. Prior to the screening the resident's file is reviewed including court reports, intake information, case file, medical and mental health history, offense history, detention history, and disciplinary records. During the screening staff interview the auditor was told of the different techniques used to make the resident feel comfortable in order to gather information and history through conversation.</p> <p data-bbox="252 2000 1477 2157">If a youth is found to be at risk of victimization and/ or sexually aggressive/violent behavior then the screener sends an email to the Agency Wide PREA Coordinator, PREA Compliance Manager/Superintendent, Living Unit Manager, and Unit Supervising Group Counselor, Control Supervisor, and the Quality Control Supervisor to information them that the resident is</p> |

on NO ROOMMATE STATUS (NR) until further evaluation can be completed and the NR status is approved to be removed. The auditor reviewed emails sent by the screener notifying staff of the NR Status. Each day there is an updated NR status list that is generated. The screener makes a behavior health referral and also follows up with an email. During interviews with behavioral health and medical staff it was reported the referrals are sent using the referral form in the data base system and staff also sends them an email.

(e) The information from the RV/SAB Screening Risk Assessment Instrument are entered in the JAS 2 database where it is maintained in the juveniles file. The department insures confidentiality of the screening information. There is a tracking system showing who accesses the screening information. The Jaz 2 is a locked system that can be accessed with approval on a need to know basis.

The auditor reviewed policy and procedures, conducted interviews during the onsite audit, and reviewed the Screening database showing date of intake and dates of Screening. Screenings are conducted using an objective screening instrument and a random sample of 15 residents RV/SAB was reviewed and all screening took place within 72 hours. The case file which includes a detailed history of the youth is reviewed before that screening process. Any concerns during the screening process or if it is determined a youth is at risk of victimization and/or sexually aggressive behavior then the resident is placed on NR until further evaluation can be done. A youth remains on NR as long as necessary in order to protect their safety and the safety of the other residents in the facility.

Santa Clara County Juvenile Hall meets all provisions of Standard 115.341

SCC- Juvenile Hall Meets Standard 115.341

| | |
|---------|---|
| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) The auditor reviewed PREA Policy and Procedures Manual Part:13 Section: 1301 XXII A- Policy states risk screening information will be used when making housing, bed, work, education, and programing assignments to keep residents safe and free from sexual abuse and sexual harassment. If the assessment results indicate a probability for victimization or sexually aggressive behavior or an overall high level of risk then appropriate interventions will be implemented such as no roommate status (NR) and other special management considerations. Custody and housing assignments will not be based on sexual orientation, gender identity, or use LGBTI status as an indicator or likelihood of being sexually abused.</p> <p>(b) Placement and programming assignments for transgender or intersex residents shall be reassessed twice each year. Per Procedures Manual Part 09 Section 9.03 Admission Procedures/Admit Counselor duties V. Admission Procedures for Transgender Youth states Transgender Preference Form allows the youth to select gender housing preference. The PREA Compliance Manager/Superintendent stated a resident's safety is considered on a case by case basis as to the best placement to insure the resident's health and safety. The PREA Compliance Manager/Superintendent discussed several different options available to keep residents safe without using isolation cells located in the boys and girls receiving area. The facility uses NR Status, changing units and/or cell assignments, and one on one supervision. During the interview the PREA Compliance Manager/Superintendent told the auditor separation is used in the facility instead of isolation. During the audit period the facility did not use isolation to keep residents safe from sexual abuse and/or sexual harassment. During the facility tour and when interviewing staff working in the receiving area the auditor was told isolation has not been used of a PREA Incident during the audit period. Medical and behavioral health staff interviewed stated isolation has not been used during the audit period and is not a means for keeping residents safe from sexual abuse or sexual harassment. If a resident is placed on one on one status they are seen by medial and behavioral health staff at least once a day. During interviews with upper management, staff and residents it was reported to the auditor that isolation of residents is not used at Santa Clara County Juvenile Hall.</p> <p>(c) The auditor reviewed Juvenile Hall Policy and Procedures Part 04, Section 4.04 Isolation and Part 06, Section 6.06- Classification. Interviews were conducted with the Agency Wide PREA Coordinator and PREA Compliance Manager who reported the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of identification or status. Procedures Manual Part 09, Section 9.03 Admission Procedures/Admit Counselor Duties V. Admission Procedures for Transgender Youth was reviewed by the auditor. Policy states the agency uses the Transgender Preference Form which allows the youth to select gender housing preference. During interviews with random staff and specialized staff members they were knowledgeable of these policies and the importance of the Transgender Preference Form used to inform staff so they can make the youth feel comfortable as possible. During the onsite audit there were no transgender youth in the facility. It was reported to the auditor a transgender youth had been brought in during the night of August 26 for a few hours but was released and not booked into Juvenile</p> |

Hall as no crime was committed. During interviews staff and specialized staff reported there were no Transgender youth currently placed in Juvenile Hall.

(d-I) Isolation is used as a last resort when less restrictive measures are not available to keep residents safe. During the audit period isolation was not used as less restrictive measures were always available. In the case isolation is used policy protects the rights of residents to have daily access to large muscle exercise, educational programming or special education services. At Juvenile Hall a nurse visits within 15 min of isolating a resident and makes checks every 4 hours. Behavioral health staff also monitors the resident. It should be noted the facility does not use isolation but instead utilizes separation techniques when necessary to keep youth safe.

By reviewing policy and procedures, talking to staff during the facility tour, asking questions and observing, and by conducting interviews the auditor determined SCC-Juvenile Hall is compliant with all provisions of standard 115.342

SCC-Juvenile Hall Meets Standard 115.342

| | |
|---------|---|
| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Part: 13 Section 13.01 XXIII- Santa Clara County Probation Department Juvenile Hall has several different ways for residents to report sexual abuse and sexual harassment both privately and confidentially to facility staff and agency officials without the fear of retaliation. Youth can complete a Sick Call Request Form and place in the lockbox which is only assessable to medical staff. There is a locked grievance box which is assessable to the unit supervisor. The residents can tell a trusted adult such as a staff member, supervisor, medical or behavioral health staff, volunteer, CBO, facility manager, deputy chief probation officer, PREA compliance manager, agency wide PREA coordinator, attorney, parent or guardian, or chaplain. Residents are allowed to use the unit phone to make confidential calls. The red phone is located in a private room in the medical clinic and is available 24/7. Residents can use the same methods for reporting staff neglect or violation of responsibilities that may have contributed to sexual abuse or sexual harassment in the facility.</p> <p>(b) PREA Policy and Procedures Manual Part: 13 Section 13.01 XXII- Policy states residents have access to the YWCA- Silicon Valley Rape Crisis Advocacy via the red phone in the medical clinic. The contract with the YWCA was reviewed by the auditor. The facility does not detain youth solely for the purposes of civil immigration.</p> <p>(c) Per PREA Policy staff is instructed to accept reports of sexual abuse and/or assault verbally, in writing, anonymously, and by third parties. As required in Juvenile Hall Policy and Procedures, Manual, Part 7, Section 07.2- Incident Reports- Staff members must promptly document any and all verbal reports. Group counselors must generate an incident report using the computer automated incident report system. Incident reports must be submitted to the appropriate Senior Group Counselor (SGC) for review and approval prior to the end of shift. The SGC must approve and submit the incident report to the appropriate Juvenile Hall Probation Manager prior to the end of shift. The PREA Compliance Manager and Agency Wide PREA Coordinator receive and reviews all PREA related incident reports. The auditor reviewed incident reports completed by facility staff during the audit period.</p> <p>(d) Procedures Part :04 Section: 4.07 II Grievance Procedures for Minors states a grievance box and forms are available in each housing unit and accessible to minors without staff assistance. The facility is not allowed to screen letters written by the residents per Title 15. Residents are allowed to write letter to their attorney and parents. Residents have access to materials needed in order to make a written report. The residents interviewed reported having the materials needed to write a written report.</p> <p>(e) Staff interviewed told the auditor there is several ways to report sexual abuse or harassment privately. They can report by email, phone call, or private meeting with agency/facility staff, facility Manager, Agency Wide PREA Coordinator, PREA Compliance Manager, or other agency/facility staff. Staff can also contact the YWCA to make a report. The Sheriff's Department and CPS are notified following mandated reporting laws and PREA Policy and Procedures. Staff said all reports of sexual abuse and/or sexual harassment is confidential shared only on a need to know basis for treatment and security issues.</p> |

Santa Clara County Juvenile Hall is compliant with all provisions of standard 115.351. The auditor reviewed policy and procedures, interviewed agency and facility staff, made observations during the onsite tour, and interviewed residents. Residents stated they have the materials needed to report sexual abuse or sexual harassment in a private manner. The auditor noted Grievance boxes and Medical/ Behavioral Health boxes in all units and necessary forms needed in order to make a grievance report or request a visit with medical and/or behavior health staff members. Staff was knowledgeable of their rights to make a private report and how they would go about it. Staff interviewed knows the policy and procedures in regards to writing a report and following mandated reporting laws.

