

PREA Facility Audit Report: Final

Name of Facility: Santa Clara County Juvenile Hall

Facility Type: Juvenile

Date Interim Report Submitted: 03/18/2018

Date Final Report Submitted: 10/08/2018

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: 10/08/2018

AUDITOR INFORMATION	
Auditor name:	Mandery-Baldwin, Michelle
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Telephone number:	
Start Date of On-Site Audit:	01/29/2018
End Date of On-Site Audit:	01/31/2018

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:	
The facility is:	<input checked="" type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input checked="" type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
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Warden/Superintendent			
Name:	Nick Birchard	Title:	Deputy Chief
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Facility PREA Compliance Manager			
Name:		Email Address:	

Facility Health Service Administrator			
Name:	Chia-Chen Lee	Title:	Nurse Manager
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Facility Characteristics	
Designed facility capacity:	390
Current population of facility:	0
Age range of population:	13-21
Facility security level:	Medium
Resident custody level:	Medium to High
Number of staff currently employed at the facility who may have contact with residents:	0

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	Title:	Chief Probation Officer
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.

NARRATIVE

The Santa Clara County Juvenile Probation Department-Juvenile Hall on-site audit was conducted from January 29, 2018-January 31, 2018. The facility reached PREA Compliance during the last audit cycle and the report dated January 6, 2017 can be found on the agency website. The auditor received the PAQ on 12/6/2017. Notifications of the upcoming audit in English and Spanish were sent to the PREA Compliance Manager on 12/13/2017 and posted by 12/18/2017 as requested by the auditor. The Pre-Audit Questionnaire, policies and procedures, and documentation submitted by the facility were reviewed for compliance with the Juvenile Facility PREA Standard. The online PREA Compliance Tool was utilized. It should be noted that the PAQ was submitted with missing information using the online audit system. Therefore, some of the area's are blank in this report and in several areas the number is zero (current population etc) as the facility left several areas blank and was not able to access the PAQ to undated the information once it was submitted. The auditor requested the correct information from the facility and it's included in this report.

Upon arriving at the facility the auditor met with the Agency Wide PREA Coordinator, and Quality Assurance/PREA Support Staff from both Juvenile Hall and William James Boys Ranch. The auditor received the resident roster for January 29th including housing unit, race, sex, and the age of residents. The auditor received the names of three youth who identified themselves as LGBTI. A random sample of residents was selected by the auditor. This included residents who had reported sexual abuse and role, and one resident that needed an interpreter. On January 29, 2018 the resident population was 115.

The auditor toured the facility with the Agency Wide PREA Coordinator and two Quality Assurance/PREA staff members from Juvenile Hall and two from William James Boys Ranch. During the facility tour the auditor asked question that were answered by the tour group, security and non-security staff members and residents. Staff members explained policies and procedures and demonstrated methods used when the auditor had questions on a procedure. The following interviews were conducted: 20 Random Residents, Targeted Resident from all categories, Deputy Chief Probation Officer, Program Manager/Agency Wide PREA Coordinator, Superintendent /PREA Compliance Manager, Nurse Manager, Mental Health Care Staff, Community Based Organization Advocate, Human Resource staff, two Internal Affairs Investigators, CBO's, twelve random staff including security staff, Supervisors, Senior Group Counselors, and Group Counselors. Specialized staff such as intake staff, first responders, staff monitoring retaliation, training staff, and screening staff are examples. The auditor reviewed resident PREA Education and completion of PREA education forms, PREA training slides, random sample of PREA training records for staff and CBO/Volunteers training, risk screening assessment tool, risk screenings, agency staffing plan including monthly schedules during the audit period, investigative reports and/or incident reports, staff training records, personnel files including background check files, required employment paperwork and hiring practices, training tracking system, and other systems used

to store information and residents files. Agency Policies and Procedures, and PREA Policies and Procedures were reviewed. The December 21, 2016 Board of State and Community Corrections (BSCC) inspection report for April 26-28, 2016 inspection SCC Juvenile Hall, and Judicial Inspection of Juvenile Detention Facility for Suitability report dated July 27, 2016 for the Juvenile Hall inspection on May 18, 2016 were reviewed by the auditor.

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

Upon arriving at Juvenile Hall the youth go through a thorough assessment and orientation process. The PREA education and risk assessment is part of the orientation. The residents receive one on one orientation and education on their rights to be free of sexual abuse and sexual harassment and the reporting and grievance procedures. 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 for program 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 referrals, anger management, aftercare services, legal services, education, mentoring and leadership programs. The Family and Children’s Services focuses on crisis intervention, therapy needs, and dating violence. Services include case management, gang violence prevention, and workshops for girls focusing on healthy relationships. There are a variety of programs such as art and yoga.

When touring the facility and interviewing Management, Supervisors, Security Staff, and Residents it was clear the facility has a culture of zero tolerance toward sexual abuse and sexual harassment.

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.

DESCRIPTION OF FACILITY CHARACTERISTICS

Juvenile Hall was constructed in 1958 and has a capacity of holding 390 residents. The facility is located in downtown San Jose. On January 29, 2018 the first day of the audit the population 115. This includes 12 female residents and 103 males. The majority of residents are housed in the Beta Wing. The Alpha Wing was not in use during the last audit cycle due to a decrease in population. One of the units on Alpha Wing was in use during the onsite audit and a second unit is expected to be operational in the near future. This wing is for residents 18-21 years of age. The kitchen was being remodeled during the last PREA audit so the kitchen and dining room were closed to the use of residents and staff. The facility has received funding to upgrade the video security system. 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. The facility has received the funding for the new security video system and is hoping to receive money to upgrade the control room and control panel at the same time. The Superintendent/ PREA Compliance Manger expects the project to be started in the near future. Several blind spots identified during the last PREA Audit were corrected by the installation of mirrors and staff coverage or placement until the facility installs the upgraded security system. Details are outlined in the PREA Audit report dated January 6, 2017 which is located on the agency website.

Intake Area/Police Admissions Desk Boys and Girls Receiving

This is a large long room with a desk area on one side. There are two staff members that work on one end of the desk and monitor who enters the facility through the visitor lobby Community Based Organization (CBO) and professional visits such as attorneys etc. This is where all CBO and Volunteers go through a screening process making sure they meet all agency and facility requirement to enter the facility. At the opposite end youth come through the police entrance into the intake area. There is a room where searches are conducted when youth come in. They always have a second staff present during searches. During the tour there were 5 intake security staff in the intake/receiving area and two staff working in the visiting lobby entrance area. On the other of the room there are two doors going into boys and girls receiving. A bench along the wall is where youth sit while waiting to be processed into Juvenile Hall. When entering girls receiving the staff desk is on the right. There is a private area for showering and changing clothes to the left. Two female staff are present when a youth is showering. There are lockers for youth to put their clothes after changing into facility clothing. The auditor was shown how the PREA education is done including the youth signing the acknowledgement form documenting they received the information. Next the auditor toured boys receiving which has the staff desk on the right with the bathrooms behind the desk area a little to the left. Beyond the bathroom is a closet that was left open creating a blind spot. Across from the closet are the lockers used to store youth clothing. In the back of boys receiving there are isolation cells which have not been used during the audit period for a PREA related incident. This was varified with staff on duty. One of the security staff walked the auditor through the intake process including PREA education and documentation. During the tour there were two staff in

the police admissions, one for admissions and one for release. Two male staff in boys receiving and one staff in the girls receiving area. No youth were present. There is a camera that provides coverage for the intake area without blind spots. The boys and girls receiving where youth shower and change does not have showers.. There is always at least two security staff present when processing a youth. No blind spots were noted by the auditor.

Lobby and Visiting Area

When entering the Juvenile Hall Facility there is a lobby with a window to the right used for checking in Volunteers/Programs and Non Probation Visitors. Straight ahead is the visiting area entrance. This area is staffed by the Sheriff's Department during visiting hours. There is a sitting area to the left of the door when entering the lobby. The lobby was undergoing updating and the painting had recently been completed. There was nothing on the walls due to painting including PREA signage. After entering through the visiting security area there are several visiting rooms. No PREA signage was posted in this area.

Hallway from Receiving

Upon leaving the intake area there is a hallway with interview rooms that have windows in the doors. The control room sits at the end of the short hallway where control staff can view the area.

Control Desk

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

Beta Wing First Floor

Beta wing is a long hallway that has units on each side. The hallway has cameras and the control desk is notified by security staff when there is movement of a resident or residents. Upon entering the units there is a hallway with interview/office room and on the opposite side is a classroom.

B1 Security Unit- Population 18

- The staff desk is in a central location and the living area, shower area, and hallway can be seen from there. Behind the desk is a closet 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.
- Pass the staff desk is the shower area which provides privacy when the residents are showering. The procedure for showering was shared with the auditor during the tour.
- A mirror was installed during the prior audit cycle so the staff can see the hallway and closet past the showers both upstairs and downstairs. The closet was closed and locked.
- The courtyard is located along the back wall of the central living area and is used by residents for outdoor activity. The area has a camera and a large window for supervising. There is a staff member in the doorway supervising at all times.
- 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 also locked when they are in their rooms. Two residents are in most rooms 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 are posted in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment was posted in the unit. PREA flyers are available for residents. There is a grievance box in the unit which is checked by the Unit Supervisor and a locked box where residents can confidentially communicate with medical staff. It is checked by clinic staff. A poster is located by the telephone with the phone number to the community

based victim advocate program.

- In the middle of the common area the PREA Audit Notification was posted on the pole near the stairs.

B3 Security Unit -Population 18

- 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 as it is routinely accessed by the Security Staff on duty. A mirror has been placed across from the closet allowing staff in the living area to see into the closet and behind the staff desk.
- Pass the staff desk is the shower area which provides privacy when the residents are showering. Female staff stays behind the desk or is relieved from the unit during showers.
- A mirror was installed during the prior audit cycle so the staff can see the hallway and closet past the showers both upstairs and downstairs. The closet was closed and locked.
- The courtyard is located in the corner of the back wall between the classroom and residents rooms off of the central living area. It has small window, camera, and a mirror used for supervising. There is a staff member in the doorway when residents are using the area for outdoor activities.
- Resident's rooms are located along one wall of the common area on two levels. The rooms are on the opposite wall of the classroom. The room doors 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 also when they are in their rooms. Two residents are in most rooms 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 are posted in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment was posted in the unit. PREA flyers are available for residents. There is a grievance box in the unit which is checked by the Unit Supervisor and a locked box where residents can confidentially communicate with medical staff. It is checked by clinic staff. A poster is located by the telephone with the phone number to the community based victim advocate program.
- In the middle of the common area the PREA Audit Notification was posted on the pole near the stairs.

B4 Mental Health Unit – Population 14

Auditor talked with staff who shared that they use a lot of verbal redirecting and conversational counseling on the unit. Direct supervision and progressive discipline is used to manage difficult behaviors. Managers and Unit Supervisors are helpful to the staff due to the volatile behaviors the residents can display. One on One supervision and No Roommate status is used when needed. Management told the auditor that this unit usually has three staff during a wake hours regardless of the population due to the nature the residents.

- Unit B4 has the same floor plan as B3.
- A mirror has been placed behind the staff desk across from the closet allowing staff to see into the closet and behind the desk.
- Beyond the staff desk is the shower area which provides privacy when the residents are showering. Female staff stays behind the desk or are relieved from the unit during showers.
- 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 was posted in the unit. PREA flyers are available for residents. There is a grievance box in the unit which is checked by the Unit Supervisor and a locked box where residents can confidentially communicate with medical staff. It is checked by clinic staff at least daily. A poster is located by the telephone with the phone number to the community based victim advocate program.

- In the middle of the common area the PREA Audit Notification was posted on the pole near the stairs.

Staircases

The staircases have cameras and the control room is notified when a resident leaves a unit for movement. Security Staff monitor the resident from the control room. Residents from the security unit are escorted by staff as well as monitored by camera.

Beta Wing Second Floor

B5 General Population Unit Males (12-16 years of age) - Population 24

- The staff desk is located at the end of the hallway leading into the living unit. It's in central location living area, shower area, and hallway can be seen from there. Behind the desk is a closet 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 and behind the staff desk from the living unit.
- Pass the staff desk is the shower area which allows for privacy when the residents are showering. The procedure for showering was shared with the auditor during the tour.
- A mirror was installed during the prior audit cycle so the staff can see the hallway and closet past the showers both upstairs and downstairs. The closet was closed and locked.
- The courtyard is located along the back wall of the central living area and is used by residents for an outdoor activity. This area is monitored with a camera and has a large window for viewing. There is a staff member in the doorway supervising at all times.
- Resident's rooms are located along one wall of the common area on two levels. The room along one wall and the classroom is on the opposite wall. The room doors are visible from the staff desk and the common living area. They remain locked during daytime hours and locked when residents are in their rooms during sleeping hours. The doors have a small window form viewing. Two residents are in most rooms 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 are posted in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment was posted in the unit. Next to the residents phone is a poster with the phone number to the community based victim advocate program. PREA flyers are available for residents on the unit. There is a grievance box in the unit which is checked by the Unit Supervisor one a day and a locked box where residents can confidentially communicate with medical staff. In the middle of the common area the PREA Audit Notification was posted on the pole near the stairway leading to the upper level where resident rooms are located.
- Most rooms house two residents and are located along the wall both upstairs and downstairs. The upstairs has a blind spot which is directly above the blind spot downstairs in the shower area. There is a closet that is a blind spot.

B7 General Population Unit (16-18 years of age) - Population 27

- The staff desk is located at the end of the hallway leading into the living unit. It is in a central location in the living area, shower area, and hallway can be seen from there. Behind the desk is a closet 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 and behind the staff desk from the living unit.
- Pass the staff desk is the shower area which allows for privacy when the residents are showering. The procedure for showering was shared with the auditor during the tour.
- A mirror was installed during the prior audit cycle so the staff can see the hallway and closet past the showers both upstairs and downstairs. The closet was 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. There is a staff member in the doorway supervising at all times.