SCC-Juvenile Hall Meets Standard 115.351

| | |
|---------|--|
| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a)(b) The auditor reviewed PREA Policy and Procedures Part: 13 Section: 13.01XXIV pages 32-34 and Juvenile Hall Policy and Procedures Manual- Grievances Part 04, Section 4.07. Santa Clara County Juvenile Probation does have administrative procedures to address resident grievances regarding sexual abuse. The policy states there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident is not required to use a certain grievance process or to attempt to resolve with the staff member. The resident is free to file a federal law suit. 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.</p> <p>(c) Policy states residents are not required to try and resolve the incident with the staff member involved in the allegation. The grievance can be made without submitting to the staff member who is subject to the complaint. During the PREA Compliance Manager/Superintendent interview the auditor was told the staff would be removed from the unit immediately and has no further contact with the youth until the investigation is completed. Residents interviewed are knowledgeable of their rights and how they would go about submitting a staff complaint confidentially without the staff's knowledge.</p> <p>(d) PREA Policy and 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 the agency requests an extension they will notify the residents in writing and include the expected date a decision will be made. During the audit period there were no grievances filed that alleged sexual abuse.</p> <p>(e) Policy states a resident can decline a grievance from a third party other than a parent or guardian. Third parties can file requests for administrative remedies relating to allegations of sexual abuse on behalf of residents. If the resident 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 the right to decline. There was no grievance alleging sexual abuse filed by residents or third parties during the audit period in which a resident declined third party assistance.</p> <p>(f) PREA 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 their supervisor for review and immediate action. The supervisor will ensure within 48 hours of the 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. The PREA Compliance Manager told the auditor grievances involving an allegation of sexual abuse or sexual harassment will be treated as an emergency and immediate action will be taken.</p> <p>(g) PREA Policy and Procedures Manual Part: 13 Section: 13.01 XXIV O states a resident will not be disciplined for filing a grievance related to alleged sexual abuse unless it can be</p> |

demonstrated the resident filed the grievance in bad faith.

Per policy there is no time limit on when a resident can submit a grievance regarding an allegation of sexual abuse. There are several different processes for submitting a grievance of sexual abuse. If a staff member is involved the residents are not required to try and resolve the incident with the staff member. The focus is on making sure the resident is safe and immediately removed from the situation they are reporting. The Sheriff's Department is called and the PREA Protocol is followed.

Residents are free to file a federal law suit. In an urgent and emergency situation when a resident is seeking immediate injunction from the court to provide protection from imminent harm of abuse an exemption to the 90 day waiting period will be waived. The auditor reviewed policy and procedures which are in compliance with the PREA Standard and conducted interviews with the Deputy Chief Probation Officer, PREA Compliance Manager, PREA Coordinator, facility staff, and residents to determine all provisions of the Standard are met. All allegations are immediately acted on. During interviews conducted the auditor was told immediate action is always taken.

SCC-Juvenile Hall Meets Standard 115.352

| | |
|---------|--|
| 115.353 | Resident access to outside confidential support services and legal representation |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Part: 13 Section 13.01 PREA Policy XXIV A. The auditor reviewed the contract for outside support services with the local rape crisis center YWCA of Silicon Valley. The agency provides emotional support and victim advocate services to residents who report sexual assault, sexual abuse, sexual harassment and/or sexual misconduct. Juvenile Hall has brochures, flyers, and posters in the living units and other daily living areas the youth frequent. This includes information on the red phone youth uses to contact the YWCA 24 hour hotline. The Resource Guide Booklet provided by SCC-Juvenile Probation includes information on resources for housing, education, mentoring, crisis intervention including human trafficking, 24/7 suicide and rape crisis hotlines, behavioral health and medical services, public assistance, employment and job training, child care services, and legal services. Victim advocacy services include emotional support, counseling, crisis intervention, information dissemination, referrals, and accompaniment through the forensic medical examination process and interview. The services are provided onsite at the facility on a one on one basis. During the interview with the victim advocate it was reported YWCA typically arrives at the facility in a timely manner and is available for the youth during the Sheriff interview. Residents interviewed know the red phone is in the medical clinic and available 24/7 for their use. They know if they want to contact the YWCA staff confidentially they can request a sick call and go to the medical clinic without mentioning the red phone.</p> <p>(b) PREA Policy and Procedures Manual Part: 13 Section: 13.01 PREA XXVII resident access to outside support services, legal representation, and Juvenile Hall policy and Procedures Manual, Part 8, Section 8.01- Rights and Responsibilities of Youth were reviewed by the auditor. Staff knows their responsibilities in regards to mandatory laws. Youth are informed and educated on their rights in regard to mandatory reporting laws.</p> <p>(c) Staff is prohibited from discussing any information in regards to sexual abuse allegations except on a need to know basis which includes supervisors and managers at Juvenile Hall. Information is used to make sure residents are immediately protected from abuse and for safety and security reasons. Sexual abuse/harassment details are used to make treatment decisions and for investigation purposes. The red phone in the medical clinic is used by residents to make confidential phone calls to the rape crisis advocate agency. The phone is located in a room with a window for supervision but also allows for confidentiality.</p> <p>(d) Procedures Manual Part: 08 Section: 801 I. policy states youth are allowed access to their parent, legal guardian, and their delinquency attorney including the attorney's authorized representative. If a resident is involved in a PREA incident or safety and security incident a special visit is granted right away. The residents interviewed reported having access to their attorney by filling out an Attorney Visit Form or calling the attorney office. The residents stated they meet with their attorney in private. Each unit has interview rooms that are utilized by various agencies and people to have private meetings with residents. Per title 15 residents are allowed to call their parents or legal guardians during activity time. The residents</p> |

have 1/2 hour visits six days a week in the visiting area where there are private rooms with windows for supervision. The PREA Compliance Manager said if a resident is involved in a safety and security incident including PREA incidents they receive a special visit right away.

The auditor reviewed policy and procedures and the YWCA contract. Residents reported having free access to their attorney by phone, by request form, or sending a letter. Residents interviewed reported having access to their parents or legal guardian by phone and visits. The YWCA advocate told the auditor that response time is usually within 30 minutes. Support services are available to the resident as long as wish. SCC-Juvenile Hall exceeds Standard 115.353.

SCC-Juvenile Hall Exceeds Standard 115.353

| | |
|---------|---|
| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Part: 13 Section: 13.01 XXIX Third Party Reporting states several different ways to report sexual abuse and/or sexual harassment. The Probation Department's website has access to the "Third Party Reporting Forms" in English, Spanish, and Vietnamese. There are several established methods of distributing the information publicly on how to report sexual abuse, sexual harassment and staff sexual misconduct. A public advisory notice which includes ways of reporting is posted in the visiting area and lobby area of Juvenile Hall. The Internal Affairs Department number is listed on the notice for reporting. Third party reporting information is included in the Parent/Guardian Orientation and Information Pamphlet. Each parent/ legal guardian is invited to attend a Parent Orientation at Juvenile Hall. There is Zero Tolerance Youth Safety -Speak Out Break the Silence- Tell Someone posters in three languages in the lobby area. The poster includes ways of reporting sexual abuse, sexual harassment and staff sexual misconduct. It includes the phone number and address for the YWCA Silicon Valley Rape Crisis. The "Reporting Allegations of Sexual Abuse" poster has the red phone hotline information. Zero Tolerance policy & Sexual Abuse Reporting Pamphlets are also available for visitors in the lobby. The Resource Guide and PREA reporting information is on a power point presentation in the visiting lobby area.</p> <p>SCC-Juvenile Hall Meets Standard 115.354</p> |

| | |
|---------|---|
| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) Juvenile Hall Policy and Procedures Manual, Part 02, Section 2.05- Child Abuse Reporting Procedures, Procedures Manual Part 13 Section: XXXII A. - PREA Policy, and XXXIII were reviewed by the auditor. Employees are required to follow the Sexual Assault Coordinated Response Plan which was reviewed by the auditor. Policy requires staff to report immediately or as soon as practicably possible but under no circumstances later than the end of the shift. The staff member reports to the on duty supervisor immediately. Policy states retaliation against a youth for reporting including any staff neglect or violation of responsibilities that may have contributed to an incident will be reported immediately. Incidents are reported to the Unit Supervisor, a Facility Manager, or in their absence directly to the Deputy Chief for Institutions.</p> <p>(b) Juvenile Hall employees are mandated reporters required by law to report known or suspected child abuse or neglect to the Sheriff's Department, and/or Child Protective Services per Penal Code Sections 11165.7, 11165.9, and 11166). When the known or suspected abuse or neglect occurs inside of Juvenile Hall he reporting employee shall report by telephone to the Sherriff's Department to begin the investigation. The staff members do not interview the residents to determine what happened. All allegations of sexual abuse and/or sexual harassment are referred to the Sheriff's Department who comes to the facility and interviews the youth involved. The staff member is required to document the person they reported the incident to including both dates and time of the call. The on duty supervisor must confirm the employee who has a duty to report complies with the reporting requirements.</p> <p>(c) Policy states staff may only reveal information on a need to know basis for treatment decisions, investigation, security purposes, and management decisions. Staff interviewed reported information in regards to an allegation of sexual abuse or sexual harassment is confidential and only discussed on a need to know basis for safety and security. Staff reported residents involved are often taken to the medical clinic right away which provides privacy. Incident reports are done in the computerized incident report system which maintains privacy.</p> <p>(d) PREA Policy and Procedures Manual Part: 13 Section: 13:01 XXXIII F, G states medical and behavioral health practitioners are mandated child abuse reports. Medical and behavioral health practitioners reported they are mandated reporters as part of the professional responsibilities under their professional license. This includes reporting any knowledge, suspicion or information they received regarding an incident of sexual abuse to the Unit Supervisor, law enforcement, and Child Protective Services. The practitioners are required to inform residents at the initiation of services of the professional duty to report and the limitations of confidentiality. Santa Clara County Juvenile Probation Supervisors and Managers are responsibility for ensuring Juvenile Hall practitioners immediately report any knowledge, suspicion, or information received regarding retaliation against a resident or staff who report sexual misconduct, staff neglect, or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual misconduct, or retaliation. . Medical and behavioral health staff stated they are mandated reporters but facility staff contacts the Sheriff to get the investigation started. If a youth reports to medical or behavioral health that they have been a victim of sexual abuse the staff member makes a report to the Sheriff's Department or Child</p> |

Protective Services no matter if the incident happened in Juvenile Hall or out in the community. The medial and behavioral health staff interviewed reported there were no allegations of sexual abuse or sexual harassment reported to them by a youth and therefore no reports to be reviewed by the auditor.

(e) PREA Policy and Procedures Manual Part: 13 Section: 13.01XXXIII H-J Santa Clara County Probation Institutions Plan for Coordinated Response to Sexual Abuse or Assault requires the facility Probation Manager or designee 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 the juvenile's attorney or other legal representative of record will be notified within 14 days. However, it was reported by the PREA Compliance Manager/Superintendent notification would usually happen the same day or next business day whichever comes first.

(f) The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Santa Clara County Sheriff's Department and Santa Clara County Probation Internal Affairs department for investigation. The Deputy Chief Probation Officer, PREA Compliance Manager/Superintendent and Investigators verified the practice of reporting and investigating all allegations of sexual abuse and sexual harassment including third-party and anonymous reports, to the Santa Clara County Sheriff's Department and Santa Clara County Office of Internal Affairs.

SCC- Juvenile Hall is compliant with all provisions of Standard 115.361. Staff interviewed understood their responsibilities in terms of the agency policies and procedures, in regards to reporting to the Santa Clara County Sheriff Department, and office of Internal Affairs. Specialized staff includes the Agency Wide PREA Coordinator, PREA Compliance Manger, Medical and Behavioral Health Staff, Supervising Group Counselors, and Group Counselors randomly sampled were all aware of their duty to report and follow the Sexual Assault Coordinated Response Plan for every allegation of sexual abuse or sexual harassment received. All of the Incidents reports of a sexual nature were reviewed by the auditor and all incidents involving two youth were referred to the Sheriff's Department for investigation no matter what the nature of the incident was. All incidents involving a staff member are investigated through Internal Affairs.

SCC-Juvenile Hall Meets Standard 115.361

| | |
|---------|--|
| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Part: 13 Section: 13.01 XXXIV Agency Protection Duties, D 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 protective measures including but not limited to custody and housing changes, special management plans, no contact status, emotional support service, and/or transfers of the victim or accused abuser. There is the option for placing the victim and/or abuser on no roommate status, removal from the unit or if staff is involved placement on administrative leave during the investigation. A referral to behavioral health is made to create a plan to keep the resident feeling safe. A resident may be placed on a one on one status for support. A call is placed to the facility Manager or if they cannot be reached then the deputy Chief. Email is not used in this case. The PREA Compliance Manager/Superintendent told the auditor they must understand the threat and way the youth is at risk in order to develop a comprehensive plan of action to protect the resident. A referral is always made to behavioral health who is involved in creating a plan to keep the youth safe and supporting the youth. Behavioral health can monitor any changes in the youth such as anxiety or depression. The Deputy Chief, Agency Wide PREA Coordinator, PREA Compliance Manager, and random staff interviewed reported if a staff learns a resident is subject to a substantial risk of imminent sexual abuse the youth is moved to a safe place often the medical clinic and the Sheriff is called immediately to start the investigation process. The resident is separated even if they say they were just joking.</p> <p>SCC-Juvenile Hall meets all provisions of Standard 115.362. Every allegation is taken seriously and the Sheriff makes the call as to the seriousness of the threat. When interviewing the Superintendent it was reported the resident subject to substantial risk of imminent sexual abuse would be put on No Roommate Status and be separated by a housing unit change. Behavioral Health would be notified and the resident may be put on one on one status for the extra support.</p> <p>SCC-Juvenile Hall Meets Standard 115.362</p> |

| | |
|----------------|--|
| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Part: 13 Sections: 13.01 XXXV and Juvenile Hall Policy and Procedures Manual, Part 02, Section 2.05- Child Abuse Reporting states if a resident was abused while confined at another facility the Deputy Chief or one of the Probation Managers or designee will notify the facility where the alleged abuse occurred. Appropriate law enforcement agency and Child Protective Services will also be notified.</p> <p>(b) Per Procedures Manual Part:13 Sections:13.01 XXXV.V requires notification to be done as soon as possible but no later than 72 hours after receiving the allegation.</p> <p>(c) The Deputy Chief Probation Officer or designee documents notification has been given.</p> <p>(d) The chain of command is followed when there is an allegation. The PREA Compliance Manager is the point of contact. The Deputy Chief Probation Officer is notified by the PREA Compliance Manager 24/7. If the allegation happened at another facility the PREA Flow Chart is still followed. No allegations have been received during the audit period.</p> <p>The auditor determined compliance with all provisions of Standard 115.363 by reviewing policy and procedures and interviewing the Deputy Chief Probation Officer and the PREA Compliance Manager/Superintendent.</p> <p>SCC-Juvenile Hall Meets Standard 115.363</p> |

| | |
|----------------|---|
| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Part: 13 Section: 13.01 XXXVI requires staff to follow the institutions plan for Coordinated Response to Sexual Abuse or Assault Flow Chart which includes separating the alleged victim and abuser, preserving and protecting the crime scene, and protecting the evidence for collection by the Sheriff's Department. Residents are not allowed to destroy physical evidence by washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The Sherriff's Department is called immediately in order to process the crime scene evidence. Both security and non-security staff follow the Coordinated Response. There were no incidents of sexual abuse requiring the preserving and protecting of evidence during the audit period. Security staff interviewed during the onsite audit knew their responsibilities as a first responder. The first thing staff said was they would separate the alleged victim and take steps to preserve and protect the crime scene until the sheriff's Department arrives. They would call their Supervisor to report the incident. The victim would be taken to the medical clinic for safety, privacy, observation and to wait for the Sheriff to arrive.</p> <p>(b) During the audit period there were no incidents of sexual abuse where non-security staff was first responders.</p> <p>SCC- Juvenile Hall staff members were knowledgeable on their duties as first responders. There is an Institutions Plan for Coordinated Response to Sexual Abuse or Assault Flow Chart outlining actions to be taken and in which order. Each unit in the facility has a copy posted by the staff desk. All provisions of Standard 115.364 were determined to be met by the auditor though interviews and reviewing policies and procedures in responding to a sexual abuse or assault incidents. Staff interviewed knows their responsibilities in regards to the Institutions Plan for Coordinated Response to Sexual Abuse or Assault Flow Chart.</p> <p>SCC-Juvenile HALL Meets Standard 115.364</p> |

| | |
|---------|--|
| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>PREA Policy and Procedures Manual Part: 13 Section: 13.01 XXXVII B and Plan for Coordinated Response to Sexual Abuse or Assault were reviewed by the auditor. The plan includes actions to be taken in response to an incident of sexual abuse, among first responders, supervisors and manager, security and non-security staff, emergency examinations and testing, medical and mental health practitioners, Sheriff's Office, Internal Affairs, and facility leadership. The Coordinated Response to Sexual Abuse or Assault Protocol Flow Chart is followed to ensure all required actions in response to an incident of sexual abuse are followed. The first responder staff will follow the steps outlined in the policy under the staff first responder duties. The Supervisor on duty will be notified who will then notify the Probation Manager who informs the Deputy Chief of Probation. The Sheriff's Department 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's Department is responsible for collecting and processing the crime scene evidence, conducting the investigations, 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, coordinating the collection and delivery of evidence to designated labs or law enforcement facilities, 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 advocate from YWCA Silicon Valley rape crisis may be involved in initial victim contact via the 24 hour hot line or face to face meeting. Responsibilities include offering victim advocacy, emotional support and crisis intervention, provide information, language assistance services, referrals during the process, and help to ensure the victim has transportation and accompany them to and from the exam site if requested by the victim or probation staff. 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 behavioral 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. Services continue to be available to victims after their release from the facility if requested by the victim.</p> <p>SCC-Juvenile Hall Meets Standard 115.365. Policies and procedures were reviewed by the auditor including the flow chart outlining a coordinated response which was created by the Agency Wide PREA Coordinator. The detailed informational tool outlines steps to be taken and by whom. Interviews verified agency personnel know their duties when responding to an incident of sexual abuse and follow the steps outlined in the policy and on the flow chart.</p> <p>SCC- Juvenile Hall Meets Standard 115.365</p> |

| | |
|---------|--|
| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) The auditor reviewed the memorandum of agreement between Santa Clara County and Santa Clara County Probation Peace Officers' Union Local 1587, AFCME which is in effect from 2014-2019. The agreement does not limit the department's ability to remove staff members from having contact with residents if they have been accused of an allegation of sexual abuse, sexual harassment, retaliation and/or negligent behavior contributing to a PREA incident. Staff can be removed from having contact with a particular resident; staff is removed from the facility until the outcome of an investigation. The determination will then be made to what extend 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.</p> <p>The Deputy Chief Probation Officer verified there is no language in the contract giving the union control over staff having contact with the residents in the event of an allegation of any kind. If there is an allegation against a staff member depending on the circumstances they are immediately placed on leave or moved into a position where they don't have contact with residents. The allegation is turned over to the Sheriff's Department and Internal Affairs to investigate. The union has no control over the disciplinary sanctions or termination of staff. SCC- Juvenile Hall meets Standard 115.366</p> <p>SCC-Juvenile Hall Meets Standard 115.366</p> |