- Resident's rooms are located along one wall of the common area on two levels. The rooms are along one wall and the classroom is on the opposite wall. The room doors are visible from the staff desk and the common living area. They remain locked during daytime hours and locked when residents are in their rooms during sleeping hours. The doors have a small window form viewing. Two residents are in most rooms 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 are posted in English, Spanish, and Vietnamese. How to report sexual abuse and sexual harassment was posted in the unit. Next to the residents phone is a poster with the phone number to the community based victim advocate program. PREA flyers are available for residents on the unit. There is a grievance box in the unit which is checked by the Unit Supervisor once a day and a locked box where residents can confidentially communicate with medical staff. In the middle of the common area the PREA Audit Notification was posted on the pole near the stairway leading to the upper level where resident rooms are located.

G1 Female Unit- Population 13

- Same floor plan as B5
- 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 was posted in the unit. Next to the residents phone is a poster with the phone number to the community based victim advocate program. PREA flyers are available for residents on the unit. There is a grievance box in the unit which is checked by the Unit Supervisor one a day and a locked box where residents can confidentially communicate with medical staff. In the middle of the common area the PREA Audit Notification was posted on the pole near the stairway leading to the upper level where resident rooms are located.
- Girls screening is done in a room next to the unit with a camera. During the tour the auditor talked to the screening staff and she said she always sits at the table with the youth she is testing. She notifies control and leaves the door open that connects to G1.

A2 Male Program (18-21 year olds)- Population 1

- Walking into the unit there is a phone for residents use with PREA Signage which includes the number for the community based victim advocate program.
- The desk is on the wall to the left. There is a closet to the right of the desk that has a mirror for the purpose of correcting a blind spot which is the back of the oblong closet. The mirror does not completely correct the blind spot. The facility wants the closet to remain unlocked as it is used by Security Staff routinely throughout their shifts.
- Next to the closet there are two offices with windows for viewing, however there is a blind spot in the left front corner. The blinds need to be 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 Convex mirror along the back wall is visible from the living area in the unit. There are no blind spots.
- In the large common area that has a camera there are no blind spots. 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 was posted in the unit. PREA flyers are available for residents on the unit. There is a grievance box in the unit which is checked by the Unit Supervisor one a day and a locked box where residents can confidentially communicate with medical staff. The PREA Audit Notification was posted in the unit.
- The resident's rooms are located in a L shape on the wall across from the staff desk and the wall to the right upon entering the unit. The first floor of rooms is below floor level of the common living area. There

is a rectangular shape mirror that allows for open viewing of the end of the hallway of downstairs rooms. It is an open floor plan and there are no 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 Program (ages 18-21 year olds)- Population 0

- Currently the unit has no residents and is expected to house the female program for 18-21 year olds.
- It has the same layout at A2 with the same blind spots.

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. During the facility tour there was one resident in the room with the staff member. There is one camera in the room leaving a blind spot in the back of the room near the desk.
- There are no Security staff in the room when a resident or residents are being tested.

Medical Clinic

When entering the medical clinic there is a large desk and a sitting 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 are medical staff work stations. The red phone is in a room with a window for easy viewing. The youth can make a confidential call and be within eyesite of the staff member. Medical files are kept private only being viewed by medical health staff.

Mental Health Offices

- The mental health offices are located upstairs where no youth are allowed. They are seen by mental health staff on the housing units.

Multi Agency Assessment Center

- The MAAC Center is made up of offices and a conference room. Residents are allowed in this area when they are receiving the 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. There are large windows on the wall and in the door for viewing. The Agency Wide PREA Coordinator requires the screening staff to have residents present in this area only when there are other staff members in adjacent offices. Screening are done on the living units when other staff members are not in the MAAC Center.

Learning Lounge

- When residents use the learning Lounge they are supervised by at least two staff member. It is one room with a camera and has no blind spots. The closet remains locked. There is no PREA Signage in the Learning Lounge.

PE Field

- The PE field is a large open area between the main building and the gymnasium. There are two wide angle rotating cameras that pan in and out for viewing. The PE Field area is surrounded by fencing and

razor wire.

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 hand side is the staff desk that has a bathroom behind it. There is a mirror that shows the area behind the staff 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 shows an open view. The mirrors corrected the blind spots identified during the last audit cycle.
- PREA Signage is posted in the gymnasium.

Kitchen and Café

This area was closed during the last audit period for remodeling.

- The area consists of one large room with tables for eating. The kitchen is at the far end and has a long counter area where kitchen staff serves the food.
 - The residents are not allowed in the kitchen area. During the tour kitchen staff verified this information and explained the 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. They get their food at the counter and go to the tables and eat. It is a very controlled situation due to the number of residents. On the wall to the left there is a door that leads to a hallway. When the door is open a staff member stands in front of entrance as residents are not allowed in the hallway.
- .There was no PREA Signage posted.

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:	5
Number of standards met:	38
Number of standards not met:	0

Summary of Audit Findings

Number of Standards Exceed: 5

115.311- Zero Tolerance of sexual Abuse and Sexual Harassment

115.317- Hiring & Promotion Decisions

115.353-Resident Access to outside Confidential Support Services

115.383- Ongoing Medical & Mental Health Services

115.389- Data, Storage, Publication, and Destruction

Number of Standards Met: 34

Number of Standards Not Met: 3

115.313- Supervision and Monitoring- Blind Spots

115.331- Employee Training

115.373- Reporting to Residents

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: Exceeds Standard
	Auditor Discussion
	<p>115.311 (a) Santa Clara County Probation Department Juvenile Hall Policies and Procedures Manual Section 13.01 PREA Requirements I.A. states the department is committed to providing safe and secure custodial care for juvenile residents which includes a zero tolerance standard towards all forms of sexual abuse and sexual harassment. This includes all sexual activity and states consensual sexual contact between residents is not allowed in the facility. Agency policy includes preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes investigating and supports the prosecution of sexual abuse and sexual harassment both internally through the Santa Clara County Internal Affairs Department and externally in partnership with the Santa Clara County Sheriff's Department. The PREA policy definitions listed on page 7 UU includes sexual abuse of a resident by a resident, staff member, contractor, volunteer, intern, and official guest/visitor. The departments zero tolerance policy on sexual abuse, sexual harassment and sexual misconduct is a complement, to, not a substitute for the existing county wide policy on sexual harassment. The auditor reviewed existing policies that reinforce the zero tolerance policy as it relates to staff behavior including 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)(c)The Agency Wide PREA Coordinator was interviewed on 1/31/18 and reported PREA related responsibilities are 50% of his job. Two staff on his team are dedicated to PREA. The Agency wide PREA Coordinator is a Probation Manager position allowing the chain of command be utilized to direct supervisors to aide in PREA related responsibilities. When a task is not completed the PREA Coordinator talks to the supervisor who then handles the issue with unit staff. If still not completed progressive discipline would take place. The Santa Clara County Juvenile Probation Department has senior level Managers designated as the PREA Coordinator and Compliance Managers. The PREA Coordinator and Compliance Managers, report directly to the Deputy Chief Probation Officer for Institution's. Review of the agency organizational chart identifies a Probation Manager/ Agency Wide PREA coordinator who oversees two facilities Juvenile Hall and William James Ranch. Each of these facilities has a PREA Compliance Manager. The PREA Coordinator reported the agency provides enough time to develop, implement, and oversee the agencies responsibilities in regards to PREA compliance. When implementing or making changes to policy the PREA Coordinator consults with the Compliance Mangers of Juvenile Hall and James Ranch. The PREA Compliance Managers are responsible for the day to day operation of PREA Compliance.</p> <p>Zero Tolerance Policies and Procedures were reviewed by the auditor, observations were made during time spent at the facility, and interviews with the Agency Wide PREA Coordinator, PREA Compliance Manager, and Security Staff Members were conducted. The facility has a culture of zero tolerance of sexual abuse and sexual harassment. The residents are knowledgeable on the zero tolerance policies and procedures. Staff reported having a team approach helping each other out and working together to provide a safe environment for the residents and staff members. Managers, security staff, medical and mental health personnel are committed to providing a safe environment from sexual abuse and sexual harassment that</p>

exceeds the standard. During the time spent at the facility the auditor observed individuals working together on the common goal of providing an environment for residents that is safe from sexual abuse and sexual harassment.

SCC- Juvenile Hall Exceeds Standard 115.311

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)-(c) Santa Clara County Probation does not enter into contracts for the confinement of SCC probation youth. Santa Clara County Juvenile Probation does not have contracts for confinement services for the purpose of housing Santa Clara County youth. Youth are placed through the foster care system into foster homes and residential group homes that house residents from different probation departments and social service agencies throughout the state.</p> <p>SCC-Juvenile Hall meets all provision of standard 115.312</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The auditor reviewed the Board of State and Community Corrections (BSCC) inspection report dated April 26-28, 2016. Based on the review of schedules and the overall staffing plan BSCC found there are sufficient staff for youth supervision. BSCC reviewed a variety of logs reflecting the daily unit counts and interviewed staff, and found no discrepancies to the provided scheduling scheme. The Juvenile Justice Commission (JJC) March 2017 inspection report was reviewed by the auditor. The staffing pattern and supervision of the minors was found to be adequate.</p> <p>Funding has been approved and allocated to move forward with a new video surveillance system. Until the upgrade is completed blind spots were addressed by the placement of mirrors, and/or staff coverage as required during the last PREA Audit. Details of these upgrades can be found in the Final PREA Report dated January 6, 2017 published on the agency website. There were no judicial findings of inadequacy or findings of inadequacy from federal investigative agencies. Adequate staffing levels to protect residents are maintained. The staffing plan was reviewed by the auditor and there are two or three staff and one floater assigned to each unit which currently houses between 1-28 residents.</p> <p>(b) Policy and Procedures Manual Part:13 Sections 13.01 V and VI - In reviewing the staffing plan and Juvenile Hall Policy and Procedures Manual, Part 01, Section 1.08, subsection II the agency complies with the PREA standard staffing ratios. The staffing plan includes extra staff being on duty each day to ensure required ratios are met. This was confirmed when interviewing the PREA Compliance Manager/Superintendent. During the interview it was reported PREA drives the plan 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. The staffing plan is based on a population of 192. Daily population is usually between 85-125 and does not change the staffing schedule. The composition of the resident population is taken into account when the control desk makes the final staffing assignments for the day. The mental health unit unusually has three staff during waking hours even though the population ratio requires one or two staff depending on number of residents. Extra staff members are always available for high risk residents for one-on-one supervision. When staff is assigned one on one supervision with a resident they do four hour shifts. There are extra group counselors and shift relief staff who are not assigned to a specific unit and available to help out. The facility uses triangulation for supervision. The staff are positioned in the unit where they can see each other. The facility exceeds accepted detention and correctional practices and the PREA Standards for supervision.</p> <p>(c)-5 The facility deviated from the staffing ratios of 1:16 during resident sleeping hours one time since October 1, 2017. The auditor reviewed the staffing assignments for the reported date and the incident report. Staff were moved for the safety of staff and residents due to exigent circumstances. The deviation from the staffing plan was documented as required by the standard.</p> <p>(d) During the monthly manager meeting concerns for the safety of the residents and staff are</p>

addressed. The PREA Compliance Manager and Agency Wide PREA Coordinator work together to address issues in regards to staffing and providing a safe environment that is free from sexual abuse and sexual harassment. There have not been any findings of inadequacy from federal investigative agencies or from internal or external oversight bodies.

(e) Intermediate or higher level supervisors are required to do two unannounced rounds per shift 24 hours a day. Supervisors that conduct unannounced rounds were interviewed by the auditor and reported they usually do more than two unannounced rounds per shift. The supervisors were knowledgeable in their PREA responsibilities. The control room has a sign posted in regards to alerting staff of unannounced rounds being conducted is against PREA policy. Supervisors reported they document rounds in the unit log. A random sample of unit logs including all shifts and all units was reviewed by the auditor.

SSC Juvenile Hall meets all provisions of standard 115.313 except (a) blind spots.

CORRECTIVE ACTION

Blind Spots Unit A2 and A3 Living Units

Behind the staff desk there is a closet with a mirror for the purpose of correcting a blind spot located in the back of the oblong closet. The mirror does not completely cover the blind spot. A security mirror will be used to correct the blind spot.

On the same wall there are two offices that have a blind spot in the front left corner which will be corrected with placement of a mirror.

One office has blinds that need to be removed from the windows for viewing.

Blind Spot A4 Assessment Room

The room has a staff desk where the County of Education employee sits while residents are taking assessment tests at the computers. There is one camera in the right hand corner on the ceiling leaving a blind spot behind, beside, and under the camera. The education staff in left alone in the room with one or more residents. If possible a security staff should be in the room when there are residents present. The door to the living unit should be left open for viewing and to allow staff to hear in the event of an emergency.

CORRECTIVE ACTION 115.313 (a) BLIND SPOTS

A corrective action visit was made by the auditor on September 7, 2018 for the purpose of reviewing corrective action required for Standard 115.313 (a) blind spots.

A2 and A3 -LIVING UNITS

A tour of living Units A2 and A3 was conducted by the auditor. A half dome security mirror was installed in the closet behind the security desk in both units correcting the blind spot. A mirror was installed in each office correcting the blind spot in the left hand corner in unit A2 and A3. The blinds were removed correcting the blind spot in the office located in A3.

A4- ASSESSMENT ROOM

Two filing cabinets have been placed in the right hand back corner filling the space behind, beside and under the camera so residents and staff do not have access to the blind spot area. The door is kept open when residents are in the room for testing allowing for viewing and so staff can hear in the event of an emergency. The control room monitors A4.