| | |
|---------|--|
| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Part: 13 Section: 13.01XXXIX- Santa Clara County Policy Against Discrimination, Harassment, and Retaliation as well as the county 24/7 whistleblower program prohibits retaliation for reporting an governmental improprieties. 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. The agencies policy is to protect residents and staff from retaliation due to making a report of sexual abuse or sexual harassment or cooperating with asexual abuse or sexual harassment investigation. Santa Clara County Juvenile Hall has designated the PREA Compliance Manager/Superintendent to be in charge of monitoring retaliation.</p> <p>(b) Staff knows retaliation is not tolerated and is trained on how to recognize behaviors and protect the youth from being a victim of retaliation. The facility protects juvenile rights by starting with removing alleged staff or resident's abuses from having contact with victims. Residents have access to the PREA Compliance Manager, their lawyer, parents, and the YWCA for reporting harassment or retaliation. The PREA Compliance Manager monitors the youth and if there are concerns the supervisors are informed so they know what to look for or what necessary changes need to be made in order to protect the resident. A blanket email would go out to staff and if a staff member was involved progressive discipline would be used anywhere from counseling to removal from the unit or facility if necessary. The PREA Compliance Manager/Superintendent stated it is important to communicate with staff involved in the incident throughout the investigation. Having direct access to the Manager can help the staff member better understand the process. Behavioral Health staff help out by giving feedback as to whether the involved resident is feeling retaliated against or showing signs of stress or anxiety. If a Manager suspects retaliation they pull the staff member in and let them know they have concerns. The supervisor on the unit is informed and assesses concerns at the unit level. If the problem persist a 3rd party may get involved such as the union representative. If it is suspected a youth is involved behavioral health is asked if the victim is under any pressure or being bullied.</p> <p>(c) Policies and Procedures XLI Scope of Anti-Retaliation Policy J states that for a 90 day period following a report of sexual abuse or sexual harassment the Program Manager, PREA Compliance Manager, and unit Supervisor will monitor the conduct and 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 change, negative performance reviews and/or reassignment of staff.</p> <p>(d) The PREA Compliance Manager is in charge of monitoring and periodically checks on the youth being monitored. The Manager communicates with the unit supervisor and also behavior health to check on the status of the youth. The PREA Compliance Manager goes to the unit and checks in on the youth. The youth knows any retaliation should be reported to the unit supervisor, behavioral health, and/or the PREA Compliance Manager. There were no instances of retaliation during the audit period. During interviews with the Deputy Probation</p> |

Officer and PREA Compliance Manager the auditor was told staff knows the policies and procedures on retaliation and knows it's not tolerated.

(e) If a resident or staff fears retaliation they are protected from retaliation by the facility staff and the agency. Policies and Procedures are in place to ensure protection.

(f) If an allegation is unfounded the agency terminates monitoring if Program Managers determine it is unnecessary.

SCC-Juvenile Hall meets all provisions of Standard 115.367. There were no instances of retaliation during the audit period. During specialized staff, random staff, and resident interviews retaliation was not reported to the auditor. Policies and procedures in regards to retaliation meet the standard.

SCC-Juvenile Hall Meets Standard 115.367

| | |
|---------|--|
| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed Policy and Procedures Manual Part: 13 Section: 13.01 XLV A and Juvenile Hall Policy and Procedures Manual, Part: 04, Section: 4.04- Isolation. Policy states all residents under the supervision of SCC-JH have a right to be free from unreasonable restrictive conditions including isolation. During upper management interviews it was reported to the auditor isolation is not used for residents who allege to have suffered sexual abuse instead they are given extra support and supervision. Juvenile Hall uses behavioral health and can put the resident on one on one supervision for monitoring. The resident can be placed on no roommate status and moved closer to the staff desk area. The nurse manager stated medical staff is available 24/7 to screen youth who have been involved in an incident of sexual abuse to provide support services as needed. Behavioral health provides risk assessment, crisis intervention, and stabilization 24/7. Behavioral health works as a team with the medical clinic, and control supervisor to provide support. During the audit period no residents have been placed in isolation for protective custody. Interviews with the PREA Compliance Manager/Superintendent, Medical and Behavioral Health staff, and boys receiving staff stated isolation is not used at the facility and separation is not used for PREA Incidents. Santa Clara County Juvenile Hall does not use isolation. The Superintendent reported residents who allege to have suffered sexual abuse are given extra support. They can be put on No Roommate Status, one on one supervision, or moved closer to the staff desk. Behavioral health works as a team with medical staff, and the control supervisor to provide support and stability.</p> <p>SCC-Juvenile Hall is compliant with Standard 115.368. No residents at the facility have been placed in isolation for protective custody during the audit period. Interviewees reported segregated housing is not used to protect residents at Santa Clara County Juvenile Hall. Staff in boys and girls receiving verified isolation is not used for PREA Incidents. The facility has several different ways to protect residents and does not use isolation.</p> <p>SCC-Juvenile Hall Meets Standard 115.368</p> |

| | |
|---------|---|
| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Part: 13, Section: 13:01 XLVIA states the department is committed to investigating all allegations of sexual abuse, sexual harassment, and staff sexual misconduct reported from all sources including third party and anonymous reports. The Santa Clara County Sheriff's Department handles all criminal investigations and administrative investigations are handled by Santa Clara County Probation Department Office of Internal Affairs. The auditor interviewed two investigators who reported IA investigation starts the investigation after the criminal investigation is completed. All allegations of sexual abuse and sexual harassment are investigated the same way including third-party and anonymous reports. Investigators said it doesn't matter if the report is by phone, email, or in person all allegations are taken seriously. During the audit period there was no open PREA Investigation involving Juvenile Hall staff. During the audit period there were four incidents that were investigated by the Sheriff's Department that were unfounded and/or determined no crime occurred. There we no incidents of sexual abuse and/or sexual assault during the audit period.</p> <p>(b) XLVII B- Santa Clara County department of Internal Affairs Investigators receive specialized training in sexual abuse investigation. Investigators interviewed received the Multi-Disciplinary Techniques for Victims of Sexual Abuse Training. This includes interviewing techniques for sexual abuse victims and perpetrators. Training certification and curriculum were reviewed by the auditor.</p> <p>(c) Policy XLVL B. states all reports of sexual abuse that are believed to be criminal in nature shall be reported to the Sheriff's Department. Santa Clara County Juvenile Hall staff do not question youth involved in any type sexually inappropriate behavior incidents. The Sheriff's Department is called and the Officer interviews each resident involved and determines if a crime has been committed. During the audit period there were 3 incidents investigated as possible PREA cases where the Sheriff determined no crime had been committed. The department has requested the investigating law enforcement agency follows 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 Santa Clara County Sheriff's Department.</p> <p>(d) Agency policy states an investigation will not be terminated solely because the source of the allegation recants. Investigators report all investigations move forward and are handled the same way. If a victim recants the allegation the investigator said it becomes part of the investigation to look into why as there can be lots of different reasons.</p> <p>(e) PREA Policies and Procedures Part: 13, Section: 13.01 XLVII Internal Investigations B states 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. The Sheriff's Department investigator conducts interviews first to ensure the integrity of the Internal</p> |

Affairs and Sheriff's Department investigation and to avoid any complications associated with Garrity Rights. Investigators interviewed told the auditor the IA investigations start once the criminal aspect is completed. If more information is discovered during the IA investigation it is reported to the Sheriff's Department.

(f) Santa Clara County Probation Department prohibits residents who report abuse or cooperate in an investigation of abuse from taking a polygraph test. The alleged victim, witness, or suspect is always seen as credible. There are several steps to gathering information and if the stories continue to change their credibility can become an issue. Investigators stated during an investigation at first you have to trust and verify their story not by judging but by gathering facts from several different sources.

(g) The auditor reviewed two cases one was an IA PREA Investigation that was closed prior to the audit period and one is an open IA Investigation that was not a PREA Incident. The auditor interviewed two investigators about the information included in the final investigation report. Investigating staff reported the written report includes the date, location, time, victim information, allegations, witnesses, Sheriff's report, , minor case notes, clinic reports, photographs (with parent permission), markings, and interview transcripts. Attachments include cell phone records, CD of each interview conducted, audio of witness statements and subject statements, diagram and photos of the crime scene. The report includes a summary of interviews conducted, all reports, and logs. The findings of the report includes whether or not agency policy was violated and is so which ones. The investigation report includes an effort to determine whether a staff actions or failures to act contributed to the abuse. A description of the physical and testimonial evidence and the reasoning behind credibility assessments, and the investigative facts and findings.

(l)- 1-2 Substantiated allegations of conduct that appear to be criminal are referred for prosecution by the Sheriff's Department. If Internal Affairs Investigators uncover new information of any kind it is turned over to the Sheriff's Department. During the audit period there were no allegations of sexual assault referred for prosecution. The auditor did review an IA Investigation closed file for a case prosecuted by the Sheriff's Department.

(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) Investigators interviewed told the auditor if an employee terminates their employment with Santa Clara County Probation Department during the IA investigation the investigation continues as if they were still employed. Except the department has no authority to force the person to come in and be interviewed or participate in the investigation in anyway. The investigator still determines if the person violated department policy and procedures and if so which ones. The auditor reviewed a IA Investigation report where the employee terminated employment with the Santa Clara County Probation and the case continued to be investigated until completion.

(m) The PREA Compliance Manger/Superintendent told the auditor if the Sheriff's Department is doing the investigation then he is the contact person and if Internal Affairs is doing the investigation the Deputy Chief Probation Officer is the person of contact.

Santa Clara County is in compliance with all provisions of this standard. The auditor reviewed Internal Affairs Investigation Files and interviewed two investigators. Policy and procedures reviewed meet the standard. The PREA Coordinator, PREA Compliance Manager/Superintendent, Investigators, and Deputy Chief Probation Officer were interviewed by the auditor in order to make the determination of compliance.

SCC- Juvenile Hall Meets Standard 115.371

| | |
|----------------|--|
| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Part: 13 Section: 13.01 XLVIII A 3 states 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 the evidential stand shall be consistent with the PREA Standard 115.372 Evidential Standard's for Administrative Investigations. Investigators interviewed told the auditor Santa Clara County Probation does not impose a standard higher than preponderance of evidence in determining whether an allegation of sexual abuse or sexual harassment are substantiated but they do try and do better than 51%.</p> <p>SCC- Juvenile Hall Meets Standard 115.372.</p> |

| | |
|---------|---|
| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Part: 13 Section: 13.01 XLIVA Following an investigation into an allegation of sexual abuse by a resident or a staff member the resident victim will be notified as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Internal Affairs investigators stated they try to obtain the victims contact information during the investigation process in order to notify them of the outcome via certified mail at the conclusion of the investigation. A signature is required to protect confidentiality. If the Sheriff's Department is conducting the investigation involving residents in juvenile hall they provide the facility with a report at the end of the investigation .The PREA Youth Notification Form is used to document notification to the resident. Policy states the resident victim shall be notified of criminal and administrative actions regardless of the following circumstances:</p> <p>The staff member is no longer posted in the resident's unit.</p> <p>The staff member is no longer employed by the Department.</p> <p>The Department learns the staff member or the resident has been indicted on a charge related to sexual abuse in the facility.</p> <p>The Department learns the staff member or resident has been convicted on the sexual abuse charge.</p> <p>(b) Santa Clara County Juvenile Probation Department requests information from the investigative entity in order to inform the resident as to the outcome of the investigation. Policy states all resident victim notifications whether the perpetrator is a staff member or a resident will be notified of the outcome using the PREA Youth Notification Form. During the audit period there were no resident allegations of sexual abuse and therefore, no PREA Youth Notification Forms to review.</p> <p>(c) Policy states notification will include if the staff member is no longer posted in the resident's unit, staff member is no longer employed by the department, the staff member or resident has been convicted on the sexual abuse charge. A manager will notify the resident using the PREA Youth Notification Form. At the conclusion of an Internal Affairs Investigation the victim is notified by registered mail.</p> <p>(d) If a resident is sexually abused by a resident in Juvenile Hall the agency informs the alleged victim if the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility. All notifications must be documented by the Probation Manager per policy unless the resident is released from the agency's custody.</p> <p>SCC- Juvenile Hall Meets Standard 115.373.</p> |

| | |
|---------|--|
| 115.376 | Disciplinary sanctions for staff |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) The auditor reviewed Policy and Procedures Section: 13 Part: 13.01 XLV (A-G), Juvenile Hall Policy and Procedures Part: 1 Section: 1.05- Code of Ethical Conduct, and Administration Policy and Procedures Manual Part: 200 Section: 220. Staff members who violate the law or policy including sexual abuse and sexual harassment are subject to disciplinary sanctions up to and including reprimand, suspension, or termination depending on a multiplicity of factors. Santa Clara County Probation staff members 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.</p> <p>(b) The presumptive disciplinary sanction for staff who engages in sexual abuse of a resident is termination. During the audit period there have not been any staff violations of agency sexual abuse or sexual harassment policies at Juvenile hall. There were no PREA incidents involving Santa Clara County Juvenile Hall staff during the audit period.</p> <p>(c) PREA policy states staff members involved in allegations of sexual abuse and sexual harassment will be disciplined depending on the nature and circumstances of the acts committed, the member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Santa Clara County Juvenile Probation Managers stated during interviews any staff member who has an allegation of sexual abuse, sexual harassment, or inappropriate sexualized behavior will be removed from contact with residents immediately until the completion of the investigation. If the outcome of the investigation is founded they will be terminated from employment.</p> <p>(d) If there is a PREA allegation against a staff member it is immediately reported to the Sheriff's Department and to the Office of Internal Affairs according to policy and interviews conducted with the Deputy Chief Probation Officer, Agency wide PREA Coordinator, and PREA Compliance Manager/Superintendent. All violations of the department's policies on sexual abuse or sexual harassment that have been terminated or resigned are reported to the Santa Clara County Sheriff's Department and to the Office of Internal Affairs for investigation.</p> <p>The auditor reviewed policy and conducted interviews to determine that SCC-Juvenile Hall is in compliance with all provisions of the standard.</p> <p>SCC-Juvenile Hall Meets Standard 115.376</p> |

| | |
|---------|---|
| 115.377 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Section :13 Part: 13.01 XLVIC and Juvenile Hall Policy and Procedure Manual, Part: 12, Section 12.02- Volunteers/Programs/Non-Probation Visitors required volunteers to undergo a criminal background investigation. Policy strictly prohibits any form of consensual sexual activities between residents and contractors, volunteers, and interns. Allegations of such conduct are reported to the Sheriff's Department and the individual is removed from the facility immediately having no further contact with residents. Such conduct is subject to administrative disciplinary sanctions and may result in criminal prosecution.</p> <p>(b) Corrective action includes the contractor or volunteer being removed from the facility immediately. The Sheriff's Department is notified and a report is taken. The volunteer or contractors agency will be notified immediately.</p> <p>All provisions of the standard at met. Policies and Procedures were reviewed by the auditor and the PREA Compliance Manager/Superintendent was interviewed. He told the auditor a contractor or volunteer who engages in sexual abuse will be removed from the facility and the incident is referred to the Sheriff's Department for investigation. The information is reported to the agency the contractor or volunteer work under. They would no longer be allowed into the facility.</p> <p>SCC-Juvenile Hall Meets Standard 115.377</p> |

| | |
|---------|--|
| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>(a) The auditor reviewed PREA Policy and Procedures Section: 13.01XLVII Intervention and Disciplinary Sanction for Residents and Juvenile Hall Policy and Procedures, Manual Part 04, Section 4.0- Behavior Control of Minors. Juvenile on juvenile sexual activity is prohibited by the facility. The agency has a zero tolerance policy on sexual abuse, sexual harassment and sexual misconduct and strictly prohibits any form of consensual sexual activities between residents. If a juvenile is guilty of contact with another resident appropriate discipline will be applied. If a law violation is committed while in custody the Sheriff's Department investigates. During the audit period there were no on resident on resident sexual abuse incidents resulting in a criminal finding of guilt.</p> <p>(b) Disciplinary sanctions include new charges being filed, assessment of housing and the protection of other minors, escort during movement, check level status, or county jail if age appropriate. The District Attorney files charges if appropriate. Isolation is not used as a disciplinary sanction at Juvenile Hall. However, policy does state a resident placed in isolation will be provided large muscle exercise and educational programming including special education services. Medical and behavioral health would provide daily visits. Daily programming and work opportunities would be provided if possible. During the audit period no residents were placed in isolation.</p> <p>(c) Policy states medical and/or mental illness are considered as a contributor to the resident behavior and when determining what type of sanction should be imposed. Behavioral health and considerations of housing according to size and developmental level will be considered. The PREA Compliance Manager/Superintendent reported assaults are still referred to the DA for consideration. Juvenile Hall Policy and Procedures Manual, Part 07, Section 7.04- New Law Violations While in Custody establishes guidelines for processing residents who commit new law violations while in Juvenile Hall. The Superintendent stated assaults are always referred to the DA for consideration.</p> <p>(d) Therapy, counseling and other appropriate interventions to address symptoms of mental health are offered by behavioral health. Mental health issues such as PTSD, depression, and anxiety are considered as underlying reasons for abuse reactive behavior and/or reactions to being abused.</p> <p>(e) If a staff member did not consent to sexual contact with a resident the matter will be referred to the Sheriff's Department for investigation. The resident will be disciplined if the investigation outcome finds the staff member did not consent.</p> <p>(f) If a report of sexual abuse is made in good faith and the investigation does not establish sufficient evidence to substantiate the allegation it will not be considered false reporting of an incident. 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.</p> |

(g) To the extent that the Department's Zero Tolerance Policy prohibits all forms of resident on resident sexual activity, the department will not deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.

Santa Clara County Juvenile Hall meets all provisions of Standard 115.378. PREA Policy and Procedures are in place to protect residents in isolation; however the facility does not use isolation. Interviews with staff verified isolation has not been used during the audit period. Interviews with the PREA Compliance Manager/Superintendent and Medical/Behavioral Health staff confirmed that isolation is not used at the facility.

SCC-Juvenile Hall Meets Standard 115.378

| | |
|---------|---|
| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) The auditor reviewed PREA Policy and Procedures; Part: 13, Section: 13.01 XLVII and Juvenile Hall Policy and Procedures Manual Part; 02, Section: 2.05- Child Abuse, Part: 06, Section: 6.01- Classification; Part: 02, Section: 2.01- Health Care Services; and Part: 02, Section: 2.01- Medical and Dental Services/Medical Emergency Procedures. Within 24 hours of a residents arrival at Juvenile Hall the following information will be obtained using the Risk of Victimization/Sexually Aggressive Behavior screening instrument (RV/SAB).</p> <ol style="list-style-type: none"> 1. Prior sexual victimization or abusiveness; 2. Any gender non-conforming appearance or manner, self-identification as; 3. Lesbian, gay, bisexual, transgender, or intersex, and whether the resident; 4. May therefore be vulnerable to sexual abuse; 5. Current charges and offense history; 6. Age; 7. Level of emotional and cognitive development; 7. Level of emotional and cognitive development; 8. Physical size and stature; 9. Mental illness or mental disabilities; 10. Intellectual or developmental disabilities; 11. Physical disabilities; 12. The residents' own perception of vulnerability; and 13. Any other specific information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain other residents; 14. Any other information about a resident that may indicate heightened need for supervision. <p>(b) If the RV/SAB intake screening indicates a resident has experienced prior sexual victimization inside an institutional setting or in the community, the staff makes an immediate referral to behavioral health. The referral to behavioral health is followed up with an email. The youth is also asked if they wish to use the red phone to assess the YWCA for support service.</p> <p>(c) Sexual victimization or abusiveness information is limited to medical and behavioral health practitioners and institutional staff as necessary to develop treatment plans and security management decisions which include housing, roommate status, work, education, and program assignments. Staff interviewed including behavioral health and medical staff stated information is on a need to know basis in order to protect the youth and/or other residents in the facility.</p> <p>(d) Policy states medical and behavioral health practitioners are required to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in the institutional setting unless the resident is under the age of 18. The behavioral health and medical staff interviewed told the auditor they are mandated reporters if the resident is under the age of 18 and they notified the youth of this at the beginning of treatment and/or services.</p> <p>The auditor determined all provision of this standard is met by reviewing policies and procedures, through observation during the onsite audit and by conducting interviews.</p> |