SSC Juvenile Hall meets all provisions of standard 115.313

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a-c)Procedures Manual Part:13 Section13.01 VII- Limits to Cross Gender Viewing Searches; Juvenile Hall Policy and Procedures Manual, Part 09, Section 9.05- Searches. Policy states staff will not conduct cross gender strip searches, cross gender visual body cavity searches, or cross gender pat down searches except in exigent circumstances or when performed by a medical practitioner. During the audit period there were no exigent circumstances where a cross gender pat down search was necessary. Therefore, there was no documentation, including justification, of cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches of residents to review. All of the residents and staff interviewed confirmed this policy. Staff interviewed reported there are always plenty of staff on duty and staff are good at supporting one another so cross-gender pat-down searches of residents never happens. Long time employees stated they have never heard of this happening. When interviewing the Nurse Manager it was documented that cross gender strip and visual body cavity searches are not done at Santa Clara County Probation Juvenile Hall even by medical staff. Staff reported there's enough staff available so cross gender searches never happen even in exigent circumstance.</p> <p>(d)Procedures Manual Part:13 Section:13.01 VII. I states opposite gender staff must announce when entering a housing unit where residents are likely to be showering and changing clothes. During the interviews with residents and staff it was reported that staff announce their presence when entering a unit. During the facility tour staff were observed announcing their presence when entering a resident housing unit of the opposite gender. Staff interviewed reported security staff, volunteers, interns, and mental health staff announce. It was reported to this auditor that announcing is standard policy. It was also noted that same gender staff do the room checks most of the time. Resident and staff talked about residents putting a playing card or paper in the window of their room when using the bathroom. This does not block the window but is used as a way of alerting staff for privacy. On the tour of the living units Security Staff on duty showed this auditor the procedure used during shower time. In the male units female staff stay at the desk or are relieved from the unit. Residents reported during interviews female staff never go near the showers and their privacy is respected. Residents interviewed did not report any incidents where incidental viewing occurred during routine cell checks or when an opposite gender staff entered the housing unit. Staff who work on an opposite gender unit explained techniques they use in order to alert residents when doing room checks in case the youth is using the toilet.</p> <p>(e)The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. VII. Search Procedures for Transgender Youth states transgender youth will not be searched in a manner that is humiliating or degrading or to determine the youth's physical anatomy. Transgender youth are given the opportunity to request a male or female staff to conduct the search or be present during a search. Preference is documented on the Transgender Preference Form which is completed during the intake and assessment process and kept in the residents file. Santa Clara County Juvenile Probation Policy states that genital status will be determined through conversation with a resident or by reviewing medical records</p>

not by searches.

(f) Security staff reported receiving training on cross gender pat down searches at the Defensive Tactics training they receive annually. A copy of the Defensive Tactics training was reviewed by the auditor and one of the trainers was interviewed. Security Staff interviewed have the required knowledge to conduct searches. It was reported that staff are available to ensure a cross gender pat down search or search of transgender and intersex resident never happens even in exigent circumstances. The team approach creates an environment where residents privacy is respected. The auditor reviewed policy and procedures, took into account staff and resident interviews, staff announcing their presence during the facility visit, and the showering procedures to determine that all provisions of this standard are met.

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>(a) Procedures Manual Part:13 Section:13:01 VIII I. states the agency takes steps to ensure residents with disabilities have an 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. The facility has written PREA material in English, Spanish, and Vietnamese. Translation for languages other than Spanish and Vietnamese are handled through contracted resources. Accommodations for residents with disabilities are made in accordance with Administration Services Policy and Procedures Manual, Part 300-Use of interpreters and the Department Language Access Plan to ensure that residents with limited English, deaf or disabled are able to report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters.</p> <p>(b) Santa Clara County Juvenile Hall Policies and Procedures ensures that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA related information is available in English, Spanish, and Vietnamese. The auditor was provided with PREA informational pamphlet in each of the languages. The PREA Video is available in multiple languages including Spanish and Vietnamese. Santa Clara County- Juvenile Hall currently employs 76 bilingual staff that work directly with the residents as Group Counselors, Senior Group Counselors, or Supervising Group Counselors. A list of bilingual employees was provided for the auditor to review. The list includes the name of paid staff, job title, passed language test, and language. Languages included on this list are Spanish, Vietnamese, Mandarin, and Chinese. If the resident is unable or unwilling to read intake information staff will read and explain the forms to the juvenile. All residents have a one on one interaction with staff during the intake process. Intake staff interviewed stated they go over the PREA Information by reading it with the youth to make sure it is understood before they sign the Sexual Abuse and Sexual Harassment Prevention and Reporting New Admit Orientation & Resident Education form.</p> <p>(c) Procedures Manual Part:13 Section:13.01 VIII C policy states the use of resident interpreters is prohibited. The department has interpretation and translation services provided by employees, volunteers and contractors. There are approximately 120 full-time bilingual employees within the institutions and Juvenile Services Division providing language, interpretation and sight translation services primarily for Spanish and Vietnamese speaking populations. These employees are certified by the county department of human resources to provide either only oral or both oral and written language assistance. Probation has a contract with a language line service to provide telephonic interpreter services. Probation has a contract with the Santa Clara County Superior Court certified Interpreters Program to provide services for telephonic and in person communications. Contracts for Interpretation Services were reviewed by the auditor including Sign Language for deaf and hard of hearing, and Contract for written translation services in support of meeting DOJ language Access Plan for Limited English Proficient population served by Probation. Translate documents in Korean, Traditional (Mandarin) Chinese, Simplified (Cantonese) Chinese, Tagalog, Spanish, Vietnamese and other languages requested by the probations department. Policy and</p>

procedure review and staff interviews confirmed resident interpreters are not used in the facility. Staff were knowledgeable on the policies and procedures in regards to the intake process and for obtaining services for youth who are disabled or have limited English proficiency. Residents with intellectual disabilities and/or limited reading skills understood the PREA education when interviewed by this auditor. During one of the random resident interviews the auditor needed a translator as the resident was Spanish speaking and when requested a translator was available almost immediately for the interview.

SCC-Juvenile Hall meets Standard 115.316.

115.317	Hiring and promotion decisions
	<p data-bbox="252 168 925 201">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1484 1041">(a)(d) Santa Clara County Juvenile Probation Policy and Procedures Manual, Part 200, Section 200.5 states all sworn employees undergo peace officer background checks. This includes polygraph examination, psychological evaluation, physical examination, and criminal background investigations. All non-sworn employees as well as volunteers, contractors, and interns undergo a criminal background investigation through the DOJ prior to the start of employment or service. The department is statutorily mandated to receive subsequent arrest notifications from the Department of Justice regarding any criminal charges brought against a sworn staff, non-sworn staff, contractor, CBO or interns working in the juvenile facilities. During the onsite audit the auditor reviewed all aspects of the hiring process including personnel and background files. The background file includes 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. Included in the agency hiring process is fingerprint record (CACF) which includes continuous reporting, child abuse index, firearms check, FBI check, State, Federal, and Police Department checks in every city the applicant has lived. A credit, residence, employment history, 10 year driving record, and 10 year life history which includes interviewing neighbors where applicant has lived is part of the hiring process.</p> <p data-bbox="252 1097 1484 1344">(b) Procedures Manual Part: 13 Section 13:01 XI G - The agency considers any substantiated incidents of sexual harassment in determining whether to hire, promote, or contract with an individual. Disciplinary records are kept in the personnel file and an employee cannot promote if they have a disciplinary letter or Internal Affairs investigation report in their file. The agency allows background investigators from other companies to review the personal file of terminated employees.</p> <p data-bbox="252 1400 1484 1736">(c)(e) Procedures Manual Part: 13 Section: 13.01 XI B- The department has an automatic notification system in place to capture information on law violations for current employees. Employees sign a statement requiring them to report within 24 hours or by the next business day of any felony or misdemeanor arrest or citation to the Supervisor, Deputy Chief Probation Officer, or Executive Administrative Services Manager. Administrative Services Policy and Procedures Manual Part 200, Section 231 states any employee failing to provide notification of an arrest, citation or change in driver license status may be subject to disciplinary action including suspension, demotion or termination.</p> <p data-bbox="252 1792 1484 1948">(f) Procedures Manual Part: 13 Section: 13.01 XI A and F- Administration Policy and Procedures Manual, Part 200, Section 200.5 states the department asks all applicants and staff who have contact with the residents about previous misconduct in written applications and during interviews for hiring, and promotions.</p> <p data-bbox="252 2004 1484 2150">(g) Policy Manual Part: 13 Section: 13.1 XI I- Staff being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct or the provision of materially false information shall be grounds for termination. The auditor reviewed policies, personnel files and interviewed Human Resource Administrative Staff to determine</p>

compliance on all provision of this standard. The agency exceeds the standard by conducting an in depth background check which includes criminal, work, personal, and financial histories.

SCC-Juvenile Hall exceeds standard 115.317

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Interviews with the Deputy Chief Probation Officer and Superintendent indicate during the audit period SCC- Juvenile Hall did not make a substantial expansion or modification to the existing facility since the last PREA audit. The kitchen area was renovated during the last audit cycle. Residents are not allowed in this area of the facility. The visitor area was being updated during the onsite audit period including painting and new furniture. Residents are not allowed in the visitors lobby.</p> <p>(b)-1 There have not been any updates to the video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Several of the upper management personnel talked about the new video monitoring system expected to be installed this year. This has been an ongoing project for the past several years. The video monitoring engineering plan was developed with PREA in mind and will cover all blind spots identified during the planning stages of the project.</p> <p>All provisions of the standard are met and were verified through policy review, tour of the facility, and interviews with the Deputy Chief, and Superintendent.</p> <p>SCC-Juvenile Hall meets Standard 115.318</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.321(a) (b) Santa Clara County Juvenile Hall does not have staff members who are trained to conduct sexual abuse and sexual harassment investigations. Santa Clara County Sheriff Department is responsible for conducting sexual abuse investigations and evidence collection. If there is an allegation of criminal activity Santa Clara County Sheriff Department is contacted in accordance with Juvenile Hall Policy and Procedures Manual Part 02, Section 2.05- Child Abuse Reporting Procedures. Procedures Manual Part:13 Section:13.02 Sexual Assault Coordinated Response Plan outlines a victim centered care approach that involves first responder staff, law enforcement, Child Protective Services, victim advocates, medical and mental health care providers, the District Attorney’s Office, the Agency Wide PREA Coordinator, Facility Probation Manager, and the Deputy Chief for Institutions. First responders are responsible for preserving the evidence until the Santa Clara County Sheriff Department arrives. Staff interviewed were knowledgeable on how to secure the scene, separate the victim and perpetrator, and supervise the victim ensuring evidence is not destroyed by brushing teeth, going to the bathroom, showering, and/or changing clothes. Security Staff reported the victim would be moved to a safe place and the room would be sealed off until the Sheriff Department arrives. Staff reported the water would be turned off to protect the evidence.</p> <p>(c)Forensic medical examinations are not conducted by medical staff at Santa Clara County Juvenile Hall. Residents are transported to Valley Medical Center for forensic medical examinations. The forensic tests and examinations are performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). The Sexual Assault Response Team (SART) at Valley Medical Center provides medical and forensic response to victims 24 hours a day in their emergency department. The nurse in charge of the Sexual Assault Nurse Examiners at Valley Medical Center works in the medical clinic at Juvenile Hall one day a week. The hospital has approximately 20 specially trained registered nurses who serve as SART Nurse Examiners. During the audit period no forensic medical exams were conducted. Policy states treatment services are provided without financial cost to the sexual abuse victim regardless if the abuser is named or if the victim cooperates with any investigation arising out of the incident while in or out of custody. If the sexual abuse occurred within 72 hours the minor will be transported to the emergency department and will be treated by the Santa Clara County Valley Medical Center Sexual Assault Response Team. The Probation Department will report to the Santa Clara County Sheriff’ Office. The Sheriff will initiate a SART exam for evidence gathering as part of their investigation process.</p> <p>(d)(e)Santa Clara County Juvenile Hall has a contract with YWCA Silicon Valley Rape Crisis to provide victim advocate community based services. The auditor reviewed the contract and used the red phone to contact the 24 hour hotline which verified services are available. The YWCA provides victim advocacy, emotional support, crisis intervention, information, language assistance services, and referrals before, during, and after the exam process. They help to ensure the victim has transportation and are accompanied to and from the exam site. Advocates will provide comprehensive longer term services which are designed to aid the victim in addressing any needs related to the assault including counseling, legal, and medical</p>

system advocacy. The victim advocate will confer with the probation supervisor prior to and after interaction with the victim, sharing of information helps enhance the safety and security of the victim and the general population. The auditor interviewed a staff member of the YWCA who was at Juvenile Hall to conduct a weekly PREA education class for residents. The staff member is very passionate about his job and the PREA mission. He explained all the different ways YWCA Silicon Valley Rape Crisis works with SCC -Juvenile Hall and their residents. He verified they provide the red phone contact service and usually respond immediately but always within 2 days. They come and talk with the resident involved and continue providing serves and counseling inside and outside of the facility as long as the youth wants. Attending court interviews and court hearings and provide counseling services as long as the client wishes. Services are confidential unless a youth expresses that they are going to harm themselves or others.

(f)-The auditor reviewed policies and procedures, communication with Sheriff Department Detective documenting procedures for responding to a criminal sexual abuse allegation meet the standard. Interviews with Investigative Staff, Health Service Manager, PREA Compliance Manager, and the Agency Wide PREA Coordinator verified that the policies and procedures are being followed and meet the standard. There were PREA investigations by the sheriffs department during the audit period.