| | |
|---------|--|
| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Part: 13, Section: 13.01, Juvenile Hall Policy and Procedures Manual, Part: 02, Section: 2.01- Medical and Dental Services/Medical Emergency Procedures, and Part: 02, Section: 2.03- Mental Health Services, Administrative Policy and Procedures Manual, Part: 500, Section: 503- Critical Incidents Policy and Procedures, and Santa Clara County Juvenile Probation Institutions Plan for Coordinated Response to Sexual Abuse or Assault flow chart were reviewed by the auditor. Victims have immediate access to emergency medical treatment at Valley Medical Center for stabilization, forensic examination and treatment as needed. Medical and behavioral health staff maintains secondary materials documenting emergency medical treatment and crisis intervention services provided at Juvenile Hall. Staff or the resident will contact the YWCA to refer the alleged victim to the community rape crisis counselor to act as an advocate and provide crisis intervention. The resident will be seen and assessed by Juvenile Hall medical and behavioral health practitioners. They act as advocates for the minor's health and safety within the Juvenile Hall custody setting. An RN will perform a nursing assessment which is documented in the progress notes. Medical and behavioral health staff maintains secondary documentation of emergency medical treatment and/or crisis intervention services that are provided to juveniles involved in an alleged PREA incident. Medical logs are kept by the medical staff and a record of sessions with behavioral health staff is maintained. The Nurse Manager was interviewed by the auditor and explained follow up treatment includes STD Screening and a referral to the YWCA for support.</p> <p>Security and non- security staff first responders understood their responsibilities as first responders. During interviews the auditor was told staff immediately separates the victim and takes them to the medical clinic. The Nurse Manager said if the youth reports the physical and/or sexual abuse/assault occurred within 72 hours the victim will be transported to Santa Clara Valley Health and Hospital and be treated by the Santa Clara Valley Sexual Assault Response Team (SART). The youth will be referred to the YWCA and a trained community based rape crisis counselor will arrive at Juvenile Hall and accompany the alleged victim to the Santa Clara Valley Health and Hospital if the youth wants. The victim will be assessed, 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 behavior health referral is made and the RN at Juvenile Hall Medical Clinic may still send them to the emergency department after consultation with the on call psychiatrist.</p> <p>(b) There are medical and behavior health practitioners available to residents at Juvenile Hall 24/7. The Medical Clinic is open 24/7 and support services through the YWCA are also available 24/7.</p> <p>(c) Policy states and the Nurse Manager at Juvenile reported timely and unimpeded access to STD screening and emergency contraception is included in the victim's treatment. During the interview the auditor was told the information includes information on all options available to the youth and is given in a caring and nonjudgmental way. Options of pregnancy are discussed. There are several options and programs to help female residents who are</p> |

pregnant even if it is not a result of a PREA Incident at Juvenile Hall. The youth is assigned a nurse through the Nurse Family Partnership that comes to Juvenile Hall to introduce the program. The program includes medical, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), continuing education programs online or in person, transportation to doctor appointments, home nurse visits, free daycare, and gift cards for up to 5 years. The Nurse Manager said they work with the youth and support them during the decision making process and after.

(d) Valley Medical Center has approximately 20 specialized trained registered nurses who serve as SART examiners and crisis intervention services are available 24 hours a day in the emergency room department without cost to the youth.

Policies and procedures were reviewed and interviews conducted to determine Santa Clara County meets Standard 115.382. The Medical Clinic staff is supportive and knowledgeable of community programs available to help a youth who has been sexually abused or arrives at Juvenile Hall pregnant. Staff interviewed know the coordinated response requirements and reported an alleged victim of sexual abuse or sexual assault will be taken to the medical clinic until the Sheriff's Department arrives and to determine any medical and/or mental health needs.

SCC- Juvenile Hall Meets Standard 115.382

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

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

(a) Policy includes offering medical and mental health evaluations and treatment to all residents who have been a victim of sexual abuse in the facility. Medical and behavioral health staff evaluates and provide necessary treatment and support services within and outside of the facility.

(b) Treatment includes follow-up serves, treatment plans, and referrals for continued care following 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 (YWCA) and the community for services to ensure ongoing medical and mental health evaluations, treatment, and support services. The Nurse Family Partnership Program NFPH supports youth through pregnancy by arranging checkups, hospital care, and transportation needs and provide follow up care for up to 5 years if the youth wishes. They provide parenting education and incentives for the youth to participate such as gift certificates to help with the cost of caring for their baby/child.

(c) The facility provides victims with medical and mental health services consistent with the community level of care according to policy and procedures and medical and behavioral health staff interviews. The Nurse Manager reported they help with obtaining access to services for the youth and transportation.

(d) Females victims of sexual abuse while in custody are provided with a pregnancy test and the victim also receives the pregnancy test results in a timely and comprehensive manner.

(e) If the sexual abuse results in pregnancy the victim receives access to lawful pregnancy related medical services. They are educated by Juvenile Hall mental staff as to their options and receive support throughout the process as previously described in this report.

(f) Santa Clara County Juvenile Probation policy requires residents who are victims of sexual abuse while in custody be offered tests for sexually transmitted infections as medically appropriate. Juvenile Hall has a medical clinic staffed with Registered Nurses who provide follow up care and counseling services for the youth.

(g) The probation department pays for medical expenses incurred on behalf of committed youth in Juvenile Hall regardless of where the victim names the abuser or cooperates with any investigation as a result of the incident.

(h) The facility is committed to ensuring the facility attempts to conduct a mental health evaluation of all know resident on resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by behavioral health practitioners. There have not been any allegations of sexual assault or sexual abuse at SCC- Juvenile Hall during the audit period. During interviews with upper management, randomly selected security staff members, and medical staff the auditor was told there have not been any sexual assaults or abuse at the facility that they can remember. The Nurse Manager told the auditor that with

the implementation of PREA there is a whole culture shifting and people are a lot more aware.

Policies and Procedures meet all provisions of this standard. Victims of sexual abuse or sexual assault are provided access to emergency medical treatment, crisis intervention, and needed medical treatment. These services continue as long as a youth requests. Medical and behavioral health staff interviewed showed a commitment and compassion when treating the youth in their care. The follow up care and programs in place for youth after they leave the facility can be up to 5 years. The support services for ongoing medical and mental health care for sexual abuse victims exceeds the standard of care.

SCC- Juvenile Hall Exceeds Standard 115.383

| | |
|---------|---|
| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Part: 13, Section: 13:01 LI - Sexual Abuse Incident Review policy states the facility will conduct a sexual abuse incident review meeting within 30 days of the conclusion of the investigation. There were no sexual abuse/sexual assault incidents at the facility requiring a 30 day incident review. It should be noted the facility did complete incident review meetings on incidents that were unfounded as documented in the Sheriff's Department report.</p> <p>(b) The review team considers the following areas and then prepares a report of its findings with recommendations for improvement and submits the report to the PREA Compliance Manager/Superintendent. The review is within 30 days of the conclusion of the investigation.</p> <p>(c) During the audit period the incident review team consisted of the Nurse Manager, Senior Group Counselors, and Behavioral Health Staff. The incident review team did not include an upper level management official as required by this standard.</p> <p>(d) The incident review team considered the following:</p> <ol style="list-style-type: none"> 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 if physical barriers in the area may enable abuse; 4. The adequacy of staffing level in a particular area and during different shifts; 5. Assess if monitoring technology could be deployed or augmented to supplement supervision by the staff. <p>(e) The facility implements recommendations for improvement, or documents its reason for not doing so.</p> <p>SSC- Juvenile Hall is compliant with all provisions of this standard except (c) including upper-level management officials. The auditor reviewed policy and procedures and interviewed three incident review members including SR Supervising Group Counselors, and the Nurse Manager to determine all of the provisions of this standard at met except (c).</p> <p>SCC- Juvenile Hall does not meet Standard 115.386</p> <p>CORRECTIVE ACTION</p> <p>An upper-level management official is required to be part of the incident review team; preferably the Agency Wide PREA Coordinator or the PREA Compliance Manager. During the corrective action phase the facility needs to add an upper level management official to the team and they must attend incident review meetings during the corrective action phase. The auditor will review the members of the team and Incident Review Team meeting notes from meetings held during the corrective action phase. A corrective action visit will be made</p> |

January 2020.

SCC-Juvenile Hall Does Not Meet Standard 115.386

CORRECTIVE ACTION MUST BE COMPLETED BY April 10, 2020

CORRECTIVE ACTION COMPLETED

During the Corrective Action Period the Auditor consulted with the Quality Systems Supervisor at Juvenile Hall to implement changes required for compliance with Standard 115.386. A corrective action review visit at Santa Clara County Juvenile Hall was conducted on February 4, 2020 by the auditor. The incident review team consists of the PREA Compliance Manager, SGC/Quality Systems Supervisor, Behavioral Health Manger and Clinic Staff. The PREA Compliance Manager is an upper management position. The meeting notes from an Incident Review meeting held during the corrective action period was reviewed by the auditor. The incident review team meets Standard 115.386(e).

Santa Clara County Juvenile Hall meets all provisions of Standard 115.386

SCC-Juvenile Hall Meets Standard 115.386

| | |
|---------|--|
| 115.387 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) The auditor reviewed PREA Policy and Procedures Part: 13, Section: 13.01 LII- Data Collection and Juvenile Hall Policy and Procedures Manual Part: 07, Section: 7.01- Incident Reports/ reviews. All allegations and reports of sexual abuse/assault, sexual harassment, and staff sexual misconduct are documented. Data Collection Instrument is an Internal Incident Report System. The Juvenile Records System (JRS) reports demographic information. The Internal Affairs Database records allegation outcomes and keeps data secure. The Agency Wide PREA Coordinator keeps the data. The Juvenile Records System (JRS) reports demographic information.</p> <p>(b) The Agency Wide PREA Coordinator keeps the data and aggregates the incident-based sexual abuse data at least annually.</p> <p>(c) The incident based data collected includes data necessary to answer questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>(d) The agency maintains, reviews, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>(e) The agency does not contract with other facilities for the confinement of residents.</p> <p>(f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>SCC- Juvenile Hall Meets Standard 115.387</p> |

| | |
|---------|--|
| 115.388 | Data review for corrective action |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>(a) Juvenile Hall PREA Policy and Procedures Manual Part: 13, Section: 13.01 LIV was reviewed by the auditor. The Agency Wide PREA Coordinator reviews data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The PREA Coordinator reviews data including behavioral health information, custody events, red phone usage, and Sheriff's Department interviews. The information is securely retained in the Juvenile Records System progress in addressing sexual abuse is provided.</p> <p>(b) The report includes a comparison of the current year's data and corrective actions with those of prior years.</p> <p>(c) The annual report includes Santa Clara County Juvenile Probation Juvenile Hall and William James Ranch. SCC Juvenile Probation does not contract out to private facilities for the confinement of their youth. The report is available to the public on the agency website.</p> <p>(d) The policy includes the agency redacting specific material for the reports that would present as a clear and specific threat to the safety and security of the facility when published. Numbers and outcomes are reported no names or other identifying information is published. Reports include the number of times advocates were used, months of incidents, and demographic of where and when. The information is used for research and development.</p> <p>The auditor reviewed policy and procedures and conducted interviews with the Deputy Chief Probation Officer, Agency Wide PREA Coordinator, and PREA Compliance Manager. The 2018 report was reviewed by the auditor on the Santa Clara County Agency Website. The report meets all provisions of the standard and exceeds expectations of the standard by being comprehensive and educational in regards to the agencies mission to protecting the residents and staff from sexual harassment and/or sexual abuse.</p> <p>SCC- Juvenile Hall Exceeds Standard 115.388</p> |

| | |
|---------|--|
| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>(a) PREA Policy and Procedures Manual Section: 13, Part: 13.01 LV states the agency will securely maintain sexual abuse data collected for at least 10 years after the date of the initial collection of 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.</p> <p>(b)(c) Santa Clara County Probation PREA Policy requires the aggregated sexual abuse data is available to the public annually on the agency website. All personal identifiers are removed before making aggregated sexual abuse data available to the public. The 2018 report is on the agency website.</p> <p>SCC-Juvenile Hall Exceeds this standard by providing a comprehensive report communicating the mission of the agency to protect staff and residents from sexual harassment and/or sexual abuse.</p> <p>SCC-Juvenile Hall Exceeds Standard 115.389</p> |

| | |
|----------------|--|
| 115.401 | Frequency and scope of audits |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Santa Clara County Juvenile Probation has two facilities Juvenile Hall and William James Ranch. Both facilities were audited during the last audit cycle and reached compliance during the corrective action period. The reports are published on Santa Clara County Probation Department website.</p> <p>(b) The agency had both facilities audited during the first and second audit cycles. This audit is the first year of the third audit cycle. The agency is scheduled to audit William James Ranch the second year of the third audit cycle.</p> <p>(h) During the onsite audit the auditor was allowed to access and observe all areas of the facility.</p> <p>(i) The auditor received copies of all relevant documentation requested including electronically stored information except for documentation uploaded into SharePoint during the onsite audit. The auditor cannot access the documentation and the facility has not provided the auditor with this information to date.</p> <p>(m) Residents were interviewed in an office that allowed for privacy.</p> <p>(n) Six weeks prior to the onsite audit information on the upcoming audit was posted in the housing unit and throughout the facility. The residents had information on how to contact the auditor. The residents were allowed to send confidential information or correspondence to the auditor in the same way they can communicate with counsel. The auditor verified the notification notices were posted throughout the facility during the onsite audit.</p> <p>SCC- Juvenile Hall meets all provisions of Standard 115.401 except (i).</p> <p>CORRECTIVE ACTION</p> <p>(i) Auditor must receive the information uploaded to SharePoint during the onsite audit as soon as possible. The auditor must receive the information during the corrective action phase in order to be compliance with Standard 115.401(i)</p> <p>CORRECTIVE ACTION DUE BY April 10, 2020.</p> <p>CORRECTIVE ACTION COMPLETION</p> <p>The Auditor received information uploaded to SharePoint during the onsite audit.</p> <p>SCC- Juvenile Hall Meets Standard 115.401</p> |

| | |
|----------------|--|
| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(f) Final audit reports for the last two audit cycles are posted on the agency website.</p> <p>SCC-Juvenile Hall Meets Standard 115.403</p> |

Appendix: Provision Findings

| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|-------------|---|-----|
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |

| 115.311 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|-------------|--|-----|
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |

| 115.311 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|-------------|---|-----|
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |

| 115.312 (a) | Contracting with other entities for the confinement of residents | |
|-------------|---|----|
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |

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

| | | |
|--------------------|--|-----|
| 115.313 (a) | Supervision and monitoring | |
| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | | |

| | | |
|--|--|-----|
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |

| | | |
|--------------------|--|-----|
| 115.313 (b) | Supervision and monitoring | |
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |

| 115.313 (c) | Supervision and monitoring | |
|-------------|--|-----|
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | yes |

| 115.313 (d) | Supervision and monitoring | |
|-------------|---|-----|
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |

| 115.313 (e) | Supervision and monitoring | |
|-------------|--|-----|
| | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | yes |
| | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) | yes |

| 115.315 (a) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |

| 115.315 (b) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |

| 115.315 (c) | Limits to cross-gender viewing and searches | |
|-------------|--|-----|
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |

| 115.315 (d) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | na |

| 115.315 (e) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |

| 115.315 (f) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.316 (a) | Residents with disabilities and residents who are limited English proficient | |
|-------------|---|-----|
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all | yes |

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

| | | |
|--|---|--|
| | through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | |
|--|---|--|

| 115.316 (b) | Residents with disabilities and residents who are limited English proficient | |
|--------------------|---|-----|
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

| 115.316 (c) | Residents with disabilities and residents who are limited English proficient | |
|--------------------|--|-----|
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations? | yes |

| 115.317 (a) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |

| 115.317 (b) | Hiring and promotion decisions | |
|-------------|---|-----|
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |

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

| 115.317 (d) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |

| 115.317 (e) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |

| | | |
|--------------------|---|-----|
| 115.317 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |

| | | |
|--------------------|---|-----|
| 115.317 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |

| | | |
|--------------------|--|-----|
| 115.317 (h) | Hiring and promotion decisions | |
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |

| | | |
|--------------------|---|----|
| 115.318 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |

| | | |
|--------------------|---|-----|
| 115.318 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |

| | | |
|--------------------|---|----|
| 115.321 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | na |

| | | |
|--------------------|---|-----|
| 115.321 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

| 115.321 (c) | Evidence protocol and forensic medical examinations | |
|-------------|---|-----|
| | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |

| 115.321 (d) | Evidence protocol and forensic medical examinations | |
|-------------|--|-----|
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |

| 115.321 (e) | Evidence protocol and forensic medical examinations | |
|-------------|---|-----|
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |

| 115.321 (f) | Evidence protocol and forensic medical examinations | |
|-------------|--|-----|
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.) | yes |

| 115.321 (h) | Evidence protocol and forensic medical examinations | |
|-------------|---|-----|
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.) | yes |

| 115.322 (a) | Policies to ensure referrals of allegations for investigations | |
|-------------|---|-----|
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

| 115.322 (b) | Policies to ensure referrals of allegations for investigations | |
|-------------|---|-----|
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |

| 115.322 (c) | Policies to ensure referrals of allegations for investigations | |
|-------------|--|-----|
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a)) | yes |

| 115.331 (a) | Employee training | |
|-------------|---|-----|
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |

| 115.331 (b) | Employee training | |
|-------------|---|-----|
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |

| 115.331 (c) | Employee training | |
|-------------|--|-----|
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |

| 115.331 (d) | Employee training | |
|-------------|---|-----|
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |

| 115.332 (a) | Volunteer and contractor training | |
|-------------|---|-----|
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |

| | | |
|--------------------|---|-----|
| 115.332 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |

| | | |
|--------------------|---|-----|
| 115.332 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

| | | |
|--------------------|---|-----|
| 115.333 (a) | Resident education | |
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |

| | | |
|--------------------|--|-----|
| 115.333 (b) | Resident education | |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |

| | | |
|--------------------|--|-----|
| 115.333 (c) | Resident education | |
| | Have all residents received such education? | yes |
| | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |

| | | |
|--------------------|--|-----|
| 115.333 (d) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |

| | | |
|--------------------|---|-----|
| 115.333 (e) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |

| | | |
|--------------------|---|-----|
| 115.333 (f) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |

| 115.334 (a) | Specialized training: Investigations | |
|-------------|---|-----|
| | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

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

| 115.334 (c) | Specialized training: Investigations | |
|-------------|---|-----|
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| 115.335 (a) | Specialized training: Medical and mental health care | |
|-------------|--|-----|
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? | yes |

| 115.335 (b) | Specialized training: Medical and mental health care | |
|-------------|--|----|
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) | no |

| 115.335 (c) | Specialized training: Medical and mental health care | |
|-------------|---|-----|
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? | yes |

| 115.335 (d) | Specialized training: Medical and mental health care | |
|-------------|--|-----|
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? | yes |

| | | |
|--------------------|---|-----|
| 115.341 (a) | Obtaining information from residents | |
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |

| | | |
|--------------------|---|-----|
| 115.341 (b) | Obtaining information from residents | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

| 115.341 (c) | Obtaining information from residents | |
|-------------|---|-----|
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |

| 115.341 (d) | Obtaining information from residents | |
|-------------|---|-----|
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |

| 115.341 (e) | Obtaining information from residents | |
|-------------|--|-----|
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |

| 115.342 (a) | Placement of residents | |
|-------------|---|-----|
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |

| 115.342 (b) | Placement of residents | |
|-------------|---|-----|
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

| 115.342 (c) | Placement of residents | |
|-------------|--|-----|
| | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? | yes |

| 115.342 (d) Placement of residents | | |
|---|--|-----|
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |

| 115.342 (e) Placement of residents | | |
|---|--|-----|
| | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |

| 115.342 (f) Placement of residents | | |
|---|---|-----|
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |

| 115.342 (g) Placement of residents | | |
|---|---|-----|
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |

| 115.342 (h) Placement of residents | | |
|---|--|-----|
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | yes |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | yes |

| | | |
|--------------------|--|-----|
| 115.342 (i) | Placement of residents | |
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |

| | | |
|--------------------|--|-----|
| 115.351 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

| | | |
|--------------------|---|-----|
| 115.351 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | no |

| | | |
|--------------------|---|-----|
| 115.351 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |

| | | |
|--------------------|--|-----|
| 115.351 (d) | Resident reporting | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |

| | | |
|--------------------|---|-----|
| 115.351 (e) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |

| | | |
|--------------------|---|----|
| 115.352 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |

| | | |
|--------------------|---|-----|
| 115.352 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |

| 115.352 (c) | Exhaustion of administrative remedies | |
|-------------|--|-----|
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |

| 115.352 (d) | Exhaustion of administrative remedies | |
|-------------|--|-----|
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |

| 115.352 (e) | Exhaustion of administrative remedies | |
|-------------|---|-----|
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | yes |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | yes |

| 115.352 (f) | Exhaustion of administrative remedies | |
|-------------|---|-----|
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |

| 115.352 (g) | Exhaustion of administrative remedies | |
|-------------|---|-----|
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |

| 115.353 (a) | Resident access to outside confidential support services and legal representation | |
|-------------|---|-----|
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | no |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |

| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
|-------------|--|-----|
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |

| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
|-------------|--|-----|
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |

| | | |
|--------------------|---|-----|
| 115.353 (d) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |

| | | |
|--------------------|--|-----|
| 115.354 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |

| | | |
|--------------------|---|-----|
| 115.361 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |

| | | |
|--------------------|---|-----|
| 115.361 (b) | Staff and agency reporting duties | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |

| 115.361 (c) | Staff and agency reporting duties | |
|-------------|---|-----|
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |

| 115.361 (d) | Staff and agency reporting duties | |
|-------------|---|-----|
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |

| 115.361 (e) | Staff and agency reporting duties | |
|-------------|--|-----|
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? | yes |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? | yes |
| | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | yes |
| | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? | yes |

| | | |
|--------------------|--|-----|
| 115.361 (f) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |

| | | |
|--------------------|--|-----|
| 115.362 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |

| | | |
|--------------------|---|-----|
| 115.363 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |

| | | |
|--------------------|---|-----|
| 115.363 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |

| | | |
|--------------------|--|-----|
| 115.363 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |

| | | |
|--------------------|--|-----|
| 115.363 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

| 115.364 (a) | Staff first responder duties | |
|-------------|--|-----|
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |

| 115.364 (b) | Staff first responder duties | |
|-------------|--|-----|
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |

| 115.365 (a) | Coordinated response | |
|-------------|---|-----|
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |

| | | |
|--------------------|--|-----|
| 115.366 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |

| | | |
|--------------------|--|-----|
| 115.367 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |

| | | |
|--------------------|---|-----|
| 115.367 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |

| 115.367 (c) | Agency protection against retaliation | |
|-------------|---|-----|
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |

| 115.367 (d) | Agency protection against retaliation | |
|-------------|---|-----|
| | In the case of residents, does such monitoring also include periodic status checks? | yes |

| | | |
|--------------------|---|-----|
| 115.367 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |

| | | |
|--------------------|---|-----|
| 115.368 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |

| | | |
|--------------------|---|-----|
| 115.371 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (d) | Criminal and administrative agency investigations | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (e) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |

| | | |
|--------------------|---|-----|
| 115.371 (f) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |

| | | |
|--------------------|---|-----|
| 115.371 (g) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (h) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |

| | | |
|--------------------|---|-----|
| 115.371 (j) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (k) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |

| | | |
|--------------------|---|-----|
| 115.371 (m) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| | | |
|--------------------|--|-----|
| 115.372 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |

| | | |
|--------------------|--|-----|
| 115.373 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |

| 115.373 (b) | Reporting to residents | |
|-------------|--|-----|
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |

| 115.373 (c) | Reporting to residents | |
|-------------|--|-----|
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |

| 115.373 (d) | Reporting to residents | |
|-------------|---|-----|
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |

| 115.373 (e) | Reporting to residents | |
|-------------|---|-----|
| | Does the agency document all such notifications or attempted notifications? | yes |

| 115.376 (a) | Disciplinary sanctions for staff | |
|-------------|--|-----|
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |

| 115.376 (b) | Disciplinary sanctions for staff | |
|-------------|--|-----|
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

| 115.376 (c) | Disciplinary sanctions for staff | |
|-------------|---|-----|
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |

| 115.376 (d) | Disciplinary sanctions for staff | |
|-------------|--|-----|
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |

| 115.377 (a) | Corrective action for contractors and volunteers | |
|-------------|--|-----|
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |

| 115.377 (b) | Corrective action for contractors and volunteers | |
|-------------|--|-----|
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |

| 115.378 (a) | Interventions and disciplinary sanctions for residents | |
|-------------|--|-----|
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |

| 115.378 (b) | Interventions and disciplinary sanctions for residents | |
|-------------|---|-----|
| | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? | yes |

| 115.378 (c) | Interventions and disciplinary sanctions for residents | |
|-------------|---|-----|
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |

| 115.378 (d) | Interventions and disciplinary sanctions for residents | |
|-------------|--|-----|
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? | yes |
| | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |

| | | |
|--------------------|--|-----|
| 115.378 (e) | Interventions and disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

| | | |
|--------------------|--|-----|
| 115.378 (f) | Interventions and disciplinary sanctions for residents | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |

| | | |
|--------------------|---|-----|
| 115.378 (g) | Interventions and disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |

| | | |
|--------------------|---|-----|
| 115.381 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |

| | | |
|--------------------|---|-----|
| 115.381 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |

| | | |
|--------------------|---|-----|
| 115.381 (c) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |

| | | |
|--------------------|---|-----|
| 115.381 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |

| | | |
|--------------------|---|-----|
| 115.382 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |

| | | |
|--------------------|---|-----|
| 115.382 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |

| | | |
|--------------------|--|-----|
| 115.382 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |

| | | |
|--------------------|--|-----|
| 115.382 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

| | | |
|--------------------|--|-----|
| 115.383 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |

| | | |
|--------------------|--|-----|
| 115.383 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |

| | | |
|--------------------|---|-----|
| 115.383 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |

| | | |
|--------------------|--|-----|
| 115.383 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | yes |

| | | |
|--------------------|---|-----|
| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | yes |

| | | |
|--------------------|---|-----|
| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |

| | | |
|--------------------|--|-----|
| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

| | | |
|--------------------|--|-----|
| 115.383 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |

| | | |
|--------------------|---|-----|
| 115.386 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |

| | | |
|--------------------|--|-----|
| 115.386 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |

| | | |
|--------------------|---|----|
| 115.386 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | no |

| | | |
|--------------------|---|-----|
| 115.386 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |

| | | |
|--------------------|--|-----|
| 115.386 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

| | | |
|--------------------|--|-----|
| 115.387 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |

| | | |
|--------------------|---|-----|
| 115.387 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

| | | |
|--------------------|--|-----|
| 115.387 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |

| | | |
|--------------------|--|-----|
| 115.387 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |

| | | |
|--------------------|--|----|
| 115.387 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |

| | | |
|--------------------|--|----|
| 115.387 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |

| 115.388 (a) | Data review for corrective action | |
|-------------|---|-----|
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |

| 115.388 (b) | Data review for corrective action | |
|-------------|---|-----|
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |

| 115.388 (c) | Data review for corrective action | |
|-------------|--|-----|
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |

| 115.388 (d) | Data review for corrective action | |
|-------------|---|-----|
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |

| 115.389 (a) | Data storage, publication, and destruction | |
|-------------|---|-----|
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |

| | | |
|--------------------|---|-----|
| 115.389 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |

| | | |
|--------------------|--|-----|
| 115.389 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |

| | | |
|--------------------|--|-----|
| 115.389 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |

| | | |
|--------------------|---|-----|
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

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

| 115.401 (h) | Frequency and scope of audits | |
|-------------|--|-----|
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |

| 115.401 (i) | Frequency and scope of audits | |
|-------------|--|-----|
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |

| 115.401 (m) | Frequency and scope of audits | |
|-------------|---|-----|
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |

| 115.401 (n) | Frequency and scope of audits | |
|-------------|---|-----|
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |

| 115.403 (f) | Audit contents and findings | |
|-------------|--|-----|
| | <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> | yes |