SCC-Juvenile Hall meets Standard 115.321

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Santa Clara County Juvenile Probation refers all allegations of sexual abuse and/or sexual harassment for investigation by the Santa Clara Sheriff Department. Procedures Manual Part: 13 Section: 13.01XIV ensures allegations of sexual abuse or sexual harassment are referred for investigation and the administrative and/or criminal investigation is completed. The Deputy Chief confirmed that all allegations are investigated by the Sheriff Department and/or Santa Clara County Probation Office of Internal Affairs. During the audit period SCC-Juvenile Hall received 3 allegations of sexual abuse and sexual harassment. One was from a parent after visiting with her child and two were from residents. Three allegations resulted in a criminal investigation. In the last 12 month Juvenile Hall had no allegations against staff members and there were no administrative investigation.</p> <p>(b) Procedures Manual Part: 13 Section: 13.01XVI A. - Juvenile Hall Policy and Procedures Manual, Part 02, Section 2.05- Child Abuse Reporting were reviewed by the auditor. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. Procedures Manual Child Abuse Reporting Procedures Part: 2 Section: 2.05 III states when there is a known or suspected abuse inside Juvenile Hall the reporting employee shall report by telephone to the Sheriff Office to begin an investigation. This report must occur immediately or as soon as practicably possible.</p> <p>(c) Procedures Manual Part: 13 Section: 13.02 Sexual Assault Coordinated Response Plan describes in detail the responsibilities of both agency and investigating entities. The policy also includes a PREA Coordinated Response Flowchart. Investigative Staff reported during the interview that the agency policy requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with legal authority to conduct criminal investigations. SCC-Juvenile Hall refers to Santa Clara County Sheriff Department. The investigator reported that Internal Affairs also investigates allegations referred to the Sheriff Department when involves a staff member.</p> <p>SCC-Juvenile Hall meets Standard 115.322.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part: 13 Sections: 13.01XV Staff/Employee Training requires staff to attend an 8 hour PREA class Preventing Sexual Misconduct which includes a workbook, PREA Policy and Acknowledgment Statement, and time for questions. The PREA Training curriculum and a list of the trainers were reviewed by the auditor. The agency has been working with a company developing an online PREA training course. There are questions at the end of each section staff must answer correctly to advance to the next topic. The auditor reviewed the power point slides of the new online training course and 115.331(a) 1-11 are included. The department documents via employee signature that staff/employees understand the training they have received.</p> <p>(b)The facility tailors training to the unique needs and gender of the residents. All employees receive training on cross gender supervision and are not given additional training if reassigned as both facilities are co-ed.</p> <p>(c) The auditor reviewed a sample of security staff training records and found several staff members did not attend a refresher training within two years of their last training. The Agency Wide PREA Coordinator stated that he was expecting the online training class to be completed and therefore the staff were not signed up to attend a PREA refresher course. When interviewing the PREA Compliance Manger he explained to the auditor that all staff members are required to read the Agency Policies and Procedures electronically once each year. This includes the PREA Policy and Procedures. The computer system documents when a staff has completed reading the manual and records the staff signature. This ensures that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency provides refresher information on current sexual abuse and sexual harassment policies through educational emails and reading the PREA Policies and Procedures as required.</p> <p>(d) PREA Training-Staff Acknowledgement Statement forms signed by staff were reviewed. The form states staff received and understands the training on the department's position on zero-tolerance of sexual abuse, sexual harassment, and sexual misconduct. The acknowledgement includes a statement that the staff will report any findings of sexual abuse or sexual harassment immediately.</p> <p>Random Security staff interviews including Group Counselors, Sr. Group Counselors, and Supervising Group Counselors revealed staff is knowledgeable of the PREA Training. Staff members are obligated as mandated reports and take their job of keeping residents safe from sexual abuse and sexual harassment seriously.</p> <p>A review of the classroom and online training was done by the auditor and it does meet the 11 PREA Training Criteria listed in Standard 115.331(a) The training is designed for and is appropriate for staff working in a Juvenile facility. Both Juvenile Facilities within Santa Clara County Juvenile Probation are coed. Therefore, staff who are reassigned to another facility do not require retraining. In reviewing the electronic database of randomly selected staff the</p>

auditor found that staff have not received the refresher training since the last audit cycle and therefore, does not meet the standard.

SCC Juvenile Hall meets all provisions of Standard 115.331 except (c)-refresher training every two years.

CORRECTIVE ACTION

All staff members must receive the online PREA refresher training every two years. The auditor will review staff training records to verify compliance during an onsite corrective action visit to the facility. All staff must be trained during the 180 day corrective action period. The staff acknowledgement of receiving and understanding the training will be reviewed by the auditor. The auditor will review the system in place to notify management, supervisor's, and staff members of mandatory training so in the future everyone receives the required PREA Training on time.

Corrective Action Must be Completed by September 13, 2018.

CORRECTIVE ACTION 115.331 (c) PREA Refresher Training every two years

A corrective action visit was made by the auditor on September 7, 2018 for the purpose of reviewing corrective action required for Standard 115.331(c)- refresher training every two years.

On September 7, 2018 this auditor made a corrective action visit to review training records. The facility is using an online 2 year PREA refresher course that was reviewed by the auditor and meets the standard. Staff members take the course while on duty and most complete training in two to two and a half hours. Once the training is completed staff must pass a test and receive 83% or higher to gain a completion certificate. Staff members have access to the Training Management System (TMS) and each have their own Registration Form which lists all the Mandatory Classes required and dates of completion and Elective Classes offered. Staff receive emails when required trainings are due and scheduled through the TMS. Class requirements and choices are reviewed with the supervisor who ensures enrollment in mandatory training classes such as the PREA Refresher Course. During the corrective action visit the auditor reviewed PREA Training class lists and a random sampling of PREA Certificate of Completion forms. All staff members that were randomly sampled had completed the 2 year refresher course. CORRECTIVE ACTION for 115.331 (c) PREA Refresher Training every two years was met by JCC- Juvenile Hall.

SCC- Juvenile Hall meets Standard 115.331

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)Volunteers and contractors who have contact with residents are trained on their responsibilities per Juvenile Hall Policy and Procedures Manual, Part 11, Section 11.01 Special Services and Programs. The auditor reviewed the Training Curriculum and it meets the requirements regarding sexual abuse and sexual harassment prevention, detection, and response. The training is based on the services provided and level of contact with the residents.</p> <p>(b)Interviews with the Agency Wide PREA Coordinator, PREA Compliance Manager, Volunteers, and Contractors verified they received the PREA Training. The auditor reviewed Juvenile Hall Procedures Manual Part 12 Section 12:2 Volunteers/Programs/Non-Probation Visitors. A large variety of programs are provided at Juvenile Hall by community volunteers or community programs. All volunteer groups or individuals are carefully screened, fingerprinted, and PREA educated. The MAAC Group Counselor is responsible for ensuring volunteers and contractors are fingerprinted and PREA educated.</p> <p>The auditor reviewed the list of volunteers and contractors and PREA Training Status. If PREA Training is not up to date there is a "hold" placed next to their name and they are not allowed in the facility until training is completed. The auditor reviewed random volunteers and contractors for PREA training and all had PREA Acknowledgment Statement forms that were signed by the trainee. The form acknowledges Santa Clara County Juvenile Probation Department has adopted a zero tolerance of sexual misconduct, sexual abuse and sexual harassment within their facilities. The form states any such incidents a volunteer or contractor is aware of must be reported to the supervisor.</p> <p>(c) Community based organizations, volunteers and contractors check in through police admissions. Fingerprint clearance and training is verified if either is not up to date they cannot enter the facility.</p> <p>SCC- Juvenile Hall meets Standard 115.332</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The auditor reviewed Procedures Manual Part: 13 Section: 13:01 XVII Resident Education and Orientation and Procedures Manual, Part: 03, Section: 03.02 policies requires youth at Juvenile Hall to receive information that includes the Department's zero tolerance policy and how to report such incidents. The current orientation packet was reviewed by the auditor and includes information on sexual abuse prevention and reporting information as well as youths' right to be free from sexual abuse and free from retaliation for reporting abuse. Procedures Manual {art 09 Section 903 Admission Procedures/Admit Counselor Duties was reviewed by the auditor. During the audit period there were 738 youth admitted to Juvenile Hall who were given the PREA information at intake. The information is presented in an age appropriate manner. This was verified during the facility tour and when interviewing intake security staff members. The intake staff interviewed reads the information with the resident before having them sign the New Admit Orientation & Resident Education form. The PREA information given to the resident includes the Zero Tolerance fro Sexual Abuse/Sexual Harassment between youth and staff and youth. The information includes any type of sexual relations between youth even if consensual is prohibited and sexual contact between youth and staff is never consensual even if the youth consents, initiates, or pursues the contact. The orientation addresses how to report sexual abuse/sexual harassment. This includes witness of an incident or if the youth is sexually abused/harassed it must be reported to a trusted adult, staff or the unit supervisor immediately. Other options given are to fill out a grievance form or a sick call request form, write a letter to the Facility Manager or Deputy Chief for Institutions, talk to the chaplain, a parent, teacher, attorney, or use the telephone hotline (red phone) in the medical clinic. The residents reported receiving the information during intake and the PREA Training.</p> <p>(b) There were 400 youth who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake. The youth watch a PREA Video which was made at the facility and has staff from Juvenile Hall such as the Nurse Manager in the video. This makes the education more personable and shows the staff as approachable and accessible to the residents. Residents interviewed reported watching the video on the unit and many reported watching it several times. 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.</p> <p>(c) All youth admitted to Juvenile Hall received the comprehensive PREA information regardless of being transferred from another facility or how many times they have been admit or how recently. During the audit no residents were in the facility that had been admitted prior to August 20, 2013.</p> <p>(d) Procedures Manual Part: 13 Section: 13.01 XVII B states orientation includes a video and packet that is available in English, Vietnamese, and Spanish. If a youth cannot read a staff fluent in the youth's language will read the information to the resident. The auditor reviewed Juvenile Hall Policies and Procedures Manual, Part 10, Section 10.06 Unit Orientation IV.</p>

Youth Service Plan which includes the PREA Orientation workshop and/or video. SCC-Juvenile Hall provides education in formats accessible to all residents including limited English proficient, deaf or hearing impaired, visually impaired, disabled, or limited reading skills as outlined in Administrative Services Policy and Procedures Manual, Part 300, Section 304- Use of Interpreters.

(e) The auditor reviewed documentation of resident participation in PREA education which is maintained by the facility. The staff who delivers the education and the youth signs the Sexual Abuse and Sexual Harassment Prevention and Reporting New Admit Orientation & Resident Education form. The auditor did a random sampling of New Admit Orientation & Resident Education Form's and found that a few of the resident's signature documenting that they had received either the new admit orientation or the resident education within 72 hours of admission was missing. The facility provided the auditor documentation that the youth missing a signature had received the New Admit Orientation and the Resident Education. The documentation included resident sign in sheets for the PREA Training, Youth Service Plan (YSP) under A & Q Unit Orientations section (orientations completed and dates), and in the JAS System (residents file). The auditor requested a random sampling of New Admit Orientation & Resident Education Forms for residents off of the population list obtained during the onsite audit. All of the forms were signed by the residents. It is recommended that the facility develops a procedure to make sure residents are signing each section of the "New Admit Orientation & Resident Education" form at the completion of the orientation and resident education. The auditor recommends having one staff member on each unit who is responsible for ensuring staff members are having residents sign this form documenting resident education as outlined in the PREA Standard and SCC policies and procedures.

(f) Part 13 Section: 13.01 XVII. States the facility shall ensure key information is continuously and readily available or visible to residents through handbooks and other written formats. Posters with key information are posted throughout the facility. Intake staff verified the residents receive the information during the intake process. The auditor reviewed policies and procedures, resident education video, resident's brochures in English, Spanish, and Vietnamese, resident and staff interviews, and observation during the onsite audit to determine compliance of all provisions of the standard. Interviews with residents and staff confirmed residents receive the PREA information through several different means such as intake information and the PREA Education Video. During the audit tour the auditor noted PREA signage was posted throughout the facility except in the café, visiting area, and learning lounge. The auditor toured the facility on 3/14/2018 to verify PREA Signage was posted in the café, visiting area, and learning lounge in order to be compliant with 115.333(f)

SCC- Juvenile Hall meets all provisions of Standard 115.333

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Policy Manual Part 13, Section 13.01 XVIII D mandates the department will maintain documentation of specialized training internal affairs investigators receive. Specialized training includes Forensic Interviewing of Child Abuse Victims which is a 16 hour training that includes rapport building, developmental assessment, fact-finding, and closure/termination with the child at the end of the interview. The training includes working with 3 year olds up to adults. Santa Clara County Juvenile Probation has three internal affairs investigators. Two were interviewed by the auditor. Both have a long history of working in probation and confinement facilities within Santa Clara County Probation Agency. They have training and experience working in confinement facilities, delinquency, and sexual abuse investigations.</p> <p>(b)(c) Internal affairs investigation training includes techniques for interviewing juvenile sexual abuse victims and perpetrators and interview techniques in general. Proper use of the Miranda and Garrity warning, sexual abuse evidence collection in a confinement setting, criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Sheriff Department always conducts the criminal investigations and collects the DNA and/or evidence within the confinement setting. Investigators do interviews once the Sheriff Department interviews are completed. Once the Sheriff has completed interviews the victim is interviewed as soon as possible "usually right away when memory is fresh."</p> <p>(d) Documentation of specialized training is maintained in the internal affairs investigators personnel file. The auditor reviewed policy and procedure and documentation of specialized training. The IA Investigators interviewed are highly qualified and knowledgeable in all areas of investigation of sexual abuse and sexual harassment per standard 115.334.</p> <p>SCC-Juvenile Hall meets Standard 115.334</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Agency Procedures Manual PREA Part: 13 Section: 13.01 XIX states the department will ensure that all full and parttime 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) Medical staff at SCC-Juvenile Hall do not conduct forensic medical exams. Victims are transported to Santa Clara Valley Medical Center and seen by the Sexual Assault Response Team. There are approximately 20 specially trained SART Nurse Examiners and the department operates 24 hours a day. The SART Nurse Examiners provide medical evaluation and treatment, collect evidence for forensic purposes, and will testify in court as necessary. The Nurse Manager reported there were no incidents of sexual assault 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 is responsible for making sure staff complete PREA Education every 12 months. She also assures that all medical students from Stanford University Medical School who work at the clinic are PREA trained. The auditor reviewed the training documentation provided by the Nurse Manager and the Agency Wide PREA Coordinator.</p> <p>(d) Policy requires training medical and mental health staff of the department's Zero Tolerance Policy regarding sexual abuse and sexual harassment and, informed how to report such incidents. One of the SART Nurses at Santa Clara Valley Medical Center works at Juvenile Hall medical clinic one day a week and also provides PREA related training. The department ensures there is documentation that specialized training has been received. Mental health and medical staff interviewed were knowledgeable in regards to the PREA policies and their responsibilities.</p> <p>PREA training is part of the Medical and Mental Health contracts. Starlight the contract agency for mental health has their own PREA trainer and verification is emailed on a monthly basis to the Mental Health Program Manager confirming training of contract mental health employees. Both the Mental Health Manager and the Health Care Program Manager report the staff under their supervision is 100% PREA trained. A random sample of documentation of the PREA Training- Medical and Mental Health Staff Acknowledgement Statement form signed by the instructor/trainer and medical or mental health staff was reviewed by the auditor.</p> <p>SCC- Juvenile Hall meets Standard 155.335.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:13 Section:13:01 XX- Screening for Risk of Sexual Victimization and Abusiveness states The Risk of Victimization/Sexually Aggressive Behavior RV/SAB instrument will be given to residents to assess potential risk. A male staff member gives the risk screening assessment to male youth and a female staff member screens the residents housed in the female unit. Residents are screened as soon as possible often before the 72 hour requirement. During the interview the auditor was shown the tracker system used. The screening staff goes into the system to see a list of the new residents who have been admitted into the facility and screens according to intake dates. All behavior problems and incident reports are read before the interview. During the audit period 517 residents entering the facility whose length of stay was for 72 hours or more and were screened for risk of sexual victimization within 72 hours of their entry into SCC-Juvenile Hall.</p> <p>Procedures Manual Part:13 Section:13:01 XX G states that residents will be reassessed, within 30 days of 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 or abusiveness. Within the first 30 days residents are screened by medical and mental health staff. The Agency Wide PREA Coordinator reported that Multi Disciplinary Team Meetings (MDT) are held to discuss any situation or behaviors that may put a resident or other residents at risk. MDT meetings are attended by upper management, behavior health, supervisors and other professionals as required to insure the safety of residents in the facility. Resident's involved in a PREA Incident are reassessed by the unit supervisors and placed on a No Roommate Status. This status remains until the incident is investigated or until upper management, juvenile supervisors, and/or mental health assess if the minor is at risk and the appropriate treatment plan going forward.</p> <p>(b)(c) The Risk assessment is conducted using The Risk of Victimization/ Sexually Aggressive Behavior Instrument. The screening tool is objective and includes questioning about prior sexual victimization or abusiveness, gender nonconforming appearance or manner, identification as lesbian, gay, bisexual, transgender, or intersex, current charges and offense history, age of youth, emotional and cognitive development, physical size and stature, history or presenting mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, and the resident's own perception of vulnerability. The screeners perception and concerns in regards to safety of the resident is also taken into account. The screening instrument was reviewed by the auditor and meets all requirements of standard 115.341 (c) 1-11</p> <p>(d) During the interview the screening staff talked about several different ways of helping the youth feel comfortable and gathering information and history through conversation. The staff reported engaging the resident in the screening process is important and not just asking the questions. Medical and mental health history, prior and current classification assessments, prior court records and all relevant documentation from the resident's file is reviewed. This information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments, and by</p>

reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. If there are concerns a medical and/or mental health referral is made immediately and an email goes out to the Agency Wide PREA Coordinator, PREA Compliance Manager, and the Living Unit Supervisor. The resident will be put on No Roommate Status (NR) and there is a updated NR print out each day that goes to the unit supervisor's. If a resident wants to see medical or mental health staff the referral is automatically sent by the system, however, the screening staff also send an email. This was verified during interviews with medical and mental health as they reported referrals come through the database system but also emailed by supervisors and/or managers. The auditor reviewed several emails placing residents on NR Status as a result of the screening tool Score.

(e) Results from the RV/SAB Screening Risk Assessment Instrument and case classification assessment are entered in the JAS database where it is available and maintained in the juvenile's case file. The department insures confidentiality of the RV/SAB screening information is maintained. There is a tracking system that shows who accesses the screening instrument. The screening staff showed the auditor an example of confidentiality of the JAS database. He needed to add new information to a recent screening but the system had locked him out because it showed the screening was completed. He was required to send an email to get a number to access the residents file.

Residents are screened within 72 hours of intake. The auditor reviewed the database showing dates of intake and dates of screening to verify. Screenings are conducted using an objective screening instrument. Prior history is taken into account during the screening process and the screening information is protected. All provisions of the standard are met.

SCC-Juvenile Hall meets standard 115.341.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:13 Section:13:01 XXII. A. - Agency/facility policy requires the risk screening information be used when making housing, bed, work, education, and program assignments so residents are safe and free from sexual abuse and sexual harassment. If the results from the RV/SAB screening and other assessments 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 (NR) status and special management consideration. Custody and housing assignments will not be based solely on the youth sexual orientation, gender identity, or use LGBTI status as an indicator or likelihood of being sexually abused. The staff responsible for screening and the PREA Compliance Manager stated that the unit is notified if the minor is not at risk and if at risk the unit and supervisor on duty is notified and the manager is notified via email.</p> <p>(b) SCC-Juvenile Hall does not use isolation as there are other less restrictive ways of keeping youth safe. During the audit period isolation was not used by the facility. The Superintendent reported several other ways of keeping residents safe such as moving units, no roommate status, and one on one supervision are a few examples. The isolation cells are located in the boys and girls receiving area. Staff that supervise in this area reported that isolation is not used. Medical and mental health staff confirmed that isolation has not been used during the audit period and is not used to keep residents safe from sexual abuse or sexual harassment. When a resident is on one on one status (staff ratio 1:1) they are visited by medical and mental health staff at least once a daily. During the random and targeted resident interviews there were no residents who reported being placed in isolation.</p> <p>(c) During the interview with the PREA Coordinator and PREA Compliance Manager they reported to the auditor the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such 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 that a Transgender Preference Form allows the youth to select gender housing preference. There were no youth in the facility during the audit period that identify as transgender. The residents safety is considered and on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Upon intake the Transgender Youth is put on No Roommate status until a Multi Disciplinary Team Meeting is held.</p> <p>(d-i) Procedures Manual Part: 13 Section: 13.01 XXII A states isolation will only be used as a last resort when less restrictive measures are inadequate to keep a resident safe or others safe. During the audit period isolation was not used to keep youth safe. Less restrictive measures were always available. If isolation is used policy protects the right of residents to have daily access to large muscle exercise, educational programming or special education service. At Juvenile Hall a nurse visits within 15 minutes, checks every 4 hours, and mental health visits at least daily. The auditor interviewed intake staff and random residents, medical and mental health staff and reviewed policies and procedures and documentation of screening</p>

information to verify compliance with all provisions of the standard.

JCC-Juvenile Hall meets Standard 115.342

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:13 Section 13.01 XXIII - The agency has several different ways for residents to report sexual abuse and sexual harassment privately and confidentially to facility staff and agency officials without the fear of retaliation by residents or staff. Residents can complete a sick call request form and place in the lock box only assessable to medical staff, put a grievance in the grievance box which is assessable to the unit supervisor, tell a trusted adult such as a teacher, CBO, volunteer, counselor, facility manager, supervisor, medical or mental health staff, deputy chief probation officer, PREA compliance manager, Agency wide PREA coordinator, minors lawyer, parent/guardian, or chaplain. Residents have access to a confidential telephone line so they can contact the local rape crisis center. The number is posted next the phone for easy access. The red phone in the nurses office or the resident unit phone can be used by residents. 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. Residents and staff interviewed were knowledgeable in the different ways available to report sexual abuse and sexual harassment and retaliation for reporting within Juvenile Hall.</p> <p>(b) Procedures Manual Part: 13 Section 13.01 XXIII- Policy states that residents have access to YWCA of Silicon Valley Rape Crisis Advocacy via the red phone in the clinic and the unit phone where all calls are paid for by the facility. The auditor reviewed the agency contract with the YWCA and used the red phone to speak with a victim advocate. The auditor used the red phone and was able to contact YWCA staff The agency does not detained youth solely for the purposes of civil immigration.</p> <p>(c) Manual Part: 13 Sections 13.01 and Juvenile Hall Policy XXIII - interviews revealed staff are knowledgeable in regards to their responsibility in reporting sexual abuse and sexual harassment. Staff are instructed to accept sexual abuse and assault reports that are made 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 their 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 receives and reviews all PREA related incident reports.</p> <p>(d) Per Procedures Part:04 Section:4.07 II Grievance Procedures for Minors- a grievance box and forms are available in each housing unit and accessible to minors without staff assistance. The PREA Compliance Manager and residents interviewed reported youth having access to materials needed in order to make a written report. The facility is not allowed to screen letters per Title 15.</p> <p>(e) The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff reported several different ways they would report</p>

privately especially if the incident involved a staff member. They would report to the supervisor on duty or management, use email or the phone to report. Several staff members interviewed said they would make sure the incident was reported to the Sheriff's Department and CPS because they are mandated reporters. The auditor also noted that staff felt all reports are a private matter on a need to know basis and goes without saying.

Agency policy was reviewed, observations made during audit tour, and interviews conducted supports compliance of all provisions of standard 115.351 as various ways of reporting sexual abuse or sexual harassment internally and to outside agencies is made available to the residents.

SCC-Juvenile Hall meets Standard 115.351

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b) Procedures Manual Part:13 Section:13.01 XXIV PREA Policy and Juvenile Hall Policy and Procedures Manual- Grievance Part 04, Section 4.07 were reviewed by the auditor. Policy states there will be no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Policy does not require the resident to use a certain grievance process or to attempt to resolve with staff. The resident is free to file a federal law suit however in urgent and emergency situations when a resident seeks immediate injunction from the court to provide protection from imminent harm of abuse an exemption to the 90 day waiting period will be waived.</p> <p>(c) Residents are not required to try and resolve the incident with the staff member. The grievance can be submitted without submitting to the staff who is the subject of the complaint.</p> <p>(d) Procedures Manual Part: 13 Sections: 13.01 PREA XXIV. C-E requires a decision be made within 90 days of filing the grievance. In the event that the agency requests an extension they will notify the resident in writing and include the expected date a decision will be made. During the audit period there were no allegations of sexual abuse grievances received.</p> <p>(e) A resident can decline a grievance from a third party other than a parent or guardian. Decline by the resident will be documented. Policy does permit third parties to file requests for administrative remedies relating to allegations of sexual abuse on behalf of residents. If the youth declines to have third party assistance the facility will document the decision. If the third party is a parent or legal guardian the resident does not have this right. There were no grievances alleging sexual abuse filed by residents or third parties during the audit period in which a resident declined third party assistance.</p> <p>(f) Procedures Manual Part: 13 Section: 13.01 PREA XXIVM was reviewed by the auditor. Policy states upon receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse the staff will immediately forward the grievance to his or her supervisor for review and immediate action. The supervisor will ensure within 48 hours of initial receipt of the grievance a response is provided and shall issue a final decision within 5 calendar days. The initial response and the final decision documents the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PREA Compliance Manager reported grievances that involve alleged sexual abuse/sexual harassment will be treated as an emergency and immediate action will be taken. The focus will be on making sure the resident is safe and immediately take the necessary steps to remove the youth from the situation they are reporting. There have not been any grievances alleging substantial risk filed during the audit period.</p> <p>(g) Procedures Manual Part: 13 Section: 13.01 PREA XXIV O states a resident will not be disciplined for filing a grievance related to alleged sexual abuse unless it can be demonstrated the resident filed the grievance in bad faith. All grievances will be taken seriously and investigated. If a resident makes a false report an appropriate program response may be</p>

initiated.

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

SCC- Juvenile Hall meets Standard 115.352

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part 13 Section 13.01 PREA XXIV A. The department has a service agreement with the local rape crisis Center YWCA Of Silicon Valley which provides outside support services for the youth in Juvenile Hall. The hotline service 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 with the phone number and address of the YWCA. Posters are next to the residents phone in the living units for easy access. Santa Clara County Juvenile Probation has a Resource Guide Booklet which includes information on resources for housing, education, mentoring, crisis intervention including human trafficking, 24/7 suicide and rape crisis hotlines, behavioral and medical services, public assistance, employment and job training, child care and child services, and legal services. During interviews the youth reported having access to their attorneys. The residents have access to outside support services and legal representation in a private setting where conversations are confidential. The red phone is in an office with windows so residents can have a confidential conversation with the rape crisis advocate while being viewed by staff. Residents interviewed know the red phone is used for connecting with sexual abuse support services and can be used to report sexual abuse.</p> <p>(b) The auditor reviewed 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. Interviews with the PREA Compliance Manager and residents confirmed youth are informed and know their rights in regards to mandatory reporting laws, confidential access to their attorney or other legal representation, and their parents or legal guardians for reporting sexual allegations.</p> <p>(c) The auditor reviewed the current contract with YWCA of Silicon Valley which provides hotline service, sexual assault education, victim advocacy, and support services.</p> <p>(d) Procedures Manual Part: 08 Section: 8:01 I. A. Policy states that minors are entitled to have access to their delinquency attorney(s), as well as the attorney's authorized representative. SCC Juvenile Hall Superintendent reported residents have access to parents through visitation six days a week per Title 16 standards. New admits within 24 hours with no appointment and daily by phone. If a youth is involved in a PREA incident a special visit is granted. The youth have access to their attorneys through visits and phone contact. The Agency Wide PREA Compliance Manager said residents have contact with parents or legal guardians over the phone during activity time. Residents can have 1/2 hour visits six days a week. If a resident is involved in a safety and security incident they receive a visit right away.</p> <p>The auditor reviewed policies and procedures and contracts with YWCA. Residents have free access by phone to contact their attorney, can send a note, or a letter and the facility pays the postage. Residents interviewed verified they have access to their parents or guardian and victim advocacy services. Residents not only have access to confidential emotional support</p>

services related to sexual abuse the contract agreement includes the following services. The agency provides weekly sexual assault education customized for the facility up to 15 residents at a time. The workshops are 60-90 minutes and they focus on building sexual assault awareness. Hotline services provide emotional support and victim advocacy to residents calling to report sexual abuse, sexual assault, or sexual misconduct behavior. Victim advocacy services include emotional support, counseling, crisis intervention, information dissemination, referrals, and accompaniment through the forensic medical examination process and interview. The contract includes advocates being available, on call to provide on-site support for victims. Services are performed onsite at the facility on a one on one basis for residents. The advocate and educational trainer interviewed stated that services continue as long as a youth desires inside and outside of the facility. A victim advocate typically arrives at the facility in a timely manner and is available to the youth during the interview with the Sheriff. The YWCSA contract for services at 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) 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 gives the public access to the "Third Party Reporting Forms" in English, Spanish and Vietnamese. There are additional established methods of distributing the information publicly on how to report sexual abuse, sexual harassment and staff sexual misconduct. This information is included in the Parent/Guardian Orientation and Information Pamphlet. All parents are invited to attend a Parent Orientation at Juvenile Hall. A public advisory notice that includes ways of reporting sexual abuse, sexual harassment and staff sexual misconduct is posted in the visiting area. The Internal Affairs Department number is listed.</p> <p>During the onsite audit the visitor lobby was being painted and no PREA signage was posted. The auditor visited the facility on March 14, 2018 after the remodeling was completed. The public advisory notice which includes ways of reporting sexual abuse, sexual harassment and staff sexual misconduct is displayed in English, Spanish, and Vietnamese. Zero tolerance "Youth Safety-Speak Out" "Break the Silence-Tell Someone" posters are posted in all three languages. The poster includes the phone number and address for the YWCA Silicon Valley Rape Crisis. The "Reporting Allegations of Sexual Abuse" poster with the red phone hotline information is posted and YWCA The Zero Tolerance Policy & Sexual Abuse Reporting Pamphlets are available for visitors in the lobby. The Resource Guide and PREA reporting information is also on the power point presentation in the visiting lobby area.</p> <p>SCC-Juvenile Hall meets Standard 115.54</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b) Procedures Manual Part:13 Sections:13.01XXXII A, XXXIII. A. - Juvenile Hall Policy and Procedures Manual, Part 02, Section 2.05 Child Abuse Reporting Procedures, and Procedures Manual Part:13 Section:13.02 Sexual Assault Coordinated Response Plan were reviewed by the auditor. Juvenile Hall employees are mandated reporters that are required by law to report known or suspected child abuse or neglect to the Sheriff's Office, and/or Child Protective Services (Penal Code sections 11165.7,11165.9 and 11166). When the known or suspected abuse or neglect occurs inside Juvenile Hall the reporting employee shall report by telephone to the Sheriff Department to begin an investigation. This report must occur immediately or as soon as practicably possible but under no circumstances later than the end of the shift. The reporting employee is required to report the suspected abuse or neglect to the on duty supervisor immediately. The staff must report to CPS and document the employee they spoke to and the date and time of the call. The On Duty Supervisor must confirm the employee who has the duty to report complies with the reporting requirements. Policy states retaliation against a youth/resident or staff or any staff neglect or violation of responsibilities that may have contributed to an incident be reported . Such incidents must be reported to the Unit Supervisor, a Facility Manager or in their absence directly to the Deputy Chief for Institutions.</p> <p>(c)Staff shall only reveal information to individuals who have a need to know, to make treatment decisions, for investigation and security purposes, and management decisions. During staff interviews staff presented as knowledgeable in reporting laws and agency policy. Staff stated that they use the computerized incident report system.</p> <p>(d) Procedures Manual Part:13 Section: 13.01 XXXIII F, G was reviewed by the auditor. Medical and mental health practitioners are mandated child abuse reporters. They are required to report any knowledge, suspicion or information they received regarding an incident of sexual abuse to the unit supervisor or designed, law enforcement, and CPS. The practitioners inform residents at the initiation of services of the professional duty to report and the limitations of confidentiality. The probation department will ensure practitioners immediately report any knowledge, suspicion, or information received regarding retaliation against a resident or staff who report sexual misconduct and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or retaliation. Interviews with the nurse manager and mental health staff confirmed medical and mental health practitioners report sexual abuse to designated supervisors and the sheriff's department. The nurse manager stated there were no incidents during the audit period at Juvenile Hall that required reporting by medical staff.</p> <p>(e) Procedures Manual Part:13 Section:13.01 XXXIII H-J Santa Clara County Probation Institutions Plan for Coordinated Response to Sexual Abuse or Assault requires the facility probation manager or designee to promptly report the allegation to the alleged victim's parents or legal guardians unless there is official documentation on record showing they should not be notified. If the alleged victim is under guardianship of the child welfare system then the report will be made to the caseworker instead. If the juvenile court retains jurisdiction over the alleged victim the facility probation manager or designee will report the allegation to</p>

the juvenile's attorney or other legal representative of record within 14 days. If a youth reports an allegation of current or past sexual abuse to staff allegedly occurring at Juvenile Hall or staff becomes aware of current or past sexual abuse then the Plan for Coordinated Response to Sexual Abuse or Assault flow chart is followed. The Superintendent and PREA Coordinator reported during the interview that the sheriffs department, medical and mental health, and the YWCA Crisis Advocates , Deputy Chief, and the parents are notified right away. The residents lawyer, probation officer will be notified the next business day.

(f) The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Santa Clara County Sheriffs Department and SCC Office of Internal Affairs. The Superintendent verified all allegations including third party and anonymous are reported and investigated.

The Santa Clara Sheriff Department and Internal Affairs are the agencies responsible for investigation of alleged sexual abuse or sexual harassment. Interviewed staff understood their responsibilities in terms of the agency policies and procedures in regards to reporting. The PREA Coordinator, medical and behavioral health Staff, and supervisors were knowledgeable of their responsibilities in regards to the Sexual Assault Coordinated Response Plan. All incidents of sexual abuse and sexual harassment involving a staff member are investigated by Internal Affairs and the Sheriff's Department. This was verified through interviews with SCC- Juvenile Hall Managers and Internal Affairs Investigators.

SCC- Juvenile Hall meets Standard 115.361

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)Procedures Manual Part:13 Section:13.01XXXIV Agency Protection Duties, D policy states if a resident is subject to a substantial risk of imminent sexual abuse the department takes immediate and appropriate steps to protect the resident. Each facility will employ multiple protective measures including but not limited to custody and housing changes, special management plans, no contact status, emotional support services, and/or transfers for the youth victim or abuser. The Superintendent stated that understanding the threat and why the youth is at risk is necessary so a plan of action can be developed. Options are no roommate status, removal from the unit or if staff is involved placement on administrative leave during the investigation. A referral is made to mental health to create a system to keep the resident safe. The PREA Compliance Manager stated staff is required to respond immediately and notify the manager on call. If the Manager cannot be reach or the Deputy Chief they call the Chief. Email is not used in this case a call is required for PREA incidents. The Deputy Chief, PREA Compliance Manager, Superintendent/ PREA Compliance Manger and Staff were interviewed by the auditor. The staff interviewed knew their responsibilities in regards to immediately removing the at risk youth in order to keep them safe. The Deputy Chief reported when staff learns a resident is subject to a substantial risk of imminent sexual abuse the investigative process starts immediately. The resident is separated even if joking. SCC-Juvenile Staff acts immediately reporting to the supervisor, probation managers, and probation officer. The Superintendent reported a resident subject to substantial risk of imminent sexual would be put on No Roommate Status for safety and would be separated by housing unit changes. Behavioral health referral would be made and the resident may be put on a one on one status for support.</p> <p>SCC-Juvenile Hall meets Standard 115.36</p>

115.363	Reporting to other confinement facilities
	<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 1481 528">(a) Procedures Manual Part:13 Sections:13.01 XXXV and Juvenile Hall Policy and Procedures Manual, Part 02, Section 2.05 states if a resident was abused while confined at another facility the Deputy Chief or the Probation Manager of the facility or designee will notify the facility where the alleged abuse occurred. Appropriate law enforcement agency and CPS will also be notified.</p> <p data-bbox="252 584 1453 701">(b)(c)Procedures Manual Part:13 Sections:13.01 XXXV. B states the notification will be done as soon as possible but no later than 72 hours after receiving the allegation. The Deputy Chief, Probation Manager or designee shall document notification has been given.</p> <p data-bbox="252 757 1458 958">(d). Allegations go through the chain of command. The PREA Compliance Manager is the point of contact. The Manager notifies the Deputy Chief Probation Officer 24/7. If the allegations from another agency and involves a staff member they would be removed for the facility immediately. If the allegation happened at another facility the PREA Flow Chart is still followed. No allegations have been received during the audit period.</p> <p data-bbox="252 1014 1458 1088">The auditor reviewed policy and procedures and interviewed the Deputy Chief and Probation Managers to determine compliance with all provisions of this standard.</p> <p data-bbox="252 1144 820 1178">SCC-Juvenile Hall meets Standard 115.363</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:13 Section:13.01 XXXVI requires staff to follow policy and procedures which is outlined on the Institutions Plan for Coordinated Response to Sexual Abuse or Assault Flow Chart. Policies and procedures include separating the alleged victim and abuser, preserving and protecting the crime scene and protecting evidence for collection by the Santa Clara County Sheriff's Department. There were no incidents of sexual abuse requiring preserving and protecting evidence during the audit period.</p> <p>(b) There were no incidents of sexual abuse where non-security staff were first responder. Security staff interviewed knew their responsibilities as a first responder. Policy requires staff to immediately separate the alleged victim and take steps to preserve and protect the crime scene until the Sheriff Department arrives to start the investigation and collect physical evidence. This includes making sure physical evidence is not destroyed by washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the alleged abuser is an employee they will be instructed by a superior to wait for the Santa Clara County Sheriff Officer. Review of Policies and Procedures and interviews with staff support verified all provisions of standard 115.364 are compliant.</p> <p>SCC-Juvenile Hall meets Standard 115.364</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Procedures Manual Part:13 Section:13.01 XXXVII B and Santa Clara County Juvenile Probation has a Plan for Coordinated Response to Sexual Abuse or Assault. The plan includes actions to be taken in response to an incident of sexual abuse, among first responders, supervisor and managers, staff, emergency examinations and testing , medical and mental health practitioners, Santa Clara County Sheriff's Office, Internal Affairs, and facility leadership. Plan for 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 PREA Compliance Manager stated the department is committed to a coordinated and victim centered care approach involving staff, first responders, law enforcement, CPS, victim advocates, medical and mental health care providers, the District Attorney's Office, the Agency Wide PREA Coordinator, Facility Probation Managers, PREA Compliance Manager, and the Deputy Chief for Institutions. The role of each responding party shall be as follows.</p> <p>The first responder staff will follow the steps outlined in the policy under the staff first responder duties. Upon informing the Supervisor on duty, the Supervisor will notify the Probation Manager who will inform the Deputy Chief. Law Enforcement is notified in all incidents where violation of the law is suspected in accordance with Juvenile Hall Policy and Procedures Manual Part 02, Section 2.05. The Sheriff Department is responsible for collecting and processing crime scene evidence, conducting the investigation, enhance victims safety, collaborate with the probation department to arrange for victims transportation to and from the exam site as needed, interviewing victims in a language they understand, 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 advocates from YWCA Silicon Valley rape crisis may be involved in initial victim contact (via 24-hour hot line or face-to-face meetings) or be involved no later than 24 hours of the incident. Responsibilities include offering victim advocacy, emotional support, crisis intervention, provide information, language assistance services, referrals during the process, and help to ensure the victim has transportation and are accompanied to and from the exam site. Juvenile Hall staff also accompanies the victim to the hospital emergency room department. Advocates provide comprehensive longer term services designed to aid victims in addressing needs related to the assault including but not limited to counseling, legal and medical system advocacy. Medical and mental health care providers will assess victims for acute medical needs and refer the victim to Valley Medical Center to provide stabilization, forensic examination, and treatment. Services continue to be available to victims after their release from the facility.</p> <p>The auditor reviewed policies and procedures which meet all provisions of this standard. The Flow Chart outlining a coordinated response was created by the Agency Wide PREA Coordinator and is a detailed informational tool outlining steps to be taken for a coordinated response and is posted in each living unit. Interviews verified agency personnel know their duties when responding to an incident of sexual abuse and follow the steps outlined in the coordinated response flow chart.</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 until October 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 participator resident, all residents or 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>Interview with the Deputy Chief Probation Officer verified that the agency follows these policies. He stated 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. The auditor has determined agency policy is compliant with the standard.</p> <p>SCC- Juvenile Hall meets Standard 115.66</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures manual Part:13 Section:13.01 XXXIX - Santa Clara County Policy against discrimination, harassment, and retaliation as well as the County 24/7 whistleblower program prohibits retaliation for reporting any governmental improprieties. Juvenile Hall Policy and Procedures Manual, Part 04, section 4.07 on the minor's rights to filing a grievance and exercising their rights under this process were reviewed by the auditor. The agencies policy is to protect residents and staff from retaliation by other residents or staff for making a report of sexual abuse or sexual harassment or cooperating with a sexual abuse or sexual harassment investigation. Santa Clara County Juvenile hall has designated the PREA Compliance Manager to be in charge of monitoring retaliation.</p> <p>(b) During the PREA Compliance Manager interview he talked about several different ways the facility protects residents from retaliation. The staff know retaliation is not tolerated and are trained 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 abusers from having contact with victims. Residents at Juvenile Hall have access to the PREA Compliance Manager, their lawyer, parents, and the YWCA for reporting and support services. The PREA Compliance manager stated that he checks in on the youth and if there are any concerns he lets the supervisors 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. If a staff member was involved progressive discipline would be used anywhere from counseling to removal from the unit or facility if necessary.</p> <p>Policies and procedures are in place in order to protect staff and residents from retaliation for sexual abuse or sexual harassment allegations. The PREA Compliance Manager stated that talking to individuals involved about retaliation and communicating with them throughout the investigation is important. This allows the individual direct access to the Manager who can help the staff member better understand the process. Mental health staff helps by giving feedback as to whether the involved resident is feeling retaliated against or showing signs of stress or anxiety. Managers follow policies to make final decisions on moving an abuser until the investigation is complete. If the Manager suspects retaliation they pull the person in and let them know the concerns. The supervisor on the unit is informed and assesses concerns at the unit level. If it is a staff member a 3rd party may become involved such as the union representative. If it is suspected a youth is involved mental health is asked if the victim is under any pressure or being bullied.</p> <p>(c)(d) XLI Scope of Anti-Retaliation Policy J- states at least a 90 day period following a report of sexual abuse or sexual harassment the Probation Manager, PREA Compliance Manager, and unit supervisor will monitor the conduct 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 changes, negative performance reviews or reassignment of staff. The obligation to monitor terminates if the allegation is determined unfounded. During interviews with residents it was clear they feel safe from retaliation and are protected by the staff members at Juvenile Hall.</p>

There were no incidents of retaliation during the audit period.

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

SCC-Juvenile Hall meets Standard 115.367

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Procedures Manual Part:13 Section:13.01 XLV A and Juvenile Hall Policy and Procedures Manual, Part 04, Section 4.04 were reviewed by the auditor. The Department's policy is all youth under supervision have a right to be free from unreasonable restrictive conditions including isolation. The Superintendent/PREA Compliance Manager reported that isolation is not used for residents who allege to have suffered sexual abuse instead they are given extra support. The facility uses behavioral health and can put the resident on one on one supervision for monitoring. The resident can be placed on a non roommate status (NR) and moved closer to the staff desk area. The nurse manger stated isolation is not used at the facility and the medical staff are available 24/7 to screen youth who have been involved in an incident of sexual abuse to provide support services as needed. When interviewing the Associate Social Worker she reported isolation is not used at Juvenile hall for PREA Incidents and behavioral health in Santa Clara County Juvenile Hall is a one stop shop providing necessary services. They provide risk assessments, crisis intervention, and stabilization 27/7. Behavioral health works as a team with the medical clinic, and control supervisor to provide support which can include one on one supervision for support and stability. No residents at the facility had been placed in isolation for protective custody during the audit period. Interviewees reported the alleged perpetrator can be placed in boys receiving short term until a safety plan can be implemented. Staff in boys and girls receiving verified isolation has not been used during the audit period.</p> <p>SCC-Juvenile Hall did not use isolation during the audit period to protect any residents who were alleged to have suffered sexual abuse. The facility has several different ways to protect residents and does not use isolation for protective custody. Policy and Procedures meet all provisions of this standard. The staff interviewed confirmed that SCC-Juvenile Hall does not use isolation for protective custody.</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) Policy and Procedure Part:13 Section:13.01 XLVIA states the department is committed to investigating all allegations of sexual abuse, sexual harassment, and staff sexual misconduct from all sources including third party and anonymous reports. All criminal investigations are handled by Santa Clara County Sheriff Department and administrative investigations are handled by Santa Clara County Probation Department Office of Internal Affairs. Internal Affairs Investigators reported to the auditor the criminal investigation starts immediately by the sheriffs department. The IA investigation starts within a week to 30 day depending on the criminal investigation. All allegations of sexual abuse and sexual harassment are investigated the same way including third-party and anonymous reports. During the audit period there were no IA PREA investigations involving staff at Santa Clara County Juvenile Hall. During the audit period there were three criminal investigations involving youth on youth PREA Incidents.</p> <p>(b) XLVII B- The department will ensure Internal Affairs Investigators receive specialized training in sexual abuse investigations. Internal Affairs Investigators interviewed received Multi Disciplinary Techniques for victims of sexual abuse training which includes interviewing techniques for sexual abuse victims and perpetrators. Training certification and curriculum were reviewed by the auditor.</p> <p>(c) The agency does not conduct criminal investigations. Policy XLVL B. states all reports of sexual abuse that are believed to be criminal in nature shall be reported to the Sheriff Department. The department has requested the investigating law enforcement agency follow a uniform evidence protocol adopted from or based on the most recent edition of the US Department of Justice's Office on Violence Against women publication. "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Documentation was reviewed by the auditor in the form of emails from a Detective at the Sheriff Department.</p> <p>(d) The agency policy states an investigation will not be terminated solely because the source of the allegation recants. Investigators stated all investigations are handled the same way regardless if the source of the allegation recants. They explained there can be many different reasons why a victim may recant and part of the investigation is to look into why the victim recanted. However, it does not change or stop the investigation from continuing.</p> <p>(e) XLVII Internal Investigations B- If a law enforcement investigation is opened the department will cooperate and coordinate with law enforcement as to the timing and process of the investigation. The Sheriff Department investigator conducts interviews first to ensure the integrity of the IA and law enforcement investigations to avoid any complications associated with Garrity Rights.</p> <p>f) XLVII H. The Department prohibits residents who report abuse or cooperate in the investigation of abuse from taking a polygraph test. The alleged victim, witness, or suspect is always seen as credible. Investigators stated you have to trust but verify the story. Don't judge a victim's version of the truth. If something does not match up ask them to help clarify. There can be distortion or disassociation which does not discredit their report of the incident.</p>

(g)(h) XLVII G. Investigating staff reported the written report includes the date, location, time, victim information, allegations, witnesses, what department identified as policy violations and what documentation there is. Also included in the criminal reports are minor's case notes, clinic reports, photographs(with parent approval) , markings, and interview transcripts. The findings are in the report and includes whether or not agency policy was violated and if so which one. Investigative reports include an effort to determine whether a staff actions or failures to act contributed to the abuse and includes a description of the physical and testimonial evidence of the reasoning behind credibility assessments, and investigative facts and findings.

(i)-1-2 Substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were no sustained allegations at SCC- Juvenile Hall during the audit period that were referred for prosecution.

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

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

(m) When the Sheriff Department investigates an allegation the PREA Compliance Manger is the person of contact. If Internal Affairs is investigating the Deputy Chief is the person of contact.

In reviewing agency policy and interviewing IA Investigators, Superintendent, PREA Coordinator and Managers it was determined all provisions of Standard 115.371 are complaint.

SCC Juvenile Hall meets Standard 115.371

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) XLVIII A.3. The evidential stand for administrative investigations shall be guided by the Department's Internal Affairs Policy and Procedures and applicable merit system rules, state and federal laws, and the department will ensure that evidential stand shall be consistent with PREA Standard 115.372 Evidential Standards for Administrative Investigations. The IA Investigators reported that they do not impose a standard higher than preponderance of evidence but they do try and do better than 51%.
	SCC-Juvenile Hall meets Standard 115.72

115.373	Reporting to 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 1477 831">(a) Procedures Manual Part:13 Section 13.01 XLIVA. Policy states following an investigation into an allegation of sexual abuse whether by a resident or a staff member the resident victim will be notified as to whether the allegation has been determined to be substantiated or unsubstantiated, or unfounded. IA Investigators reported they try and get contact information during the investigation process to notify the victim via certified mail. Due to the confidentiality a signature is required. It can be difficult if the youth is no longer in SCC Juvenile Hall. The Santa Clara County Sheriff Department conducts investigation involving residents in juvenile hall. At the conclusion of the investigation the facility receives the report from the sheriff's department. It was reported during the interview with the Superintendent that a Manager meets with the youth and informs them of the outcome of the investigation. Policy states the resident victim shall be notified of criminal and administrative actions regardless of the following circumstances:</p> <ul style="list-style-type: none"> <li data-bbox="252 842 1050 875">a. The staff member is no longer posted in the resident's unit. <li data-bbox="252 887 1070 920">b. The staff member is no longer employed by the Department. <li data-bbox="252 931 1477 999">c. The Department learns that the staff member or the resident has been indicted on a charge related to sexual abuse within the facility. <li data-bbox="252 1010 1477 1088">d. The Department learns that the staff member or resident has been convicted on the sexual abuse charge. <p data-bbox="252 1144 1477 1346">(b) There were three criminal investigations by the Santa Clara County Sheriff's Department during the audit period with the findings of unsubstantiated. It was not documented if residents were notified, verbally or in writing, of the results of the investigation at the time the investigations were completed. Two of the residents were notified 3/12/2018 and one was mailed a letter of notification 2/1/2018.</p> <p data-bbox="252 1402 1477 1648">(b). There were three PREA incidents in the facility that were investigated by the Santa Clara County Sheriff's Department in the past 12 months. The agency requests information from the investigative entity in order to inform the resident as to the outcome of the investigation. Policy states that all resident victim notifications whether the perpetrator is a staff member or a resident the department documents notifications or attempted notifications. The Superintendent reported that a Manager notifies the residents of the outcome.</p> <p data-bbox="252 1704 1477 1861">(c) At the conclusion of the Sheriff's Department's investigation the victim is notified of the outcome by a Manager and notification is documented using the PREA Youth Notification Form. At the conclusion of an Internal Affairs Investigation the victim is notified by registered mail.</p> <p data-bbox="252 1917 1477 2119">(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p>

(e) Santa Clara County Juvenile Probation did not document the notification of residents as to the outcome of the investigation using the PREA Youth Notification Form until the auditor requested a copy of the Notification Forms during the onsite audit. During the audit period Juvenile hall did not have any PREA Incidents that were investigated by Internal Affairs.

The auditor reviewed the policies and procedures which meets all provisions of this standard. The facility did provide document notifying victims of investigation outcomes using the PREA Youth Notification dated 3/12/18. The facility is not compliant with Standard 115.373 as notification was not documented once the investigation was completed.

Standard 115.373 is not compliant.

CORRECTIVE ACTION PLAN

At the conclusion of a PREA Investigation the PREA Youth Notification Form shall be utilized to document notification the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Copies of the signed PREA Youth Notification Forms for PREA incidents during the corrective action period shall be submitted to the auditor for documentation of compliance.

Corrective Action needs to be completed by September 13,2018.

The facility had residents who were involved in a PREA Incident during the audit period sign the PREA Youth Notification Forms during the corrective action period. The signed forms were reviewed by the auditor. There were no PREA incidents during the corrective action period that required the facility to utilize the PREA Youth Notification Form.

SCC- Juvenile Hall meets Standard 115.373

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Juvenile Procedures Manual Part: 01 Section: 1.06A. Violation of the law or policy including sexual abuse and sexual harassment requires disciplinary sanctions up to and including reprimand, suspension or termination depending on a multiplicity of factors. Staff who participate in or permits the unlawful discrimination, harassment or bullying of a resident will be subject to disciplinary action up to and including termination. The presumptive disciplinary sanction for staff who has engaged in sexual abuse of a resident is termination.</p> <p>(b) 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 SCC Juvenile Hall staff members during the audit period.</p> <p>(c) Policy states staff members involved in allegations of sexual abuse and sexual harassment will be disciplined up to including reprimand, suspension or termination, depending on the nature and circumstance of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>(d) All violations of the Department's Policies of against sexual abuse or sexual harassment who have been terminated or resigned is reported to the Santa Clara County Sheriff's Department, and the Office of Internal Affairs for investigation.</p> <p>The PREA Policy meets all provisions of the standard. There were no incidents of staff sexual abuse against a resident during the audit period.</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) Procedures Manual Section:13 Part:13.01 XLVIC Corrective Action for Contractors and Volunteers and Juvenile Hall Policy and Procedures Manual Section:12 Part:12.02 Volunteers/Programs/Non-Probation Visitors was reviewed by the auditor. Policy states if a contractor or volunteer engages in sexual abuse they shall be prohibited from contact with the residents, will be reported to law enforcement agencies, and to relevant licensing bodies unless the activity was clearly not criminal. There were no incidents of sexual abuse or sexual harassment involving a contractor or volunteer during the audit period.</p> <p>(b) Corrective action includes the contractor or volunteer being removed from the facility. The Sheriff and/or IA will investigate or the agency they work for will be responsible to investigate. Contract staff interviewed had received the PREA training and understood the disciplinary sanctions.</p> <p>All provisions of Standard 115.377 are met. The policy and procedures were reviewed and the PREA Compliance Manager confirmed a contractor would be referred to the Sheriff Department for investigation if there is any question of inappropriate behavior on the part of a contractor or volunteer. The information is reported to the agency they work under and are no longer allowed to have contact with the residents or work at 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) Policy: 13 Section: 13.01 XLVII Intervention and Disciplinary Sanction for Residents and Juvenile Hall Policy and Procedures Manual, Part 04, Section 4.01 - Behavior control of Minors were reviewed by the auditor. 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 found to be guilty of such contact appropriate discipline will be applied. Residents who commit law violations while in custody are referred to the Sheriff's Department for investigation. During the audit period there were zero criminal findings of guilt for resident-on-resident sexual abuse and zero criminal findings of guilt for resident-on-resident sexual abuse.</p> <p>(b) Isolation was not used as a disciplinary sanction during the audit period and is not used at SCC Juvenile Hall as a form of discipline. However, policy does state daily access to large muscle exercise and educational programming including special education would be provided to residents in isolation. If a resident was placed in isolation medical or mental health care would be provided on a daily basis, programming and work opportunities would be provided if possible. The PREA Compliance Manager stated other Disciplinary sanctions can be used which include new charges being filed, assessment of housing and the protection of other minors, escort during movement, check level, or county jail if age appropriate. The DA can file formal charges if appropriate. There are not a lot of internal sanctions used at Juvenile Hall as programming is always provided.</p> <p>(c) The department will ensure the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed. It was reported by the Superintendent mental disability or mental illness is considered when determining sanctions. Behavioral health and considerations of housing according to size and developmental level will be considered but assaults are still referred to the DA for consideration.</p> <p>(d) The facility offers therapy, counseling and other appropriate interventions to address symptoms of mental health, such as PTSD, depression, and/or anxiety which can all be underlying reasons for abuse reactive behavior and/or reactions to being abused.</p> <p>(e) Policy states a resident would be disciplined for sexual contact with staff only upon finding that the staff member did not consent.</p> <p>(f)-1 A report of sexual abuse made in good faith will not constitute falsely reporting an incident, if the investigation does not establish evidence sufficient to substantiate the allegation. The agency does prohibit disciplinary action for any report of sexual abuse that is made in good faith even if the investigation does not establish evidence to substantiate the allegation.</p> <p>(g) The Department's Zero Tolerance Policy prohibits all forms of resident on resident sexual activity and disciplines residents involved in activity that the agency constitutes to be sexual</p>

that is coerced.

The facility meets all provisions of this standard. PREA Policies and Procedures are in place if isolation was used by the facility. Interviews with the PREA Compliance Manager, Medical and Mental Health Staff, and Security Staff reported that isolation is not used at the facility. All provisions of standard 115.378 are met.

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)(b)Policy Part:13 Section:13.01 XLVII and Juvenile Hall Policy and Procedures Manual Part 02, Section 2.05- Child Abuse Reporting Procedures states within 24 hours residents are assessed using the Risk of Victimization/Sexually Aggressive Behavior RV/SAB screening instrument. A resident who reports prior sexual victimization or perpetrated sexual abuse will be seen by medical or mental health within 14 days. During interviews it was clearly stated if a resident reports victimization a referral is made immediately to medical and mental health. The youth is asked if they want counseling and also offered assess to the YWCA immediately for support services. The auditor interviewed residents who reported prior victimization and they reported being offered counseling and use of the red phone.</p> <p>(c)Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff as necessary to develop treatment plans and security management decisions which include housing, roommate status, work, education, and program assignments.</p> <p>(d) Interviews with mental health and medical practitioners confirmed the policy to obtain informed consent from residents who are over 18 is being followed.</p> <p>SCC- Juvenile Hall meets Standard 115.381</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)The auditor reviewed Policy and Procedures Manual Part:13 Section 13.01 XLIX and Juvenile Hall Policy and Procedures Manual Part:02 Section:2.01 Medical Care/Procedures, Part:13 Section:02 Sexual Assault Coordinated Response Plan, and Santa Clara County Juvenile Probation-Institutions Plan for Coordinated Response to Sexual Abuse or Assault. (Flow chart.) Policy states resident victims of sexual abuse receive immediate access to emergency medical treatment at Valley Medical Center for stabilization, forensic examination and treatment as needed. There are approximately 20 specialized trained registered nurses who serve as SART examiners. and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical and Mental health staff maintains secondary materials documenting emergency medical treatment and crisis intervention services are provided to all juveniles involved in an alleged PREA incident. Medical logs are kept by the medical staff where a record of their sessions with the residents is maintained. The Nurse Manager reported follow up treatment includes STD Screening, and referral to YWCA for support in and out of Juvenile Hall. This was documented by the auditor during the medical and mental health staff interviews.</p> <p>Security and non-security first responder staff understood their responsibilities as first responders and the immediate steps to be taken to protect the victim and then immediately notifying appropriate medical and mental health staff. Santa Clara Valley Health and Hospital System Juvenile Custody Health Services (JCHS) Standards Manual PREA 41590AS38 was reviewed by the auditor. Policy states the abused/assaulted minor will be evaluated and medically treated by The Santa Clara Valley Sexual Assault Response Team (SART). JCHS staff will refer the alleged victim to a trained community rape crisis counselor (YWCA) to act as an advocate as soon as possible. The JCHS staff acts as an advocate for a minor’s health and safety within the Juvenile Hall custody setting. An RN will perform a nursing assessment which will be documented in the progress notes. If the minor alleges that the physical and/or sexual abuse/assault has occurred within 72 hours, the minor is transferred to the emergency department with probation staff and local law enforcement for assessment, forensic examination and treatment by the Santa Clara Valley Medical Center Sexual Assault Response Team (SCVMC SART). If the minor alleges that over 72 hours has passed a Mental Health Services referral is made. The RN may send the minor to the ED past 72 hours after consultation with the on call psychiatrist.</p> <p>(d)Policy states medical and mental health services will be provided to the resident free of charge.</p> <p>The auditor reviewed policies and conducted staff interviews to determine compliance. There was no sexual abuse or sexual assaults investigations during the audit period that required emergency medical or mental health service. Policies and procedures meet all provisions of the standard and staff interviewed know the coordinated response requirements and are committed to the sexual safety of the residents.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1461 831">(a)(b) The facility offers medical and mental health evaluations and treatment to all residents who have been a victim of sexual abuse in any facility. Medical and mental health staff confirmed during interviews evaluation and treatment includes follow-up services, treatment plans, and referrals for continued care following their transfer to or placement in another facility, or release from custody. Upon release from custody victims of sexual abuse/assault will be provided follow up referrals to the rape crisis center and the community for services to ensure ongoing medical and mental health evaluations and treatment. Medical staff set up care with a public health nurse that links the youth to services in the community. The Nurse, Family Partnership Program NFPH supports the youth through pregnancy by arranging checkups, hospital and transportation needs and will provide follow up care for up to 5 years. They provide parenting education and provide incentives for the youth to participate such as gift certificates.</p> <p data-bbox="252 887 1430 958">(c) The facility does provide victims medical and mental health services consistent with the community level of care according to policy and medical and mental health staff interviews.</p> <p data-bbox="252 1014 1461 1133">(d),(e) Medical staff interviewed reported a female who is a victim of sexual abuse while incarcerated will be provided a pregnancy test. The victim receives the pregnancy test results in a timely and comprehensive manner to access lawful pregnancy-related medical services.</p> <p data-bbox="252 1189 1406 1346">(f), (g) Residents who are victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Medical treatment services are provided to the victim without financial cost regardless if the victim names the abuser or cooperates with investigations arising out of the incident.</p> <p data-bbox="252 1402 1469 1559">(h) The facility attempts to conduct a mental health evaluation of all know resident on resident abusers within 60 days of learning of the abuse history and offers treatment when deemed appropriate by mental health practitioners. There have not been any sexual abuse or assault incidents at SCC-Juvenile Hall during the audit period.</p> <p data-bbox="252 1615 1469 1861">Policies and Procedures meet all provisions of this standard. Resident victims of sexual abuse are provided access to emergency medical treatment and crisis intervention for emotional, medical and mental health support. Medical and mental health staff interviewed showed a commitment and compassion when treating the youth in their care. The follow up care and programs in place to help the victim upon leaving the facility and up to 5 years exceeds the standard.</p> <p data-bbox="252 1917 847 1951">SCC Juvenile Hall Exceeds Standard 115.385</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)-1, 2 Policy states the facility will conduct a sexual abuse incident review within 30 days of the conclusion of the investigation. There were no incidents of sexual abuse at the facility requiring a 30 day review. The incident review team held a meeting on January 9, 2018 to review three PREA Incidents that were investigated during 2017. The Valley Medical Center Nurse Manager, Supervising Group Counselor, QA, Two Senior Group Counselor, QA, and the Lead Behavioral Health, Marriage Family Therapist were in attendance. The auditor reviewed the incident review meeting report. The PREA Compliance Manager reported that the report is forwarded to him for final approval. He reviews for trends and determines if any changes need to be made such as staff positioning in area where incident happened.</p> <p>(d) The review team considers the following areas and prepares a report of its findings which includes any recommendations for improvement:</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 physical barriers in the area. 4. The adequacy of staffing levels in a particular area and during different shifts. 5. Assess if monitoring technology could be deployed or augmented to supplement supervision by the staff. <p>(e) The facility implements the recommendations for improvement or documents its reason for not doing so.</p> <p>SSC-Juvenile Hall held an incident review meeting during the audit period for three PREA incidents. The Santa Clara County Sheriff's Department investigated the incidents and the reports were reviewed by the auditor. Policy states sexual abuse incident reviews will take place within 30 days of the conclusion of the investigation. Interviews with the Incident Review Team were conducted and the information obtained was used to determine compliance. The Agency Wide PREA Coordinator reported a 30 day incident review will be done on sexual abuse incidents regardless of whether they require an investigation or unfounded. The PREA Compliance Manager stated if an sexual abuse incident occurs at the facility there will be a review meeting within 30 days of the conclusion of the investigation and that upper management is in attendance.</p> <p>SCC-Juvenile Hall meets Standard 115.386</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The auditor reviewed Procedures Manual Part:13 Section13:01 Data Collection. All allegations and reports of abuse/assault, sexual harassment and staff sexual misconduct are documented in accordance with Juvenile Hall Policy and Procedures Manual, Part 07, Section 7.01-Incident Reports/Reviews. Santa Clara County Juvenile Probation does use sexual incident review to make changes. The agency insures data is secure. The Agency Wide PREA Coordinator keeps the data. The data collection instrument is an internal incident report system. The Juvenile Records System (JRS) reports demographic information. The internal affairs data base records allegation outcomes. The incident based data collected include data necessary to answer questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>(d)The agency maintains, reviews, and collects data which includes reports, investigations, and sexual abuse incident reviews. Upon request the agency will provide data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>(e-f) N/A</p> <p>SCC-Juvenile Hall meets Standard 115.387</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)The auditor reviewed Juvenile Hall Procedure Manual Part:13 Section:13.01 LIV. Data Review for Corrective Action which states the PREA Coordinator reviews data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The Duty Chief Probation Officer stated that incident based sexual abuse data is used to look at incidents and see if there is something that can change to improve compliance. The Agency Wide PREA Coordinator is in charge of quality assurance and looks at areas to approve upon. Where gaps are identified changes can be made to the policies and procedures which are then forwarded to the Deputy Chief for approval. The Agency Wide PREA Coordinator reviews data including behavioral health information, custody events, red phone usage, and sheriff interviews. The information is securely retained in the Juvenile Records System (JRS). The agency takes action on an ongoing basis and the PREA Coordinator reported changes can happen quickly.</p> <p>(b)The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The auditor reviewed policy, aggregated data spread sheet with all information required. The annual report for 2017 is completed and will be published on the agency website once approved by the Deputy Chief. The annual reports for 2015 and 2016 were reviewed by the auditor.</p> <p>(c)The annual reports for 2015, 2016, and 2017 have been approved by the agency head and are posted on the agency website for the public to view.</p> <p>(d)Policy states that the agency redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility. The PREA Coordinator reported it's more numbers and outcomes that are made public not names. It includes information such as the number of times advocates were used, months of incidents, and demographic of where and when. Information that can be used for research and development. The report meets the provisions of this standard and exceeds expectations of the standard by being comprehensive and educational in regards to the agencies mission in regards to protecting the residents and staff from sexual harassment and/or sexual abuse.</p> <p>SCC-Juvenile Hall exceeds Standard 115.388</p>

115.389	Data storage, publication, and destruction
	<p data-bbox="252 170 928 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 488">(a) 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 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 data-bbox="252 539 1485 658">(b)(c) Santa Clara County Probation PREA Policy requires the aggregated sexual abuse data is available to the public annually through the website. The agency aggregated sexual abuse data is available to the public on the agency website.</p> <p data-bbox="252 710 1337 828">SCC- Juvenile Hall exceeds this standard by providing a comprehensive report that communicates the mission of the agency to protect staff and residents from sexual harassment and/or sexual abuse.</p> <p data-bbox="252 880 847 913">SCC-Juvenile Hall exceeds Standard 115.389</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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. The onsite audits took place June 6-10, 2016 and the final reports were dated January 5, 2017. Both facilities achieved full compliance during the corrective action period. The reports are published on the agencies website.</p> <p>(b) The agency has not had one-third of its facilities audited each one-year period starting on August 20, 2013. The agency reached PREA Compliance at both facilities during the last audit schedule. The second facility is scheduled to be audited January 2019.</p> <p>(h) During the onsite audit the auditor was allowed access tour and observe all area's of the facilities.</p> <p>(l) The auditor received copies of all relevant documents requested including electronically stored information.</p> <p>(m) Resident interviews were conducted 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 units. 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 communicating with legal counsel.</p> <p>All Provision of standard 115.401 are met</p>

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

115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility 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?	
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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.)	yes

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

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.)	na

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.)	na

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	
	<p>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))</p>	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.)	yes

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

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

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

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

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?	yes
	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	
	<p>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?</p>	yes

115.361 (d)	Staff and agency reporting duties	
	<p>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?</p>	yes
	<p>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?</p>	yes

115.361 (e)	Staff and agency reporting duties	
	<p>Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?</p>	yes
	<p>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?</p>	yes
	<p>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.)</p>	yes
	<p>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?</p>	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?	no
	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?	yes

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

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

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

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

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

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

115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for 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	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	no

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

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

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

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

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes