

PREA Facility Audit Report: Final

Name of Facility: William F. James Boys Ranch

Facility Type: Juvenile

Date Interim Report Submitted: 05/18/2021

Date Final Report Submitted: 10/20/2021

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: 10/20/2021

AUDITOR INFORMATION	
Auditor name:	Mandery-Baldwin, Michelle
Email:	mbaldwinprea@aol.com
Start Date of On-Site Audit:	04/06/2021
End Date of On-Site Audit:	04/08/2021

FACILITY INFORMATION	
Facility name:	William F. James Boys Ranch
Facility physical address:	19050 Malaguerra Ave, Morgan Hill, California - 95037
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Jill Ugalde
Email Address:	jill.ugalde@pro.sccgov.org
Telephone Number:	408-201-7674

Superintendent/Director/Administrator	
Name:	Jill Ugalde
Email Address:	jill.ugalde@pro.sccgov.org
Telephone Number:	408-201-7674

Facility PREA Compliance Manager	
Name:	Trina Gauthier
Email Address:	trina.gauthier@pro.sccgov.org
Telephone Number:	O: (408) 201-7600

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

Facility Characteristics	
Designed facility capacity:	108
Current population of facility:	38
Average daily population for the past 12 months:	52
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	13-18
Facility security levels/resident custody levels:	low to medium/medium to high
Number of staff currently employed at the facility who may have contact with residents:	125
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	364
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Santa Clara County Probation Department
Governing authority or parent agency (if applicable):	
Physical Address:	2314 North First Street, San Jose, California - 95131
Mailing Address:	
Telephone number:	4082785854

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

Agency-Wide PREA Coordinator Information			
Name:	Jill Ugalde	Email Address:	jill.ugalde@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.

STANDARDS EXCEED

PREVENTION PLANNING

115.313 - Supervision and monitoring

115.315 - Limits to cross-gender viewing and searches

115.317 - Hiring and promotion decisions

RESPONSIVE PLANNING

115.321 - Evidence protocol and forensic medical examinations

MEDICAL AND MENTAL HEALTH

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

DATA COLLECTION AND REVIEW

115.386 - Sexual abuse incident reviews Corrective Action

115.388 - Data review for corrective action

115.389 - Data storage, publication, and destruction

Number of Standards Exceeded: 8

STANDARDS MET

PREVENTION PLANNING

115.312 - Contracting with other entities for the confinement of residents

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

115.318 - Upgrades to facilities and technologies

RESPONSIVE PLANNING

115.322 - Policies to ensure referrals of allegations for investigations

TRAINING AND EDUCATION

115.331 - Employee training

115.332 - Volunteer and contractor training

115.334 - Specialized training: Investigations

115.335 - Specialized training: Medical and mental health care

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

115.341 - Obtaining information from residents

115.342 - Placement of residents

REPORTING

115.351 - Resident reporting

115.352 - Exhaustion of administrative remedies

115.354 - Third-party reporting

OFFICIAL RESPONSE FOLLOWING a RESIDENT REPORT

115.361 - Staff and agency reporting duties

115.362 - Agency protection duties

115.363 - Reporting to other confinement facilities

115.364 - Staff first responder duties

115.365 - Coordinated response

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

115.368 - Post-allegation protective custody

INVESTIGATIONS

115.371 - Criminal and administrative agency investigations

115.372 - Evidentiary standard for administrative investigations

115.373 - Reporting to residents

DISCIPLINE

115.376 - Disciplinary sanctions for staff

115.377 - Corrective action for contractors and volunteers

115.378 - Interventions and disciplinary sanctions for residents

MEDICAL AND MENTAL HEALTH

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

115.382 - Access to emergency medical and mental health services

DATA COLLECTION AND REVIEW

115.387 - Data collection

AUDITING AND CORRECTIVE ACTION

115.401 - Frequency and scope of audits

Number of Standards Met: 30

STANDARDS NOT MET

PREVENTION PLANNING

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

TRAINING AND EDUCATION

115.333 - Resident education

REPORTING

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

OFFICIAL RESPONSE FOLLOWING a RESIDENT REPORT

115.367 - Agency protection against retaliation

AUDITING AND CORRECTIVE ACTION

Number of Standards Not Met: 5

CORRECTIVE ACTION REQUIRED

• **115.311 - Zero tolerance of sexual abuse and sexual harassment; Agency- Wide PREA Coordinator**

An agency is required to designate an upper management agency- wide PREA coordinator who oversees the agency's PREA program for all juvenile facilities under the agency umbrella. Agencies operating multiple facilities must have a designated PREA compliance manager at each facility to work collaboratively with the agency- wide PREA coordinator who has sufficient time, authority and resources to implement, oversee and sustain the agency's PREA compliance.

The agency is required to have one agency- wide PREA coordinator over seeing Juvenile Hall and James Ranch. In order to determine compliance the auditor will review the facilities organizational chart, job duties of the agency- wide PREA coordinator, and interview the PREA coordinator to determine if they have sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards. The agency- wide PREA coordinator must work in conjunction with the two PREA compliance managers when implementing or making changes to PREA Policy and/or procedures. A corrective action visit will be made September 2021.

SCC- William James Ranch Does Not Meet Standard 115.311(b)

Corrective action due November 13, 2021.

115.333 - Resident education

The standard requires that youth know the red phone calls a victim advocate and the support services provided by the outside agency whether the sexual abuse occurs at James Ranch or in the community. The youth should know they are calling a victim advocate who provides emotional support services which are not part of James Ranch, juvenile probation department or law enforcement. Emotional support includes crisis intervention and services continue long term if the victim wishes. They should understand the advocate is a mandated reporter, otherwise services and conversations are kept private and confidential.

The auditor and PREA Compliance Manager will work together to develop a corrective action plan for provision 115.333(b). A few ideas discussed during the onsite audit is having YWCA advocates conduct a monthly group to discuss who the red phone calls, services provided, and how youth can initiate those services. Receiving information from YWCA staff members is a more personable and beneficial way for youth to be educated on the red phone and services the YWCA provide. The auditor and PREA Compliance Manager discussed replacing some of the YWCA signage with posters that explain who the red phone calls and the services available.

A corrective action visit will be made in September 2021 and the auditor will interview a random sample of youth to determine if they know who the red phone calls and what services are available. Youth need to have a general understanding of the support services available to them by using the red phone and that those services are private and confidential except for mandated reporting laws.

SCC- James Ranch Does Not Meet Standard 115.333.

Corrective action due November 13, 2021.

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

(a) Youth need to know the red phone calls a victim advocate and the support services provided by the outside agency whether the sexual abuse occurs at James Ranch or in the community. The standard requires that youth know they are calling a victim advocate who provides emotional support services which are not part of James Ranch, juvenile probation department or law enforcement. Youth should understand emotional support services include crisis intervention and long term services if the victim wishes. They should understand victim advocates are mandated reporters otherwise services and conversations are kept private and confidential.

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SCC- James Ranch Does Not Meet Standard 115.353.

Corrective action due November 13, 2021.

- **115.367 - Agency protection against retaliation**

(a-2) Policy states program managers and unit supervisors monitor for retaliation.

It should be clear which staff member is in charge of:

1. Making sure protective measures are employed for 90 days following a report of sexual abuse,
2. Protective measures continue beyond 90 days if the initial monitoring indicates a continuing need,
3. Documentation of protective measures taken.

(c) The facility shall monitor the treatment of youth or staff who report sexual abuse for changes that may suggest possible retaliation for at least 90 days following a report of sexual abuse and beyond 90 days if the initial monitoring indicates a continuing need.

The auditor will make a corrective action visit September 2021. The auditor will interview the person responsible for making sure protective measures are employed for 90 days following a report of sexual abuse, what protective measures are utilized, how the facility makes the decision to continue beyond 90 days if needed, and how protective measures are documented per standard 115.367. If there has been an incident requiring monitoring for retaliation during the corrective action phase the auditor will review documentation.

SCC- William James Ranch Does Not Meet Standard 115.367 (a-2) and (c)

Corrective action is due November 13, 2021.

115.403 - Audit contents and findings

Juvenile Hall's final PREA audit report for the first year of the third audit cycle dated February 27, 2020 must be posted to the agency website per standard 115.403.

Corrective action due November 13, 2021.

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.

William F. James Ranch is located in Morgan Hill, California on 9 acres in a rural setting. The original facility was built in 1953 and has been updated and changed over the years. James Ranch has a capacity of 108 with a population of 22 males and one female on the first day of the onsite audit. Since the last PREA audit construction of the new dormitory, gymnasium, kitchen/dining building and administration & admissions buildings were completed and occupied. The old male dormitory was demolished in August 2019. The old administration building is being remodeled and will house new offices for probation officers who are assigned to the Reentry Program. Behind the new dormitory building is a new kitchen and dining room. The kitchen is not yet in use but the dining room is. Next to the kitchen is the new gymnasium. The old recreation hall, outdoor blacktop basketball area, construction classroom, and portable classrooms are currently being used. In the future the old cafeteria is going to be used as a culinary arts classroom.

The facility does not have cameras or a video surveillance security system except at the front gate. The new buildings are wired for cameras which will be installed once the Board of Supervisors signs off on the project.

As part of the first audit cycle corrective action Procedures Manual Part: 09 Section: 09.09 Restricted Areas and Restricted Access were developed to limit blind spots during certain hours. The policy includes a restricted areas map.

New Administration and Admissions Office

The new building has large windows looking out to different areas of the James Ranch facility. There are offices and a conference room with large windows for viewing inside. The large room in the center has glass on all sides and is used for visiting, and other group activities. There is a small play area for younger children to use during visitation. During the onsite audit the room was being used for various zoom meetings with CBO's and volunteers due to COVID 19 restrictions. No volunteers were at James Ranch during the audit period. The Probation Officer Manager James Ranch Treatment, James Ranch Operations Probation Department Manager/Agency Wide PREA Coordinator, Supervising Probation Counselor Quality Assurance/ PREA Compliance Manager, Facility Supervising Probation Counselors have offices in the administration building.

Youth transferred from Juvenile Hall go through intake in the admissions office during business hours. Upon entering the building there is a reception desk area. Visitors and CBO's enter James Ranch through the admissions office. When signing in fingerprint clearance and PREA training is verified. Zero tolerance brochures in English, Spanish, and Vietnamese and PREA signage is throughout the building.

New Dormitory

Upon entering the new dormitory there is a wide hallway that runs the length of the dorm. The control room/office is on the right with large windows for viewing. The cameras and video monitoring system have not been installed. On the left are interview/counseling rooms with large windows used for various youth meetings. The rooms have technology for zoom meetings which have been used during the pandemic. During the audit period visitation did not taken place at the facility due to COVID19 restrictions. On the left side of the hallway the medical staff have two closets one contains a crash cart and one closet is used for medications. The dormitory has 9 self-contained pods each with a youth capacity of 12. Currently 6 pods are in use with a maximum population of 8 youth in each due to COVID19 social distancing protocols. The pods have an open setting and house youth in a smaller family like environment. Each of the pods has a large open living area with bunk beds and dressers along the outside walls. In the center of the room there is a sitting area with couches and a table youth use for various activities. Each pod has a classroom attached which has a bathroom and closet for the teacher which remains locked. At the back of each pod there is a counseling/group room with big windows for viewing. Each pod has a bathroom with a large window for viewing. The toilet and shower area has stalls for privacy. The classrooms and meeting rooms remain locked. During the day there is two staff in each pod and during graveyard shift there is one staff per pod. The pods have a staff desk area with an alarm button for emergencies. Cameras will be installed in the pods facing the living/staff desk area to maintain privacy in the sleeping and bathroom areas. Each pod has zero tolerance posters and brochures on how to report sexual abuse and sexual harassment signage. Grievance boxes and sick call boxes are located in the pods. At the end of the dorm hallway on the right there is a large laundry room with industrial size washer and dryers. Off of this room there is a staff room for the laundry workers and a room that houses big water heaters and other equipment. Youth are not allowed in this area.

New Kitchen and Dining Area

The dining area is a large open room with no blind spots. The dining area is in use but the new kitchen has not been in use during the audit period. Youth are not allowed in the kitchen area.

New Gymnasium

The large gymnasium has a basketball court with bleachers. There is a removable partition wall in the center of the room separating a

volleyball court from the basketball court. There is PREA signage in the gym.

Recreation Hall

The recreation building is a big open room with the option of a partition to separate the room into two sides. There is a library at one end. One wall of the library has windows for open viewing from the recreation area. In this area there is a room for the barber, bathrooms, and equipment room which all remain locked. On the opposite side of the recreation building is a weight room. The weight room is separated by a wall with windows that has blinds. The blinds are used to separate the two rooms when two groups are using the recreational area at the same time. Two staff members supervise in each area when youth are present. Zero tolerance of sexual abuse and sexual harassment posters are posted on a corkboard in English, Spanish, and Vietnamese. Rape crisis hotline information is posted and Zero tolerance brochures are available.

Courtyard

The courtyard is located in the center of the administrative building, recreation hall and programing building and has open viewing. The courtyard consists of a large basketball court and sitting areas with benches and tables.

School Area

The school is located behind the program building and residents are not allowed in this area during non-school hours. There are signs posted with the restricted hours. The school consists of two buildings with a quad in the middle. The smaller building between the parking lot and the quad holds classroom 1 and 3. Across the quad a larger L shaped building houses the school administration offices and three classrooms including the welding class. The welding area has an exit in the back that leads to a classroom and computer lab. The welding classroom and computer lab have not been in use during the audit period. Currently three classrooms are in use. The school buildings remain locked during non-school hours. There is a security check after school to make sure doors and windows are locked. This area is part of the Restricted Areas and Restricted Access Procedures Policy.

During the last PREA audit the following blind spots were corrected.

1. A blind spot in the outside welding area was corrected with a dome shaped mirror.
2. Locks were installed on the bathroom doors in the classrooms and remain locked when not in use.
3. A stack of books in classroom six were removed correcting the blind spot in front of the window separating the classroom and office.

Gazebo

Since the last PREA audit a large rectangle shaped gazebo was built behind the welding room. The wooden slats used to construct the outside walls create blind spots when looking at the gazebo from a distance. Mirrors have been installed in the four corners of the gazebo to correct the blind spots. The gazebo is being used for outdoor visitation during COVID19 restrictions. There are several picnic tables with plexiglass dividers for no contact visiting. During visiting staff members are positioned at each end of the gazebo to supervise. This area is part of the Restricted Areas and Restricted Access Procedures Policy.

Mental Health Building

The building consists of two individual offices where youth are counseled one on one. The blinds on the windows remain open for viewing. Security staff does checks by looking through the window in the office doors. Mental health staff counsels youth in this building when there are two or more staff members in the offices. When there is only one mental health staff member youth are seen in the dorm interview rooms.

Mental Health Office

The offices have mirrors installed for viewing. If a resident is being scene in one of the aftercare offices a security staff or more than one staff is in the building. The offices are for mental health counselors. The large meeting room is used for meetings with staff, residents, and families. The building is locked when not in use and is part of the Restricted Areas and Restricted Access Procedures Policy.

Auto Shop/Garage

The auto shop is not being used by the facility and remains locked. This is a restricted access area.

Construction/Computer Technology Class

The construction computer class consists of three connecting rooms. Upon entering there is a classroom where youth are taught. There is a room that connects to the classroom that has tools and equipment used by the youth. Off of this room is a large woodshop where youth work on various projects. The woodshop has a big garage door which opens on one end leading to the outside. The building is part of the restricted access area and remains locked. There are blind spots due to the three different rooms used. When interviewing staff and the

construction teacher the auditor was told 2-3 staff members are with the students at all times. The teacher explained how the staff moves with the youth as they go from one room to another or when they go to a construction site on the facility grounds. The construction class works on various projects such as building the gazebo. During the onsite audit the auditor observed the class working on several occasions and they were always within sight of staff members.

The Barn Storage Area

The storage area and metal barn is locked when not being used by employees. This area is located in the restricted access area.

Garbage Bin Area

This area is located in the restricted access part of the facility. Residents are not allowed in this area.

Pool Area

Two security staff members are present at all times when using the pool area. As a rule residents do not use the bathroom/locker rooms in the pool area. If a youth has to use the restroom one youth goes at a time. The locker room area in the boys and girls bathrooms has a see through ceiling to floor gate that remains locked at all times restricting access. There is a mirror by the entrance of each bathroom correcting a blind spot on the outside of the bathroom. The pool is located in the restricted access area.

AUDIT FINDINGS**Summary of Audit Findings:**

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	10
Number of standards met:	33
Number of standards not met:	0

STANDARDS EXCEED

PREVENTION PLANNING

115.313 - Supervision and monitoring

115.315 - Limits to cross-gender viewing and searches

115.317 - Hiring and promotion decisions

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AUDITING AND CORRECTIVE ACTION

115.401 - Frequency and scope of audits

Number of Standards Met: 30

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PREVENTION PLANNING

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

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AUDITING AND CORRECTIVE ACTION

115.403 - Audit contents and findings

Number of Standards not met: 5

CORRECTIVE ACTION REQUIRED

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SCC- James Ranch Does Not Meet Standard 115.353.

Corrective action due November 14, 2021.

- **115.367 - Agency protection against retaliation**

(a-2) Policy states program managers and unit supervisors monitor for retaliation. During interviews the following standard requirements were not included as part of monitoring for retaliation explained to the auditor.

1. Making sure protective measures are employed for 90 days following a report of sexual abuse,
2. Protective measures continue beyond 90 days if the initial monitoring indicates a continuing need,
3. Documentation of protective measures taken.

(c) The facility shall monitor the treatment of youth or staff who report sexual abuse for changes that may suggest possible retaliation for at least 90 days following a report of sexual abuse and beyond 90 days if the initial monitoring indicates a continuing need.

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115.403 - Audit contents and findings

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Standards**Auditor Overall Determination Definitions**

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1461 533">115.311 (a) Santa Clara County Policies and Procedures- William James Ranch Manual Part:12 Section:12.01 PREA Requirements I.A. states the department is committed to providing safe and secure custodial care for juvenile residents which includes zero tolerance towards all forms of sexual abuse and sexual harassment. Policy 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. Investigations are conducted internally through Internal Affairs and externally in partnership with the Morgan Hill Police Department. Policy and procedures supports prosecution. The PREA policy definitions listed on page 7 UU includes sexual abuse involving resident on resident, resident by a staff member, contractor, volunteer, intern, and official guest/visitor.</p> <p data-bbox="240 562 1110 591">The following acts with or without consent of the client are included in the PREA Policy.</p> <ol data-bbox="240 620 1490 1581" style="list-style-type: none"> 1. Contact between the penis and the vulva or the penis and the anus; 2. Contact between the mouth and the penis, vulva, or anus; 3. Penetration of the anal or genital opening of another person, however slight, by hand, finger, object or other instrument; and 4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation; 5. Contact between the penis and the vulva or the penis and the anus; 6. Contact between the mouth and the penis, vulva, or anus; 7. Contact between the mouth and any body part where the staff member, contractor or volunteer has the intent to abuse, arouse, or gratify sexual desire; 8. Penetration of the anal or genital opening, however slight, by a hand, finger, object or other instrument that is unrelated to official duties, or where the staff member, contractor, volunteer, intern or official guest/visitor has the intent to abuse, arouse or gratify sexual desire; 9. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, volunteer, intern, or official guest/visitor has the intent to abuse, arouse, or gratify sexual desire; 10. Any attempt, threat, or request by a staff member, contractor, volunteer, intern, etc.to engage in the activities described in items (i) – (v) of this section; 11. Any display by a staff member, contractor, volunteer, intern, or official guest/visitor of his or her uncovered genitalia, buttocks, or breast in the presence of a client and/or 12. Voyeurism by staff member, contractor, volunteer, intern, or official guest/visitor. <p data-bbox="240 1610 1469 1839">Existing policies reinforce and complement the Zero Tolerance Policy as they relate to staff behavior include 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; Ranch Policy and Procedures Manual, Part 01, Section 01.03 – Responsibilities and Relationships, Part 01, Section 01.04 – Probation Department Code of Ethical Conduct and Part 02, Section 02.03 – Guidelines for Conduct of Staff. These policies establish specific expectations for staff behavior as related to their responsibilities, among which include, but are not limited to, the following:</p> <ol data-bbox="240 1868 1437 2159" style="list-style-type: none"> 1. Staff shall conduct themselves in a professional manner and as role models for residents/minors at all times. 2. Staff is prohibited from using profanities, obscene and derogatory language. 3. Staff shall maintain confidentiality of residents' criminal charges, convictions, medical and mental health history. 4. Staff is prohibited from maintaining contact or developing social relationships with residents upon their release. 5. Staff shall treat all residents/minors and their family with respect and dignity and remain objective, fair and consistent when interacting with them.

(b) Review of the agency organizational chart identifies the Probation Manager/Agency Wide PREA Coordinator who oversees William James Ranch. The agency currently has a PREA Coordinator at James Ranch and one at Juvenile Hall. The agency no longer has one agency wide PREA Coordinator overseeing both facilities. The facility does not have an agency wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. James Ranch is not compliant. 115.311(b)

(c) James Ranch and Juvenile Hall have a upper level management PREA Compliance Manager. The PREA Coordinator and Compliance Manager report directly to the Deputy Chief Probation Officer for Institution's. The PREA Compliance Manager is responsible for the day to day operation of PREA compliance. James Ranch has a Quality Assurance/PREA Unit which supports the PREA Compliance Manager and PREA Coordinator. The PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. During the pre-audit and audit the auditor worked with the PREA Compliance Manager to obtain the required documentation.

In reviewing policy and procedures, the organizational chart, and interviews with the Agency Wide PREA Coordinator, PREA Compliance Manager, QA/PREA Unit Staff, and other staff members the facility was found to have an established culture of zero tolerance of sexual abuse and sexual harassment. The residents know the zero tolerance policy and procedures and reported implementation on a daily basis. The facility has a team approach in providing a safe environment and commitment to an environment free of sexual abuse and sexual harassment for the residents and staff. During interviews it was reported to the auditor that staff and contractors work together to provide a safe environment for the residents. James Ranch employees are dedicated to the zero tolerance of sexual abuse and sexual harassment policies. Staff and youth interviewed reported the daytime ratio changed to 2:8 as a result of COVID19 and CDC requirements for socially distancing. Staff reported increased supervision has made James Ranch a safer place for residents and staff. Staff told the auditor residents are more relaxed and the number of incidents has dropped.

James Ranch was found compliant in all provisions of the standard except (b). The agency does not have an Agency Wide PREA Coordinator that oversees both facilities. Currently James Ranch and Juvenile Hall have independent PREA Coordinators. An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

CORRECTIVE ACTION

An agency is required to designate an upper management agency- wide PREA coordinator who oversees the agency's PREA program for all juvenile facilities under the agency umbrella. Agencies operating multiple facilities must have a designated PREA compliance manager at each facility to work collaboratively with the agency- wide PREA coordinator who has sufficient time, authority and resources to implement, oversee and sustain the agency's PREA compliance.

The agency is required to have one agency- wide PREA coordinator over seeing both Juvenile Hall and James Ranch. In order to determine compliance the auditor will review the facilities organizational chart, job duties of the agency- wide PREA coordinator, and interview the PREA coordinator to determine if they have sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards. The agency- wide PREA coordinator must work in conjunction with the two PREA compliance managers when implementing or making changes to PREA Policy and/or procedures. A corrective action visit will be made September 2021.

SCC- William James Ranch Does Not Meet Standard 115.311(b)

Corrective action due November 14, 2021.

A corrective action visit was made on October 14, 2021. The auditor met with the Agency Wide PREA Coordinator and PREA Compliance Manager to determine compliance with the standard. The agency appointed the new Agency Wide PREA Coordinator June, 2021. The position is held by an upper-level manager. At this time the auditor began working with the Coordinator on corrective action. The auditor also worked with the James Ranch PREA Compliance Manager during the corrective action period. The development of a plan of action for reaching compliance was the topic of several discussions. On August 19, 2021 the Coordinator sent the auditor an outline of proposed remedies for the five corrective actions the facility was completing in order to reach compliance.

The Agency Wide PREA Coordinator makes regular visits to Juvenile Hall working closely with the PREA Compliance Manager. Both Compliance Managers work together with the PREA Coordinator. The PREA Coordinator checks in with mental health and medical staff, reviews the red phone logs and PREA related information and incidents at both of the facilities. The Agency Organizational Chart showing the Agency Wide PREA Coordinator and PREA Compliance Manager at James Ranch and Juvenile Hall was reviewed by the auditor.

The PREA Coordinator was interviewed to determine they have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at Juvenile Hall and William F. James Ranch. The PREA Coordinator meets the PREA standard and the Probation Department Juvenile Ranches Procedures Manual PREA Policy

and Standards by Code Part:12 Section 12.01, 115.311 II. PREA Program Coordinator.

SCC- William James Ranch Meets Standard 115.311(b)

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="239 212 454 235">Auditor Discussion</p> <p data-bbox="239 268 1468 392">Santa Clara County Juvenile Probation does not contract 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 several different probation departments and social service agencies throughout the state. The Deputy Chief Probation Officer, Institution Division verified this information during the interview with the auditor.</p> <p data-bbox="239 425 1468 481">Standard 115.312(a)-(c) Santa Clara County Probation has not entered into any contracts for the sole confinement of SSC Probation youth.</p> <p data-bbox="239 515 798 537">SCC- William James Ranch Meets Standard 115.312</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>(a) William James Ranch Facility was inspected by the Board of State and Community Corrections (BSCC) in July of 2020. The 2018/2020 biennial inspection was reviewed by the auditor. James Ranch was found to have an adequate number of personnel to carry out the facility program, and to provide for the safety and security of minors and staff. The inspection report states James Ranch has sufficient staff coverage to be compliant with the 1:8 & 1:16 PREA ratios. All of the staff had received 176 hours of Core Training including extra help staff members. Staffs who supervises youth completes 40 hours of PC 830-832 training prior to exercising the powers of a peace officer. Inspection results found Title 15, CCR Minimum Standards were met and there are no outstanding items of noncompliance. Santa Clara County Juvenile Justice Commission inspection report dated July 2020 was reviewed by the auditor. The JJC 2020 annual inspection found residents to be well supervised and William James Ranch meets Title 15 standards for a safe and secure juvenile facility. Title15 requires one supervision staff member on duty for every 10 youth and one supervision staff member for each 30 youth during sleeping hours, however, James Ranch implemented the1:8 and 1:16 ratios as required by the PREA standards. The new dorm has 9 pods that house up to 12 youth each. During the audit period 6 pods were open with a maximum of 8 youth per pod due to COVID19 social distancing protocol. Two staff are assigned to each pod during daytime hours and one staff at night. Extra staff on duty allow for breaks and issues that may come up. Due to COVID19 security staff work 16 hour shifts to reduce the number of people coming into the facility each day. There are no findings of inadequacy from federal investigative agencies or from internal or external oversight bodies.</p> <p>During the onsite audit the following blind spots were discussed.</p> <ol style="list-style-type: none"> 1. The doors going into the pods have no windows for viewing. The PREA Compliance Manager/ Superintendent had concerns in regards to windows being installed in the doors. Windows would create privacy concerns for the youth as they would allow for viewing of youth bunk bed and dresser areas from the main hallway. Instead the facility uses staff supervision 2:8 during walking hours and 1:8 during nighttime hours. The new dorm is wired for cameras in the pods which will allow for viewing of the general living area and staff desk area without compromising privacy in the bunk bed and dresser areas used by youth. The cameras will be installed as soon as the Board of Directors signs off on the instillation. 2. The construction class has three rooms which are interconnected. Staff supervision is used to ensure safety of the youth. There is 2-3 staff supervising who move with the youth as they work in different areas. The PREA Compliance Manager, facility staff, and teacher explained the supervision procedures for the construction class. Youth are never alone with the teacher and 2-3 staff members are present at all times. During interviews facility staff, the teacher, and youth confirmed the staff move with youth as they work on projects in construction class. 3. The new gazebo/garden visiting area has fencing which blocks viewing into the area creating blind spots. During the onsite visit the PREA Compliance Manager told the auditor mirrors were ordered to correct the blind spots but they had not arrived. On April 15th the PREA Compliance Manager sent an email to the auditor showing the installation of 18 inch mirrors in each corner of the new gazebo/garden visiting area. The email included pictures documenting the placement of the mirrors correcting the blind spots. <p>During the last PREA audit the following blind spots were corrected.</p> <p>Locks were installed on the bathroom doors in all of the classrooms so they can be locked when not in use. During the facility tour the auditor noted the bathroom doors were locked.</p> <p>In classroom number five a stack of books were removed correcting a blind spot in the window between the classroom and office correcting the blind spot.</p> <p>Behind the welding classroom there is an outside area walled off by a metal barrier. Mirrors were installed to correct the blind spot in this area.</p> <p>James Ranch does not have cameras or a video surveillance security system in place except for cameras at the front gate. Due to the nature of the rural setting there were several blind spots throughout the facility that were corrected during the first PREA audit.</p> <p>During the first PREA audit Restricted Areas and Restricted Access Part: 9 Section: 09.09 of the Procedures Manual was approved on 10/24/16 and implemented to correct blind spots. Safe Walk Areas outlines three established areas staff can use to take a youth for a walk and or talk one on one, if needed, to provide a break or to help the youth re-focus on their program. The on duty Facility Supervising Probation Counselor (Facility SPC) must grant approval as outlined in Section IV. Accessing Restricted or Safe Walk Area of the policy. Supervisors and staff verified the Restricted Areas and Restricted Access policies and procedures are being followed by staff and youth. The policy and procedures outlines areas of the facility</p>

where youth and staff are not allowed during certain times. For example the school area after school hours and on weekends is a restricted area.

Procedures Manual Part: 05 and Section: 05.11 Recreational Area Usage was approved on 10/24/16 to address blind spots at the facility. This includes the swimming pool, weight room, blacktop area, and recreational hall. The staff and residents interviewed knew the policies and verified they are being followed on a daily basis.

During the previous audit mirrors were installed to address blind spots in the mental health office. Restricted area signs are posted in the required areas and verified by the auditor during the facility tour. Mirrors were installed in the pool area by the restrooms and a security gate was installed and locked to separate the locker room area. Classroom six had a window installed in the door to correct the blind spot. The bathroom and supply closets were locked.

Procedures Manual Part: 02 Section: 02.09 Nighttime Operations was approved on 10/24/16. II Overnight Roles and Responsibilities F states a Supervising Probation Officer (SPO) will conduct unannounced rounds at the facility during Nighttime Operations. During the onsite audit the auditor was told the facility has one SPO on duty each night to ensure the facility is secure, all youth are accounted for, all pod logs are current and updated, and the operation is in order. Unannounced rounds are documented in each of the pod logs and supervisor log. Interviews with Supervising Probation Officers, daily staff schedule, random staff and resident interviews confirmed unannounced rounds are being done on all shifts. One supervisor talked about the importance of unannounced rounds throughout the facility during the day to ensure the safety and security of youth. All staff members have radios and the supervisor told the auditor if staff tries to alert other staff of the unannounced round by radio he will hear. Graveyard staff use click wands for bed counts every 15 minutes. The system records who the staff member is and the time of each bed check.

During the facility tour and interviews the auditor noted all blind spots corrected from the last PREA audits are still in effect.

(a) Policy and Procedures Manual Part: 12 Section: 12.01 V and VI- Resident Supervision and Monitoring Policy were reviewed. The facility reported on the PAQ the most common deviations are due to fights and medical emergencies. During interviews no one reported deviations from the staffing plan due to having only 8 youth in each pod with 2 staff during waking hours and one staff during nighttime hours. The breaker staff fills in when a staff member leaves the pod or classroom for any reason.

(b)(c) There have not been any deviations to the staffing plan during the previous 12 months. The PREA Compliance Manager reported when deviations occur they are documented in the incident reports. The auditor interviewed break staff, supervisors, quality assurance staff, PREA compliance manager, and the Agency Wide PREA coordinator. Everyone interviewed reported there have not been any deviations during the previous 12 months.

(d) During interviews with upper management the auditor was told during monthly manager meetings concerns for safety of the residents and staff is discussed. The Probation Manager/PREA Compliance Manager and Agency Wide PREA Coordinator work together to address issues in regards to staffing and providing a safe environment for residents and staff. During the Incident Review Team meetings they document in the notes the consideration of adequate staffing levels and whether monitoring could be supplemented by staff supervision. The facility provided documentation of reviewing the staffing plan to see whether adjustments are needed to the staffing plan and prevailing staffing patterns to meet the challenges faced during the previous 12 months due to COVID19. Staffing was changed when necessary to follow CDC guidelines in regards to exposure, contact tracing, and time off for staff members needing to quarantine.

(e) The facility has documentation of intermediate or higher level staff conducting rounds during all shifts. The supervisors interviewed have different ways of making sure staff is not alerted during the rounds. Staff documents the rounds in the pod log and supervisor log which were reviewed by the auditor. Procedures Manual Part: 12 Section: 12.01 V.D. states staff are prohibited from alerting other staff members that supervisory rounds are occurring. The facility is in compliance with 115.313(e).

The Job description for security floater positions was reviewed along with James Ranch daily schedule including the break schedule. Security staff have dedicated breaks and must be relieved from their post for breaks, casework, movement of youth, medical or mental health visits, behavior issues, fights, and programing needs. The staffing schedule includes sporadic demands such as unexpected transports, breaks, and medical/mental health watches. Each floater is assigned to two pods and are not assigned they own caseload. Their role is to support the pods they are assigned to and maintain a staffing ratio of at least two staff per pod. The Floater Job Description includes the school day, meal time, escort youth to/from furlough and visits, movement assistance, escorts to providers, nurses, doctors, transports, supervising during medication dispensing, 1 on 1 status during visits with providers, assistance during recreation, activities, work crew, intake, supervision during showers, supervision following an incident, and supervise youth preparing for transport and returning from transport. The auditor conducted interviews with the PREA Coordinator/Facility Manager, Quality Assurance Supervisor and staff, Supervising Security Officer, Security Officers, Security Staff in the breaker floater position, and residents. No deviations from the staffing ratios were reported to the auditor.

Supervisors, Security staff, and residents reported there are always a minimum of two security staff in the pods and

classrooms. The auditor was told that's the way it always is and the facility has a lot less incidents due to the supervision ratios and COVID19 socially distancing protocols. It was reported the ratios often exceed PREA standard ratios since there are only 8 residents in each pod. The PREA Compliance manager/Quality Assurance Supervisor reported the schedule is based on the number of pods and not on the number of residents in each pod. Staff coverage does not fluctuate as the pod population drops below 8 youth.

Security staff interviewed reported there is less tension and incidents with the residents and they seem more relaxed. The number of incidents has gone down having two staff in each pod regardless of the number of residents. It was reported to the auditor by facility staff and youth two staff are always in each pod and numbers are often below the maximum pod population of 8. Facility staff reported a lot of times there are 4 or 6 resident in a pod and two staff. Staff told the auditor youth like having more attention interaction with staff. Youth and staff know what to expect and security wise there is always an extra set of eyes making the pods and classrooms safe from a security standpoint. Residents report having two staff at all times is normal. William F James Ranch staffing ratios are 2:8 during daytime hours and 1:8 during nighttime hours which exceeds the 1:8 daytime ratio and 1:12 nighttime ratio as required in the PREA standards. James Ranch exceeds the PREA standards in regards to supervision and security.

James Ranch meets all provisions of this standard.

SCC- William James Ranch Exceeds Standard 115.313.

115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>(a-c) Procedures Manual Part:12 Section:12.01VII Limits to Cross Gender Viewing and Searches and James Ranch Procedures Manual Part 5, Section 05.08 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. No youth shall be subjected to a physical body cavity search except under the authority of a search warrant issued by a Judge specifically authorizing the physical body cavity search. The auditor interviewed staff, residents, and the facility nurse who all reported cross gender strip and visual body cavity searches are not conducted at William James Ranch facility. All of the staff members interviewed was knowable in regards to the policies prohibiting cross gender pat down searches. During the audit period no cross gender strip or visual body cavity searches have been conducted. Staff reported there is always enough staff available that cross gender searches never happen even in exigent circumstance. All of the staff interviewed reported they have never heard of a cross-gender pat down search happening during their employment at James Ranch. 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.</p> <p>(d) Procedures Manual Part: 12 Section: 12.01VII H-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 staff knock then announce their presence when entering a pod. Residents interviewed reported staff knock on the door and announce their presents before entering. During the onsite audit the auditor noted staff announce when entering the pods where youth are housed. Staff and residents interviewed report opposite gender staff leave the pod, shower area, or changing area to give residents privacy. Staff showed the auditor the protocol for showering during the onsite audit. All residents interviewed felt the staff respect their privacy and no one reported an incident where incidental viewing occurred.</p> <p>Procedures Manual Part: 12 Sections: 12.1VII. -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 to be present during a search if required. Preference is indicated on the Transgender Preference Form which is completed during intake and kept in the residents file. Staff interviewed reported transgender youth are given the opportunity to request a male or female staff to conduct searches or be present during a search. It was reported to the auditor this information is documented in a residents file on the Transgender Preference Form as part of the intake and assessment process while at Juvenile Hall before being transferred to William James Ranch.</p> <p>(e) Santa Clara County Probation Policy states genital status will be determined through conversation with a resident or by reviewing medical records not by searches. Staff members interviewed reported searches are never used to determine genital status of transgender or intersex residents.</p> <p>(f) Security staff reported receiving training on cross gender pat down searches as part of the Defensive Tactics Training they receive annually. Staff interviewed had the required knowledge to do searches but reported having the staff available to ensure a cross gender pat down search or search of transgender and intersex resident does not happen even in exigent circumstances. Security staff interviewed reported cross gender pat down searches are taught as part of the Defensive Tactics Training provide to staff members. The auditor reviewed the Defensive Tactics Training.</p> <p>The auditor reviewed policy and procedures regarding limits to cross-gender viewing and searches and took into account staff and resident interviews. Security staff have received the required training and knowledge of cross gender pat down searches. Residents and staff reported staff announcing their presence when entering a opposite gender housing unit.</p> <p>Showering procedures and during the use of the toilet allow for residents privacy.</p> <p>All provisions of Standard 115.315 are met. All of the staff interviewed reported they have never heard of a cross-gender pat down search happening during their employment at James Ranch. Staff work together to ensure policy is followed even during exigent circumstance.</p> <p>James Ranch meets all provisions of Standard 115.315</p> <p>SCC-William James Ranch Exceeds Standard 115.315</p>

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) Procedures Manual Part: 12 Section 12:01 VIII I. states the department shall take 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. Resident PREA information is written in English, Spanish, and Vietnamese. The auditor reviewed contracts with resources used for translation. A list of bilingual employees was provided for auditor review. The list includes Spanish, Vietnamese, and Chinese. Translation is 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 residents that have limited English are deaf, or disabled can report sexual abuse to staff directly, through interpretive technology or through non-youth interpreters.</p> <p>(b) James Ranch Policies and Procedures ensures residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA related information is available in English, Spanish, and Vietnamese. The auditor was provided with the PREA informational pamphlet in the three languages. If the resident is unable or unwilling to read intake information staff will read and explain the forms to the juvenile. All residents interviewed reported having one on one interaction with staff during the intake process. Contracts were reviewed with translation services which includes telephonic and in person communication. Contracts include Sign Language for deaf and hard of hearing, and for written translation services in support of meeting DOJ language Access Plan for Limited English Proficient population. Residents with intellectual and psychiatric disabilities were interviewed by the auditor and had a comprehensive understanding of all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>(c) Procedures Manual Part: 12 Section: 12.01 VIII C states the department prohibits the use of resident interpreters. The department has interpretation and translation services provided by employees, volunteers and contractors. The department has approximately 120 full-time bilingual employees within the institutions and juvenile services divisions of the department 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 and a contract with the Santa Clara County Superior Court certified Interpreters Program to provide interpreter services for telephonic and in person communication if needed. There were no limited English residents at James Ranch during the onsite audit. Policy and procedure review and staff interviews confirmed resident interpreters are not used in the facility. Staff is knowledgeable on the policies and procedures in regards to the intake process and obtaining services for youth who are disabled or with limited English proficiency.</p> <p>All provisions of this standard are met.</p> <p>SCC- William James Ranch Meets Standard 115.316.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>(a) Administration Policy and Procedures Manual, Part 200, Section 200.5 Santa Clara County Probation Department Policy states all sworn employees undergo peace officer background checks which includes polygraph examination, psychological evaluation, physical examination, and criminal background investigations. All non-sworn staff/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 or intern including those working in juvenile facilities. During the onsite audit the auditor interviewed the Human Resource Department Manager who reported no changes to the hiring process have been made since the last PREA audit and reviewed the hiring process including personnel and background files. The background file includes child abuse index, firearms, FBI, State, Federal, Police Department checks in every city the applicant has lived, credit history, residence history, complete employment history, criminal history, and 10 year life history which includes interviewing neighbors where applicant has lived. Driving history for the past 10 years is also reviewed.</p> <p>(b) Procedures Manual Part: 12 Section: 12:01 XI G. The agency considers any substantiated incidents of sexual abuse or 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 in their file. The HR Department Manager reported an employee with any substantiated incidents of sexual harassment or sexual abuse of a resident would be terminated from employment and/or be removed from the department during the investigation. The case would be referred to the Sherriff's Department for investigation and filing of charges.</p> <p>(c) During the HR Manager interview a random sampling of hired or promoted persons in the last 12 months were reviewed. All files included the Criminal History Check submitted to the State of California, Department of Justice Bureau of Criminal Information and Analysis, FBI, Child Abuse Central Index, and Firearm Eligibility Clearance with the DOJ Firearms Division Eligibility. A random sample of 5 hired or promoted employees were reviewed by the auditor and all files met all provisions of Standard 115.317.</p> <p>(d) All non-sworn staff/employees, as well as volunteers, contractors and interns undergo a criminal background investigation through the DOJ prior to the start of employment or service. Upon arrival to William James Ranch volunteers and contractors are required to check in at the Administration Office before entering the facility and having contract with residents. Criminal background clearance, child abuse registries clearance, and PREA education must be current in order to enter the facility.</p> <p>(e) Procedures Manual Part: 12 Section: 12.01 XI B states the department has an automatic notification system in place to capture information on law violations for current employees. All staff/employees are required to advise their direct supervisor/manager, deputy chief probation officer of the division they are assigned, or the executive administrative services manager of the administrative services division within 24 hours or by the next business day of any felony or misdemeanor arrest or citation. Administrative Services Policy and Procedures Manual Part 200, Section 231 states any employee failing to provide notification of an arrest, citation or change in driver license status may be subject to disciplinary action including suspension, demotion or termination. This policy was verified by the HR Department Manager during the onsite audit interview.</p> <p>(f) Procedures Manual Part:12 Section:12.01XI A and F. Administration Policy and Procedures Manual, Part 200, Section 200.5 states the department asks all applicants and staff who have contact with the residents about previous misconduct in written applications and during interviews for hiring, promotions and contractors.</p> <p>(g) Policy Manual Part: 12 Section: 12.1 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.</p> <p>The auditor reviewed policies, personnel files, and interviewed the Human Resource Manager to determine Santa Clara County Juvenile Probation exceeds the requirements of the standard. The background check is a comprehensive and thorough process that exceeds the requirements of the standard.</p> <p>James Ranch meets all provisions of standard 115.317</p> <p>SCC-William James Ranch Exceeds Standard 115.317</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>William James Ranch has not updated the video monitoring system, electronic surveillance system since the last PREA Audit.</p> <p>The new buildings at James Ranch have been wired for cameras that will be installed as soon as the Board of Supervisors signs off on the project.</p> <p>All provisions of the standard are met.</p> <p>SCC-William James Ranch Meets Standard 115.318</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>(a) Procedures Manual Part:12 Section: 12.01 XIV James Ranch refers all allegations of sexual abuse to the Morgan Hill Police Department. During the onsite audit the Deputy Chief Probation Officer, PREA Compliance/Deputy Probation Manager, Agency Wide PREA Coordinator/Deputy Probation Manager, and random staff interviews confirmed all allegations are investigated by the Morgan Hill Police Department. Santa Clara County Probation Office of Internal Affairs investigates allegations involving employees in conjunction with the Morgan Hill Police Department or after the law enforcement investigation is completed. When Internal Affairs Investigators conduct a sexual abuse investigation, the agency investigators do not collect evidence but relies on the Morgan Hill Police Department who follows a uniform evidence protocol. The immediate response involves facility staff including first responders, security staff, supervisors, facility managers, medical and mental health, police department, PREA compliance manager, and agency wide PREA coordinator duties are outlined in the Santa Clara County Probation Coordinated Response Plan for sexual abuse or assault. Residents have confidential access to their attorney or other legal representation, and parents or legal guardians for reporting sexual abuse allegations. The policy ensures all allegations of sexual abuse or sexual harassment are referred for investigation and the administrative and/or criminal investigation is completed.</p> <p>(b) Procedures Manual Part:12 Section:12.01XVI A. 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 investigations is published on the agency website. Procedures Manual Child Abuse Reporting Part: 2 Section: 2.05 III Specific Procedures for Reporting states when there is known or suspected abuse the reporting employee shall report by telephone to Morgan Hill Police Department to begin an investigation. The report must occur immediately or as soon as practicably possible. Procedures Manual Part: 12 Section: 12.02 Sexual Assault Coordinated Response Plan describes in detail the responsibilities of both the agency and the investigating entity. The policy includes a PREA Coordinated Response Flowchart. When interviewed investigative staff reported 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. James Ranch refers to Morgan Hill Police Department. Investigators reported Internal Affairs also investigates if the allegation referred to the Police Department involves a staff member. Facility staff interviewed, internal affairs investigator, two facility nurses, and the staff members at YWCA reported that there have not been any sexual abuse incidents during the past 24 months requiring the services of the YWCA or Valley Medical Center.</p> <p>(c) The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. Santa Clara County Juvenile Probation transports victims to Valley Medical Center for forensic medical examination. The forensic tests and examinations are performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). The Sexual Assault Response Team (SART) at Valley Medical Center provides medical and forensic response to victims 24 hours a day, 7 days a week in the emergency department. The hospital has approximately 20 specially trained registered nurses who serve as SART nurse examiners. During the audit period and since the last PREA audit 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. James Ranch staff makes the report to Morgan Hill Police Department. The Police Department initiates a SART exam at Valley Medical Center emergency room for evidence gathering as part of their investigation process. During the onsite audit no residents at the facility were a victim of sexual abuse while at the James Ranch Facility. During interviews with a program manager and outreach counselors at YWCA the auditor was told when the victim is taken to Valley Medical Center for a forensic exam they check in at the main hospital and then go to the SART Clinic which is separate from the hospital. The clinic is in a private setting and the only people in contact with the victim during the examination process are the SART Nurse and the YWCA Crisis Counselor.</p> <p>(d) James Ranch has a contract with YWCA to provide victim advocate community based services. The auditor reviewed the contract and interviewed two employees if the YWCA. The red phone is located in the nurse's office and the response time is 30 minutes to 1 hour. 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. Policy states James Ranch staff also accompany the youth. Advocates provide comprehensive longer term services which are designed to aid the victim in addressing any needs related to the assault including counseling, legal, and medical system advocacy. The victim advocate will confer with the probation supervisor prior to and after interaction with the victim. Sharing of information helps enhance the safety and security of the victim and the general population.</p> <p>(e) The auditor interviewed two staff members of YWCA and was told a staff member accompanies and supports the victim</p>

through the forensic medical examination, during investigatory interviews, and provides emotional support, crisis intervention, information, and referrals. There is a red phone at the facility in the nurse's office that allows residents 24 hour access to a YWCA Counselor. Interviews with the facility nurse and YWCA staff members confirmed resources are available to the victim as long as they request services including in the community once they are released from James Ranch. The community-based organization support services are available to all victims of sexual abuse even if the abuse happened prior to the victim being part of the probation system.

(f) Santa Clara County Probation has an agreement with the Morgan Hill Police Department to follow PREA Standards as they relate to investigation and support services during a sexual assault or sexual harassment investigation. The facility provided a copy of the agreement for the auditor to review.

The auditor reviewed policy and procedures, the YWCA contract, and conducted interviews with the Rape Crisis Community based Advocate Agency staff to determine.

All provisions of the standard are met and exceed the standard.

SCC- William James Ranch Exceeds Standard 115.321.

115.322	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Procedures Manual Part:12 Section:12.01 XIV Residents have confidential access to their attorney or other legal representation, parents, or legal guardians for reporting sexual abuse allegations. The policy ensures all allegations of sexual abuse or sexual harassment are referred for investigation and the administrative and/or criminal investigation is completed. The James Ranch refers all allegations of sexual abuse to Morgan Hill Police Department. The Deputy Chief Probation Officer confirmed all allegations are investigated by the Morgan Hill Police Department and/or Santa Clara County Probation Office of Internal Affairs. There were zero PREA incidents reported during the audit period. The auditor reviewed all incident reports involving sexualized behavior to verify they did not qualify as a PREA incident.</p> <p>(b) Procedures Manual Part:12 Section:12.01XVI A. 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 investigations is published on the agency website. Procedures Manual Child Abuse Reporting Procedures Part: 2 Section: 2.05 III Specific Procedures for Reporting states when there is known or suspected abuse the reporting employee shall report by telephone to Morgan Hill Police Department to begin an investigation. This report must occur immediately or as soon as practicably possible.</p> <p>(c) Procedures Manual Part: 12 Section: 12.02 Sexual Assault Coordinated Response Plan describes in detail the responsibilities of both the agency and the investigating entity. The policy includes a PREA Coordinated Response Flowchart. During interviews with Investigative Staff it was reported agency policy requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with legal authority to conduct criminal investigations. James Ranch refers to Morgan Hill Police Department. The investigator stated Internal Affairs investigates all allegations referred to the Police Department that involve staff members.</p> <p>James Ranch is in compliance with all provisions of the standard as outlined in policies and procedures reviewed by the auditor and verified through interviews during the onsite audit.</p> <p>All provisions of the standard are met.</p> <p>SCC-William James Ranch Meets Standard 115.322.</p>
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115.331	Employee training
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 465">a) Procedures Manual Part:12 Section:12.1 PREA Policy and Standards by Codes XV and Ranch Policy and Procedures Manual, Part 02, Section 02.04 Staffing/Staff Training requires staff to attend an 8 hour PREA education class. Preventing Sexual Misconduct includes lecture, workbook and time for questions. The training curriculum was reviewed by the auditor and all topics included in (a) 1-11 were covered. Employees are required to sign the PREA Policy and Acknowledgement Statement documenting they have attended and understood the 8 hour training. During random staff interviews all employees were knowledgeable in topics 115.331 (a) 1-11. A random sampling of training certificates was reviewed by the auditor.</p> <p data-bbox="240 501 1477 591">b) William James Ranch and Juvenile Hall facilities house co-ed residents; therefore, all employees receive training tailored to the unique needs and gender of all residents. Employees that are reassigned do not need further training. Cross gender supervision is included in the training employees receive.</p> <p data-bbox="240 627 1485 819">(c) Policy states refresher training will be provided every two years. Employees are required to take an online PREA refresher training class every two years. The auditor reviewed the online training slides and the content is compliant with the standard. Employees take the 2- 2 1/2 hour class while on duty. A score of 83% or higher is required to receive a completion certificate. Staff members have access to the Training Management System (TMS) and have their own registration cover sheet which lists mandatory classes and required dates of completion. A copy of the training certificates for a random sampling of employees was reviewed by the auditor.</p> <p data-bbox="240 855 1485 976">Between PREA Refresher trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The information is shared via email as reminders of the protocol and policy. All staff members are required to read the Agency Policy and Procedures electronically once a year. This includes the PREA Policies. Reading of the PREA Polices is documented.</p> <p data-bbox="240 1012 1493 1133">(d) At the completion of the 8 hour PREA Training Staff Acknowledgement Statement form is signed by staff to document they have completed and understand the training they received. The form states the department's position on zero-tolerance of sexual abuse, sexual harassment, and sexual misconduct. The acknowledgement includes a statement that staff will report sexual abuse and/or sexual harassment immediately.</p> <p data-bbox="240 1169 1445 1258">The auditor reviewed the training curriculum for the 8 hours PREA Class. The two year refresher course is online and the auditor reviewed the training slides. Both PREA classes meet all provisions of the standard. A random sample of training records showed all staff is up to date on PREA training requirements.</p> <p data-bbox="240 1294 1445 1348">Random staff interviews revealed staff is knowledgeable of the PREA training content and their obligations as mandated reports. They take the job of keeping residents safe from sexual abuse and sexual harassment seriously.</p> <p data-bbox="240 1384 679 1411">All provisions of Standard 115.331 are met.</p> <p data-bbox="240 1447 799 1473">SCC- William James Ranch Meets Standard 115.331</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 667">(a)(b) SCC-James Ranch PREA Policy12 Sections: 12.01XVI page 23 requires volunteers and contractors receive PREA training. Interviews with the Agency Wide PREA Coordinator, PREA Compliance Manager, and contractors reported they had received PREA training. Contractors interviewed by the auditor were knowledgeable in regards to their PREA responsibilities. Interviewee's knew the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and were informed on how to report such incidents. Contractors interviewed discussed positive changes agency wide and in the facilities due to the implementation of the PREA standards. All were very supportive and appreciative of the changes they have seen in supervision and safety of youth and staff at James Ranch. Volunteer and contractor agencies are provided a link to the 2 hour online PREA Refresher Training. All volunteers and contractors are required to complete this training which meets the requirements for the services they provide and the level of contact they have with the residents. The auditor reviewed training slides for the PREA Refresher Training volunteers and contractors are required to complete. The auditor requested a random sampling of volunteer/contractor Training Certificates and Acknowledgment Statement Form to determine compliance.</p> <p data-bbox="240 696 1485 857">(c) By signing the forms volunteers and contractors acknowledge they have received and understand Santa Clara County's Probation Department policy on zero tolerance of sexual misconduct, sexual abuse, sexual harassment, and acknowledge they will immediately report any findings of sexual misconduct, sexual abuse, and sexual harassment. Community based organizations and volunteers must check in through the Admissions Office at James Ranch. At that time fingerprint clearance and training is verified. If either is not up to date they are not allowed into the facility.</p> <p data-bbox="240 887 624 913">All provisions of the standard are met.</p> <p data-bbox="240 943 794 969">SCC-William James Ranch Meets Standard 115.332</p>

115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>(a)(b) Policy and Procedures Part:12 Section:12:01 XVII A states residents are given information presented in an age appropriate manner on the zero-tolerance policy and how to report sexual abuse or sexual harassment during intake. Residents receive the PREA Orientation Video and/or class at Santa Clara County Juvenile Hall within 10 days of being admitted. All James Ranch placements are transferred from Juvenile Hall. The PAQ stated 123 residents were admitted to James Ranch in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse/sexual harassment, and from retaliation for reporting such incidents. The New Admit Orientation & Resident Education Form is used by Juvenile Hall and James Ranch to document PREA Education. There are two sections on the form- Section 1. New Admit Orientation upon Admission- A. Zero Tolerance for Sexual Abuse/Sexual Harassment and B. How to Report Sexual Abuse/Sexual Harassment (upon admission). Section 2 of the form documents Resident PREA Education (within 72 hours of admission). Each section has a place for staff to sign documenting they delivered the information and the resident signs they receive the information and understands it. During the audit no residents were in the facility that had been admitted prior to August 20, 2013. The auditor reviewed Procedures Manual Part: 12 Section: 12:01 XVII Resident Education and Orientation and Procedures Manual, Part: 03, Section: 03.02 which include policy regarding sexual abuse and sexual harassment between youth and between staff and youth. All sexual relationships between youth including consensual are prohibited at James Ranch. The facility maintains a signed copy of the Sexual Abuse and Sexual Harassment Prevention and Reporting Form-New Admit Orientation and Resident Education which includes the date of admittance to the facility, date of New Admit Orientation, date of Resident Education, and the Minor's release date.</p> <p>Residents are told how to report sexual abuse/sexual harassment in one of the following ways even if they are a witness to an incident.</p> <ul style="list-style-type: none"> • Fill out a grievance form or a sick call request form and place in the appropriate locked confidential box provide on each living units. • Write a letter to a Facility Manager or the Deputy Chief of Institutions or any other agency or facility staff member. • Talk to agency and/or facility staff, chaplain, teacher, attorney, parent/legal guardian or any trusted adult. • Use the telephone hotline (red Phone) in the medical clinic to contact the YWCA. • Use the resident phone located in the pod area to call and report to an outside individual or agency. <p>A random sampling of the Juvenile Assessment Case Plan showing the date the youth watched the PREA video, and attended the PREA workshop. The case plan documentation includes the staff who delivered the education. Section one of the form is signed by youth receiving the New Admit Orientation and by staff delivering the education. All residents interviewed reported receiving the New Admit Orientation information during intake. (c) James Ranch PREA Policies and Procedures do not differ from those of the previous facility which is Santa Clara County Juvenile Hall. Residents receive PREA education at Juvenile Hall which includes the right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. The majority of youth interviewed did not know who the red phone called. They knew it was used to report sexual abuse or sexual harassment but did not know who they were reporting to. The youth were not knowledgeable in regards to the YWCA or other community based programs. Even though information is shared with youth as part of PREA education and signage throughout the facility they did not know what services are available to them. The PREA Compliance Manager and auditor discussed different ways the information can be shared with youth so they retain the information.</p> <p>Policy states all residents will receive the brochure Zero Tolerance Policy and Sexual Abuse Reporting and watched the video on Sexual Abuse and Sexual Harassment Prevention and Reporting given 72 hours of admission. Youth sign the form stating they understand the department's zero tolerance policy right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and ways to stay safe, and what to do if they are sexually abused or harassed. If there is no documentation the youth received PREA Education at Juvenile Hall the resident receives PREA Education at James Ranch.</p> <p>(d) Procedures Manual Part: 12 Section: 12.01 XVII B states PREA education includes a video and packet that is available in English, Vietnamese, and Spanish. If a youth cannot read someone fluent in the resident's language will read the packet to the youth. The auditor reviewed Policies and Procedures Manual, Part: 10, Section: 10.06 Unit Orientation IV.</p> <p>(e) Policy states documentation of the resident's participation in PREA education is maintained by the facility. The youth signs the Sexual Abuse and Sexual Harassment Prevention and Reporting New Admit Orientation and Resident Education form. During the intake process staff who delivers the information signs the form documenting the resident received information on zero tolerance policy how to report sexual abuse, sexual harassment, or behavior that makes them feel uncomfortable. Documentation also includes sign in sheets for the YWCA PREA workshop, Youth Service Plan (YSP)</p>

(Orientations completed and dates), and in the JAS System (residents file). Interviews with youth and staff confirmed youth receive the PREA information through several different means such as intake information, PREA information video, YWCA of Silicon Valley PREA workshops, and posters throughout the facility. Youth knows the red phone is available 24 hours a day in the nurses' office. One youth reported using the phone to report abuse that happened prior to being admitted to Juvenile Hall and James Ranch. James Ranch has not met 115.333(e) due to youth not knowing who the red phone calls and what support services are available.

(f) Part: 12 Section: 12.01 XVI states the facility ensures key information is continuously and readily available or visible to residents through handbooks and other written formats. Signage with key information is posted in the pods, dining hall, school, recreational hall, intake area, and visitors' entrance. Youth interviewed by the auditor understood the PREA education. The PREA education video was reviewed by the auditor. Posters are placed throughout James Ranch highlighting information on PREA. The auditor reviewed policies and procedures, resident education video, interviewed YWCA PREA staff, and brochures in English, Spanish, and Vietnamese to determine compliance with all provisions of the standard except 115.333(b).

James Ranch meets all provisions of the standard except 115.333(b). Youth interviewed did not know who the red phone calls. They did not know what services the YWCA offers.

CORRECTIVE ACTION

The standard requires youth know the red phone calls a victim advocate and the support services provided by the outside agency whether the sexual abuse occurs at James Ranch or in the community. The youth should know they are calling a victim advocate who provides emotional support services which are not part of James Ranch, juvenile probation or law enforcement. Emotional support includes crisis intervention and services continue long term if the victim wishes. They should understand the advocate is a mandated reporter, otherwise services and conversations are kept private and confidential.

The auditor and PREA Compliance Manager will work together to develop a corrective action plan for provision 115.333(b). A few ideas discussed during the onsite audit is having YWCA advocates conduct a monthly group to discuss who the red phone calls, services provided, and how youth can initiate those services. Receiving information from YWCA staff members is a more personable and beneficial way for youth to be educated on the red phone and services the YWCA provide. The auditor and PREA Compliance Manager discussed replacing some of the YWCA signage with posters that explain who the red phone calls and the services available.

A corrective action visit will be made in September 2021 and the auditor will interview a random sample of youth to determine if they know who the red phone calls and what services are available. Youth need to have a general understanding of the support services available to them by using the red phone and that those services are private and confidential except for mandated reporting laws.

SCC- James Ranch does not meet Standard 115.333.

Corrective action due November 14, 2021.

The facility has initiated several different ways to ensure youth know the red phone calls a victim advocate and the support services provided by the outside agency whether the sexual abuse occurs at James Ranch or in the community. The facility made new posters for the YWCA which focus specifically on the red phone and services available through the victim advocate agency. During the corrective action visit the auditor received copies of the poster in English, Spanish, and Vietnamese. The auditor was emailed a copy of the "Youth PREA Workshop" youth education for review. This education focuses on the YWCA and the services they offer. Resident education is provided by YWCA advocates who are scheduled to conduct seven sessions throughout the year. James Ranch Quality Assurance/PREA staff member runs groups in the individual pods to discuss YWCA and hold question and answer sessions where the youth earn snacks by presenting correct information in regards to the support services offered.

During the corrective action visit the facility was toured to see the placement of the Red Phone Posters and youth were interviewed about whom the red phone calls and services the YWCA offers. William F. James Ranch is in compliance with standard 115.333 and goes above the standard requirements to ensure youth are educated in all aspects of support services and provides youth with education sessions presented by the community advocate agency.

SCC- James Ranch Exceeds Standard 115.333.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 568">(a) Policy Manual Part: 12, Section: 12.01 XVIII mandates the department maintain documentation that Santa Clara County Probation Internal Affairs investigators receive specialized training as per this standard. Specialized training received includes sexual abuse investigations which consists of a three day training all Internal Affairs Investigators attend as part of their job training. Investigators attend a 16 hour specialized training in Forensic Interviewing of Child Abuse Victims' which includes rapport building, development assessment, fact-finding, and closure/termination with the child at the end of the interview. Two Internal Affairs Officers were interview by the auditor during this audit cycle and one during the onsite audit at James Ranch. Both have a long history of working for Santa Clara County Probation and in confinement facilities within the agency. Internal Affairs investigators have training and experience working in confinement facilities, delinquency, and sexual abuse investigations.</p> <p data-bbox="229 591 1509 792">(b)(c) Internal Affairs investigation training includes techniques for interviewing juvenile sexual abuse victims and perpetrators. 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 Morgan Hill Police Department conducts the criminal investigations and collects DNA and/or evidence within the confinement setting. Investigators conduct interviews once the Police Department is finished. Internal Affairs conducts the victim interviews as soon as possible.</p> <p data-bbox="229 815 1509 855">(d) Documentation of specialized training in maintained in the IA investigator file.</p> <p data-bbox="229 878 1509 972">The auditor reviewed Policy and Procedures and documentation of specialized training which includes special investigation for sexual abuse in a confinement setting. The Internal Affairs Investigators interviewed attended training in investigation of sexual abuse and sexual harassment per standard 115.334.</p> <p data-bbox="229 994 1509 1034">James Ranch meets all provisions of the Standard.</p> <p data-bbox="229 1057 1509 1102">SCC-William James Ranch Meets Standard 115.334</p>

115.335	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Agency Procedures Manuel PREA Part:12 Section: 12.01 XIX states medical and mental health staff will receive rape and sexual abuse sensitivity training through the Valley Medical Center Sexual Assault Response Team (SART) and with the local Rape Crisis Center (RCC). The department ensures full and part time medical and mental health care practitioners working in the juvenile facilities have been trained in detecting, assessing, and responding effectively and professionally to the signs of possible sexual abuse and the preservation of physical evidence. Training includes how to respond effectively and professionally to victims of sexual abuse/harassment. Mental health and medical staff interviewed were knowledgeable in regards to the required PREA training and their responsibilities. Medical and mental health staff reported some of the information in the PREA Training was also required and received as part of their education and professional licensure requirements.</p> <p>(b) N/A medical staff at SCC-James Ranch does not conduct forensic 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, collects evidence for forensic purposes, and will testify in court as necessary. The Nurse reported there were no incidents of sexual assault during the audit period. Interviews with upper management, security staff, and residents confirmed there were no incidents of sexual assault during the audit period.</p> <p>(c) Health care Program Manager and Mental Health Manager were interviewed during the JH audit in this audit period. They stated PREA training is part of the contracts. Starlight the contract agency for mental health has their own PREA trainer and verification is emailed on a monthly basis to the Health Care Program Manager to confirm training of contract employees. The Mental Health Manager and Health Care Program Manager report staff under their supervision are 100% PREA trained. Starlight Mental Health Counselors and the James Ranch Registered Nurse were interviewed. A random sample of PREA training certificates and Staff Acknowledgement Training Statement forms for mental and mental health staff were requested from the facility to determine compliance.</p> <p>All provisions of the standard are met.</p> <p>SCC-William James Ranch Meets Standard 155.335.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 734">(a) Procedures Manual Part:12 Section:12:01 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. All of the youth at James Ranch are transferred from juvenile hall and arrive on Tuesdays and Thursdays. The screening staff is a Probation Counselor from the Quality Assurance/PREA Unit. There is one back up counselor available to screen youth in her absence. During the screening staff interview the auditor was told she tries to meet the youth during intake and complete the screening the same day. During the audit period the primary screening staff member conducted all of the screenings. PREA Policy and Procedures states youth will be reassessed when warranted due to a referral request, incident of sexual abuse, or receipt of additional information which bears on the resident's risk of sexual victimization or abusiveness. During the interview it was reported there is a week's notice before the youth arrives which allows time to review the file in preparation and review the last risk assessment. During the risk assessment if an answer has changed from the last assessment more clarifying questions are asked. The screener explained the importance of building rapport and trust and helping the youth feel comfortable prior to and during the screening process. General questions are asked to help break the ice beforehand and general information is discussed with the youth about the program and staff members to help gain trust. Screening staff usually meets with youth when they first arrive and walks them to their pod for the welcome group.</p> <p data-bbox="240 763 1493 1227">The auditor reviewed a random sample of the screening documentation and the majority were completed on the day of arrival and a couple was completed the following day. The documentation reviewed includes the PREA Vulnerability Assessment Screening: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior document which includes the minor's name, DOB, gender, file number, race, facility, staff completing screening, and the assessment date. In the right corner the status: completed is documented in red. The Ranch Orientation form was reviewed which includes Pre-Admit Orientation, New Admit Orientation (supervisor), Pod Orientation/ Welcome Group (probation Counselor), Family Orientation (Probation Counselor), and PREA Vulnerability Assessment Screenings (within 72 hours of admittance, completed/reviewed for pod assignment.) This includes the QA staff completing the screening, the date, mental health referral submitted, and Re-Assessment completed including the staff and date. The Juvenile Assessment Case Plan which includes completion of orientation dates and staff member documentation for behavioral health, PREA Education Video, PREA Workshop, and the risk assessment. Case Plans were reviewed by the auditor which is completed by the Multi-Disciplinary Team (MDT) and includes Intake MDT Attendees, Current Program Level, Overall Ranch Adjustment, School History/Current Status, Starlight Information (behavioral health), Pertinent Family History/Parent Availability/Contribution/Concerns/Goals, Family Counseling Dates, Youth Contribution/Concerns/Goals, and Team Identified Strengths/Areas of Concern.</p> <p data-bbox="240 1256 1465 1350">(b)(c) PREA Policy Part:12, Section:12.01XX XX A.1.States youth transferred from Juvenile Hall will be screened within 72 hours of arrival to the the James Ranch facility. The auditor conducted interviews with the screening staff and youth, and reviewed the screening instrument.</p> <p data-bbox="240 1379 1241 1406">Risk assessment is conducted using an objective screening instrument which includes the following:</p> <ul data-bbox="280 1458 1485 1888" style="list-style-type: none"> • Prior sexual victimization or abusiveness • 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 • Current charges and offense history; • Age; • Level of emotional and cognitive development; • Physical size and stature; • Mental illness or mental disabilities; • Intellectual or developmental disabilities; • Physical disabilities; • The youth's own perception of vulnerability; • Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. <p data-bbox="240 1917 1485 2145">(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. Policy states the department insures confidentiality of the RV/SAB screening information is maintained. There is a tracking system which shows who accesses the screening information in a youth file. The screener must request access to the JAS data base to initiate the RV/SAB process. Once the screening is completed it is entered into the JAS system. The screening staff no longer has access upon completion of the screening. The staff member conducting the screening has a locked office and a locked shredder for any confidential papers needing to be destroyed.</p>

The auditor conducted interviews and reviewed policies and procedures for RV/SAB Screening Risk Assessments and reviewed the screening instrument to determine that all provisions of standard 115.341 are met.

SCC-William James Ranch Meets Standard 115.341

115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Procedures Manual Part:12 Section:12:01 XXII states housing decisions are made based on the results from the RV/SAB screening. The treatment supervisor at James Ranch reviews the case file and screening information to guide staff in housing and bed assignment, programming, education, and work assignment. Screening staff contacts the treatment supervisor if there are risks warranting a referral to mental health or treatment intervention is needed. The counselor completing the screening informs the supervisor of any risk factors determined during the screening so they have current information when making decisions on housing, bed, work, education, and program assignments. Information from the RV/SAB is shared with the supervising probation officer to make sure a youth is safe in the Pod where they are housed. There is a Multi-Disciplinary Team Meeting (MDT) within 30 days and a review of the screening is part of the case plan discussed. During interviews the auditor was told by the PREA compliance manager, and facility supervisors resident population is separated by gender and age as a general rule. Decisions also take into account whether a resident could be a potential victim or victimizer and other factors such as size and maturity. Custody and housing assignments are not based solely on the youth sexual orientation or gender identity or use LGBTI status as an indicator or likelihood of being sexually abused. The PREA Compliance Manager said since James Ranch placements come from Juvenile Hall we have the advantage of how they were housed there and the youth's preferences are known and documented on the Transgender Preference Form.</p> <p>(b) Interviews with the superintendent, medical and mental health staff, and probation counselors confirmed James Ranch does not use isolation to keep residents safe from sexual abuse. The facility does not have isolation cells for youth. During interviews it was reported a youth will be transferred to Juvenile Hall if they are a danger to other youth at James Ranch. During the audit period no youth were placed in isolation at James Ranch.</p> <p>(C-I) There were no transgender youth in the facility during the audit period. Housing assignments are made on a case by case basis and the LGBTI youth's own view with respect to his or her safety is considered. The staff interviewed confirmed this information. The PREA coordinator and PREA compliance manager reported the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex youth in a particular housing pod or other assignments solely on the basis of such identification or status. The PREA compliance manager reported James Ranch has the benefit of how the youth was housed at Juvenile Hall. If there is a special concern a resident may be placed in a bed closer to the staff desk in the pod. The resident is given the option of showering separately.</p> <p>(d) Santa Clara County Juvenile Probation facilities are co-ed. When deciding whether to assign a transgender or intersex resident to a pod for male or female youth the facility PREA Policy and Procedures states decisions will be on a case-by-case basis whether a placement would ensure the youths health and safety, and whether a placement would present management or security problems. Policy and Procedures states youth will not be assigned based anatomy alone. When making program assignments for transgender or intersex youth the agency considers 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. The agency uses the Transgender Preference Form to document preferences obtained during the pre-admit orientation, intake process, risk assessment, and MDT assessments with the youth. It is part of the youth's resident file in the JAS system.</p> <p>(e) Placement and programming assignments for each transgender or intersex youth are reassessed during the MDT meetings and on an ongoing basis by mental health, treatment supervisor and Pod supervisor to ensure there are not any threats to safety experienced by the resident.</p> <p>(h,i) N/A Isolation is not used at the James Ranch facility.</p> <p>Screening information is used for placement of residents in housing, program, education and work assignments and separation from a real or perceived threat is used. The treatment manager reviews the youth's file and screening information and decisions are made based on this information. .</p> <p>James Ranch is compliant with all provisions of standard 115.342 as they use information gathered from the youth during the Pre Admit Orientation, case file in JAS System, past and present RV/SAB screening results to make decisions on placement of residents in housing, bed, program, education, and work assignments.</p> <p>All provisions of the standard are met.</p> <p>SCC- William James Ranch Meets Standard 115.342</p>

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1461 331">(a) Procedures Manual Part: 12 Section 12.01 XXIII states the facility ensures youth reporting of sexual abuse and seeking relief against retaliation include:</p> <ul data-bbox="284 383 1445 611" style="list-style-type: none"> • Completing sick-call request form. • Using the grievance process. • Dropping a note in the grievance box. • Telling a teacher, CBO, volunteer, counselor, manager, supervisor, medical or mental health staff, deputy chief, probation officer, lawyer, parent/guardian, chaplain, or other trusted adult. • Toll Free Hotline has been installed at James Ranch to provide residents access to a confidential telephone line to contact the local rape crisis center. <p data-bbox="240 640 1493 902">Youth were aware of the different ways to report sexual abuse and/or sexual harassment during the random and targeted interviews. Most of the residents said they would report sexual abuse or sexual harassment by using the red phone, talking to a trusted staff, or their parents. None of the youth interviewed reported using the red phone during the audit period. Youth are assigned a probation counselor for case management who checks in with the youth regularly and works in the Pod where the youth is housed. Most of the youth said they would talk to a trusted adult such as a parent, staff, or their lawyer. Youth stated they can talk to the staff privately or call their lawyer confidentially while being supervised through the glass window to report sexual abuse and/or sexual harassment, Youth use the same methods for reporting staff neglect or violations of responsibilities that may have contributed to sexual abuse or sexual harassment at the facility.</p> <p data-bbox="240 931 1485 1328">(b) Procedures Manual Part:12 Section:12.01 XXIII Youth have access to a rape crisis counselor via the red phone in the clinic and can also use the unit phone where calls can be confidential and paid for by the facility. Youth interviewed were knowledgeable on their right to be free from retaliation by other residents or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to an incident. The red phone located in the nurses office contacts the YWCA Silicon Valley Rape Crisis Advocacy. During interviews with youth the auditor was told they could report using the red phone. When asked questions by the auditor all of the youth except for one did not know who the red phone calls or the services offered by the YWCA. Most of the youth did not know if you could report confidentially using the red phone but thought you probably could. They thought the red phone was solely used for reporting and did not know about services available through the YWCA or other community organizations. During the onsite audit the auditor interviewed two staff from YWCA. They said a youth can report without giving their name but also said they are mandated reporters. The YWCA usually contacts the facility supervisor on duty. There were no calls using the red phone reporting a sexual assault or sexual harassment since the last PREA audit.</p> <p data-bbox="240 1357 1273 1384">Santa Clara County Juvenile Probation does not detain youth solely for the purpose of civil immigration.</p> <p data-bbox="240 1413 1493 1843">(c) Interviews revealed the staff is knowledgeable in regards to their responsibility in reporting sexual abuse and sexual harassment. Policy and Procedures requires staff to report sexual abuse and assault reports that are made verbally, in writing, anonymously or by third parties. Staff members must document any and all verbal reports. Documentation of verbal reports shall be completed as soon as possible but no later than the end of their shift. The Grievance Process as stipulated in Juvenile Hall Policy and Procedures Manual, Part 04, Section 04.07-Grievance, and the Ranch Policy and procedures Manual, Part 07, section 7.01- Incident Reports states there are multiple internal ways for youth to privately report sexual abuse, sexual harassment and sexual misconduct, retaliation by other offenders or staff for reporting. Policy states staff members must promptly document any and all verbal reports. Staff interviewed stated they would immediately contact the supervisor. Counselors must generate their incident reports using the computer automated incident report system. Incident reports must be submitted to the appropriate supervisor for review and approval prior to the end of shift. The supervisor approves and submit the incident report to the appropriate probation manager prior to the end of shift. The PREA compliance manager and Agency Wide PREA coordinator reported during interviews that they receive and review all PREA related incident reports.</p> <p data-bbox="240 1872 1493 2033">(d) Per Procedures Part: 04 Section: 4.07 II Grievance Procedures for Minors- Grievance forms and locked grievance boxes are available in each pod to all minors without staff assistance. Youth have unimpeded access to grievance forms and writing materials. The PREA Compliance Manager and residents interviewed report youth have access to materials needed in order to make a written report. Residents were knowledgeable of the different methods to report sexual abuse and sexual harassment. Residents can send confidential letters as the facility is not allowed to screen letters per Title 15.</p> <p data-bbox="240 2063 1485 2159">(e) Facility staff and upper management reported during interviews incidents can be reported privately especially if the incident involves a staff members. The incident can be reported to a supervisor or manager on duty, by email, or by phone to an outside agency. Staff members reported being mandated reporters and the Morgan Hill Police Department and Child</p>

Protective Services would be notified. The staff members interviewed stated all reports are of a private matter on a need to know basis.

Agency Policy was reviewed, observations made during the facility tour, and interviews conducted with youth, facility staff and upper management supports compliance of all provisions of Standard 115.351. There are various ways for youth and staff to report sexual abuse and/or sexual harassment internally and externally.

All provisions of the standard are met.

SCC-William James Ranch Meets Standard 115.351

115.352	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 465">(a)(b) Procedures Manual Part:12 Section 12.01 XXIV and Ranch Policy and Procedures Manual Part 08 Section 08.03 Grievance Policy XXIV were reviewed by the auditor. Policy states there will be no time limit on when a youth may submit a grievance regarding an allegation of sexual abuse. Policy does not require the youth to use a certain grievance process or attempt to resolve with staff. The resident is free to file a federal law suit however in urgent and emergency situations when a youth 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 data-bbox="240 501 1437 560">(c) Youth are not required to try and resolve the incident with the staff member. The grievance can be submitted without submitting it to the staff member who is the subject of the complaint.</p> <p data-bbox="240 595 1485 716">(d) Procedures Manual Part:12 Section:12.01 PREA XXIV requires a decision be made within 90 days of filing the grievance. In the event the agency requests an extension they must notify the youth in writing including the expected date a decision will be made. During the audit period no grievances were filed alleging sexual abuse. There were no youth at James Ranch who had filed a sexual abuse and/or sexual harassment grievance.</p> <p data-bbox="240 752 1485 909">(e) A youth can decline a grievance if it is a third party other than a parent or guardian. The decline by the youth will be documented. Policy does permit third parties to file requests for administrative remedies relating to allegations of sexual abuse on behalf of a youth. If the youth declines to have third-party assistance the facility will document the youth's decision. If the third party is a parent or legal guardian the youth does not have this right. There were no grievances alleging sexual abuse filed by a third party during the audit period in which a youth declined third party assistance.</p> <p data-bbox="240 945 1485 1236">(f) Procedures Manual Part:12 Section:12.01 PREA XXIVM was reviewed by the auditor. Policy states upon receiving an emergency grievance alleging a youth is subject to a substantial risk of imminent sexual abuse the staff will immediately forward the grievance to the 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 youth is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Grievances that involve alleged sexual abuse/sexual harassment are treated as an emergency by the PREA compliance manager and immediate action will be taken. The focus is making sure the youth is safe and taking necessary steps to remove them from the situation they are reporting. There have not been any grievances alleging substantial risk filed during the audit period.</p> <p data-bbox="240 1272 1469 1361">(g) Procedures Manual Part:12 Section:12.01 PREA XXIV O states a youth will not be disciplined for filing a grievance related to alleged sexual abuse unless it can be demonstrated that the youth filed the grievance in bad faith. All grievances are taken seriously and investigated. If a youth makes a false report an appropriate program response may be initiated.</p> <p data-bbox="240 1397 1485 1518">The auditor reviewed policy and procedures which are in compliance with the standard. Interviews conducted with the Deputy Chief Probation Officer, PREA Compliance Manager/Superintendent, PREA Coordinator/Probation Manager, and James Ranch staff members confirmed that all provisions of Standard 115.352 are met. The facility staff members and upper management take immediate action if a youth reports being in imminent risk of sexual abuse.</p> <p data-bbox="240 1554 624 1581">All provisions of the standard are met.</p> <p data-bbox="240 1608 799 1635">SCC- William James Ranch Meets Standard 115.352</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>(a) Procedures Manual Part:12 Section: 12.01 PREA XXIV A. Policy states residents have access to outside support services and legal representation. The department has a service agreement with the local rape crisis center YWCA. Santa Clara County Probation has a Resource Guide Booklet which includes information on resources for housing, education, mentoring, crisis including human trafficking, 24/7 suicide and rape crisis hot lines, behavioral and medical services, public assistance, employment and job training, child care and child services, and legal services. Posters and flyers are placed in the housing Pods and areas of the facility where the youth and their families visit. The majority of youth interviewed did not know who the red phone called. They knew it was used to report sexual abuse or sexual harassment but did not know who they were reporting to. The youth did not know about the YWCA or other community based programs and services available to them if needed. The information is shared with the youth as part of the PREA education and signage throughout the facility. The PREA compliance manager and auditor discussed different ways the information can be given to the youth so they retain the information.</p> <p>(b) Procedures Manual Part: 12 Section:12.01 PREA XXVII- Residents have access to outside support services and legal representation. Residents have a constitutional right to unimpeded access to attorneys and legal representation as well as court and legal services. Residents have reasonable and confidential access to their parents or legal guardians for reporting sexual allegations. Residents are informed and know their rights in regards to mandatory reporting laws. Resident access to outside support services and legal representation shall be conducted in a private setting where conversations cannot be heard.</p> <p>(c) The current contract with the YWCA of Silicon Valley was reviewed by the auditor. The agency provides a hotline service via the red phone in the nurse's office. The agency provides sexual assault education and PREA Education while residents are placed at Juvenile Hall. Victim advocacy and support services are provided to residents at James Ranch and out in the community when a resident is released from the facility. Aftercare manager/probation counselor provides the youth with follow up referrals for services in the community to ensure continuity of care in accordance with Ranch Policy and Procedures Manual, Part 05, Section05.06- Ranch Pre-Release Program Manual.</p> <p>(d) Residents at James Ranch have constitutional right to unimpeded access to attorneys and legal representation per Ranch Policy and Procedures Manual, Part 08, Section 08.01- Access to Legal Services and Advocate, and Part 8, Section 8.03- Legal Representation of Minors. During resident interviews all youth reported having free access to their attorney and legal guardian during visits and phone calls that are confidential.</p> <p>The auditor reviewed policy and procedures and the current contract with YWCA. The interview with the Superintendent/PREA Compliance Manager, observation during the onsite audit, and the current contract with YWCA were reviewed by the auditor. Silicon Valley Rape Crisis Advocacy provides emotional support and victim advocacy services including emotional support, counseling, crisis intervention, information dissemination, referrals, and accompaniment through the forensic medical examination and interviews. The contact includes advocates being available on call to provide on-site support for victims. Services are provided at the facility on a one on one basis. First the advocate spends time getting to know the youth and what support they may need. Once the youth is placed back in the community they can help with personal assistance such as therapy, accessing a doctor, help with finding housing etc. Two YWCA staff members were interviewed during a conference call during the audit cycle. They reported advocacy services are open ended and continue as long as a youth desires inside and outside of the facility. All support services are available for the youth if the abuse happened while at James Ranch or when they were living in the community. A victim advocate typically arrives at the facility in a timely manner and is available to the youth during the interview with the Morgan Hill Police Department if the youth wishes. If the youth declines services they give the youth a packet of information and tells them to reach out if they want services in the future. The youth are informed that the advocate is a mandated reporter. If the abuse happened in the home before placement at James Ranch the advocate does not have to inform the facility but does report to CPS. They keep everything confidential that does not fall under the mandated reporter laws. The contract with YWCA for services exceeds the requirements of Standard 115.353.</p> <p>All provisions of standard 115.353 are met except (a).</p> <p>CORRECTIVE ACTION</p> <p>(a) Youth need to know the red phone calls a victim advocate and the support services provided by the outside agency whether the sexual abuse occurs at James Ranch or in the community. The standard requires that youth know they are calling a victim advocate who provides emotional support services which are not part of James Ranch, juvenile probation or law enforcement. Youth should understand emotional support services include crisis intervention and long term services if the victim wishes. They should understand victim advocates are mandated reporters otherwise services and conversations</p>

are kept private and confidential.

The auditor and PREA Compliance Manager will work together to develop a corrective action plan for provision 115.333(b). A few ideas discussed during the onsite audit is having YWCA advocates conduct a monthly group to discuss who the red phone calls, services provided, and how youth can initiate those services. Receiving information from YWCA staff members is a more personable and beneficial way for youth to be educated on the red phone and services provided. The auditor and PREA Compliance Manager discussed replacing some of the YWCA signage with posters that explain who the red phone calls and the services available.

A corrective action visit will be made in September 2021 and the auditor will interview a random sample of youth to determine if they know the red phone calls a victim advocate and what services are available. Youth need to have a general understanding of the support services available to them by using the red phone and that those services are private and confidential except for mandated reporting laws.

SCC- James Ranch Does Not Meet Standard 115.353.

Corrective action due November 14, 2021.

The facility has initiated several different ways to ensure youth know the red phone calls a victim advocate and the support services provided by the outside agency whether the sexual abuse occurs at James Ranch or in the community. The facility made new posters for the YWCA which focus specifically on the red phone and services available through the victim advocate agency. During the corrective action visit the auditor received copies of the poster in English, Spanish, and Vietnamese. The auditor was emailed a copy of the "Youth PREA Workshop" youth education for review. This education focuses on the YWCA and the services they offer. Resident education is provided by YWCA advocates who are scheduled to conduct seven sessions throughout the year. James Ranch Quality Assurance/PREA staff member runs groups in the individual pods to discuss YWCA and hold question and answer sessions where the youth earn snacks by presenting correct information in regards to the support services offered.

During the corrective action visit the facility was toured to see the placement of the Red Phone Posters and youth were interviewed about whom the red phone calls and services the YWCA offers. William F. James Ranch is in compliance with standard 115.333 and goes above the standard requirements to ensure youth are educated in all aspects of support services and provides youth with education sessions presented by the community advocate agency.

All provisions of the standard are met and exceeds the standard.

SCC- James Ranch Exceeds Standard 115.353.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 555">(a) Procedures Manual Part:12, Section: 12:01 XXIX Third Party Reporting states several different ways to report using the Probation Department's website and clicking on the PREA web-page, which gives public access to Third Party Reporting Form in English, Spanish and Vietnamese. There are additional established methods of distributing public information on how to report sexual abuse, sexual harassment and staff sexual misconduct which is included in the Parent/Guardian Orientation and Information Pamphlet. The Internal Affairs Department number is listed on the website. The auditor reviewed the agency website and verification of postings to determine compliance. Public Advisory notices which include ways of reporting sexual abuse, sexual harassment and staff sexual misconduct are posted in English, Spanish, and Vietnamese in the James Ranch Administrative Office and PREA brochures are also available.</p> <p data-bbox="229 555 1509 703">PREA signage is posted throughout the facility including the administrative office where the public enters James Ranch. 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 posters in all three languages are posted. YWCA Zero Tolerance Policy & Sexual Abuse Reporting Pamphlets are available for visitors in the lobby.</p> <p data-bbox="229 703 1509 766">All provisions of the standard are met.</p> <p data-bbox="229 766 1509 819">SCC-William James Ranch Meets Standard 115.354</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1497 499">(a) Procedures Manual Part: 12 Sections: 12.01 XXXII, XXXIII.- When known or suspected abuse or neglect occurs at James Ranch the reporting employee shall report by telephone to Morgan Hill Police Department to begin an investigation. This report must occur immediately or as soon as practicably possible but under no circumstances later than end of the shift. The reporting employee is required to report the suspected abuse or neglect to the on duty supervisor immediately. The staff member must report to CPS and document who they spoke to and the date and time of the call. A of the staff are required to follow Ranch Policy and Procedure Manual, Part 07, Section 07.04 Child Abuse Reporting as well as State Statutory required under Penal Code Section 11165.7,11165.9 and 11166.</p> <p data-bbox="240 528 1497 689">(b) All employees of the department are mandated reporters and required to report known or suspected child abuse or neglect to the Morgan Hill Police Department, and/or a county welfare department- Child Protective Services (CPS). All of the staff interviewed told the auditor they are mandated reporters and were knowledgeable on the reporting laws. When there is known or suspected child abuse or neglect at James Ranch the staff member reports to the Morgan Hill Police Department by telephone.</p> <p data-bbox="240 719 1497 846">(c) Per PREA Policy staff shall only report to the designated individuals, Morgan Hill Police Department, CPS, parent/legal guardian, probation officer, and youth's lawyer. Staff shall only reveal information to individuals who have a need to know for, treatment planning, programing, investigating, and other security or management decisions. All of the staff members interviewed where knowledgeable of this policy and their responsibilities.</p> <p data-bbox="240 875 1497 1339">(d) Santa Clara Valley Health and Hospital System Juvenile Custody Health Services, 4150- ASS31, 4160-ASS31 Attachment A 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, designated law enforcement, and CPS. The practitioners must inform youth at the initiation of services of the professional duty to report and the limitations of confidentiality. The probation department will ensure that the practitioners immediately report any knowledge, suspicion, or information received regarding retaliation against a youth 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. All of the medical and mental health staff interviewed confirmed practitioners report sexual abuse to designated Probation Managers, Supervisors, Morgan Hill Police Department and CPS. When interviewing two of the James Ranch Nurses they reported there were no PREA Incidents at the facility that required intervention from the medical staff. The auditor was told by both nurses that they inform residents at the initiation of services of the professional duty to report and the limitations of confidentiality. They showed the auditor the procedure of using the red phone with includes supervision behind glass allowing for confidentially, and a log book where the name of the youth using the red phone is documented. The log book is part of the clinics medical records and is not shared with facility staff members.</p> <p data-bbox="240 1368 1497 1765">(e) 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 and/or juvenile court the caseworker and/or probation officer will be notified. If the juvenile court retains jurisdiction over the alleged victim the facility probation manager or designee shall report the allegation to the juvenile's attorney or other legal representative of record with 14 days of the allegation. If a youth reports an allegation of current or past sexual abuse or sexual assault to a staff member allegedly occurring at Juvenile Hall or William James Ranch or a staff is aware of current or past sexual abuse or sexual assault then the Santa Clara County Probation Institutions Plan for Coordinated Response to Sexual Abuse or Assault flow chart form must be followed. When interviewing the PREA Compliance Manager it was reported the Morgan Hill Police Department, Medical and Mental Health staff, YWCA Crisis Advocates, Deputy Chief, and the parents are notified immediately by phone. Emails are not used to communicate these incidents. The youth's lawyer and probation officer or CPS worker will be notified the next business day.</p> <p data-bbox="240 1794 1497 1989">(f) The Morgan Hill Police Department and Internal Affairs are the agencies responsible for investigations. During the interviews staff understood their responsibilities in terms of agency policies and procedures in regards to reporting. The clinical staff, PREA Compliance manager, PREA coordinator, and supervisors were very knowledgeable and knew their responsibilities in regards to immediate action to be taken if they become aware of a possible sexual abuse incident. The chain of command would be followed in regards to support staff and notification of the incident. It was reported third party reports are taken as serious other reports and investigated in the same way.</p> <p data-bbox="240 2018 1497 2112">Policy and procedures reviewed by the auditor are compliant with the Standard. The auditor interviewed staff members, medical staff, and upper management to determine the James Ranch is following policy and procedures and meets all provisions of the standard.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 792">(a) Procedures Manual Part: 12 Sections: 12.01 XXXIV Agency Protection Duties Policy was reviewed by the auditor. If a resident is subject to a substantial risk of imminent sexual abuse the department takes immediate and appropriate steps to protect the resident. The facility will employ multiple protective measures including but not limited to custody and housing changes, special management plans, no contact status, emotional support services, or transfer for youth/resident victim or abuser. Options include removal from the Pod, or if a staff member is involved they would be escorted from the area where the youth is. The staff member would be placed on administrative leave during the investigation. A referral is made to mental health to create a system to keep the resident safe. Staff is required to respond immediately and to notify the manager on call. If the program manager cannot be reached the deputy chief is contacted. Email is not used in this case; a call is required for any PREA incidents. The deputy chief, probation manager, and staff were interviewed by the auditor to determine compliance with this standard. The staff interviewed knew their responsibilities in regards to immediately removing the youth from the situation in order to keep them safe. In the past 12 months, the facility reported there were no PREA incidents where it was determined a youth was subject to a substantial risk of imminent sexual abuse. During interviews with the deputy chief, superintendent/PREA coordinator, PREA compliance manager, supervisors, and staff interviews no incidents were reported during the previous 12 months where it was determined a youth was subject to a substantial risk of imminent sexual abuse. All provisions of 115.362 are compliant with the standard.</p> <p data-bbox="229 792 1509 842">All provisions of the standard are met.</p> <p data-bbox="229 842 1509 896">SCC- William James Ranch Meets Standard 115.362</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 371">(a) If a resident was abused while confined at another facility the deputy chief or probation manager of the facility or designee will notify the facility where the alleged abuse occurred and shall also notify the appropriate law enforcement agency and CPS</p> <p data-bbox="229 371 1509 495">(b)(c) Procedures Manual Part:12 Sections:12.01 XXXV states the notification will be done as soon as possible but no later than 72 hours after receiving the allegation. The deputy chief or the facility probation manager or designee shall document notification has been given.</p> <p data-bbox="229 495 1509 680">(d) Allegations go through the chain of command. The PREA coordinator/superintendent is the point of contact. The manager notifies the deputy chief. If the allegations from another agency involve staff they are removed from the facility immediately. If the allegation happened at another facility the PREA Flow Chart would be followed. No allegations have been received during the audit period. The auditor reviewed policy and procedures and conducted interviews with the deputy chief and PREA coordinator to determine compliance with all provisions of this Standard.</p> <p data-bbox="229 680 1509 752">SCC-William James Ranch Meets Standard 115.363</p>

115.364	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a)(b) Procedures Manual Part: 12 Section: 12.01 XXXVI requires staff to follow policy and procedures which is outlined in the Santa Clara County Probation- 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 Morgan Hill Police Department. The facility is committed to a coordinated and victim centered care approach involving first responders, facility staff, Morgan Hill Police Department, Child Protective Services, YWCA victim advocate, medical staff, mental health staff, PREA coordinator, PREA compliance manager, and the Deputy Chief of Institutions. When the auditor interviewed security staff who are first responders, middle and upper management, mental health, and medical staff all knew their responsibilities as outlined in PREA policy and procedures including the Institutions Plan for Coordinated Response to Sexual Abuse or Assault Flow Chart. First responder staff separates the victim from the alleged perpetrator, contacts the on duty supervisor who notifies the PREA compliance manager, PREA coordinator/facility manager, and the Deputy Chief are also notified. Morgan Hill Police Department is called to conduct the investigation and process the crime scene evidence which is protected by facility staff until an officer arrives. Morgan Hill Police Department works to enhance the victim's safety, collaborating with the probation department for transportation to and from Valley Medical Center exam site, interviewing the victim, requesting crime lab analyses, reviewing medical and lab reports, preparing and executing search and arrest warrants, writing the report, and presenting the case to the district attorney's office. The YWCA victim advocacy is contacted first thing to support the victim during the processes. Services include offering emotional support, crisis intervention, information, referrals during the process, and accompany the victim to the exam site. Medical and mental health staff assesses the victim for acute medical needs and transport to Valley Medical Center to provide stabilization, forensic examination and treatment. There were no incidents during the audit period requiring security staff to protect the evidence. There were no instances where a security or non- security staff were first responders.</p> <p>The auditor reviewed policy and procedures including the Coordinated Response to Sexual Abuse flow chart and conducted staff interviews to determine all provisions of standard 115.364 are met. The flow chart outlines includes all details necessary for a coordinated response and is a great information tool outlining steps to be taken.</p> <p>All provisions of the standard are met.</p> <p>SCC- William James Ranch Meets Standard 115.364</p>
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115.365	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Probation Department Juvenile Ranches Procedures Manual Part: 12 Section: 12.02- Sexual Assault Coordinated Response Plan was reviewed by the auditor. 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, PREA coordinator/superintendent, facility probation managers, PREA compliance manager, and the Deputy Chief for Institutions. The role of each responding party shall be as follows: The first responder staff will follow the steps outlined in the policy under staff first responder duties. The staff informs the supervisor on duty, the supervisor will notify the probation manager who in turn informs the deputy chief. Morgan Hill Police Department is notified in all PREA incidents where violation of the law is suspected. Morgan Hill Police Department is responsible for, conducting the investigation, working to enhance victims safety, collaborating with the probation department to arrange for victims transportation to and from the exam site as needed, interviewing victims in a language they understand, collecting evidence from the scene and processing the crime scene evidence, coordinating collection and delivery of evidence to designated labs or law enforcement facilities, requesting crime lab analyses, reviewing medical and lab reports, interviewing suspects and witnesses in a language they understand, preparing and executing search and arrest warrants, writing reports and presenting the case to the district attorney's office. Victim advocates from the YWCA rape crisis center is involved in the 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, information, language assistance services, including interpreters, referrals during the process, and help to ensure that victims have transportation and are accompanied to and from the exam site. James Ranch staff also accompanies the victim to the hospital. Advocates will provide comprehensive, longer term services designed to aid victims in addressing any needs related to the assault including but not limited to counseling, legal, and medical system advocacy. When the auditor interviewed YWCA staff members it was reported that response time to James Ranch within 30 mins to an hour. 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.</p> <p>The auditor reviewed policies and procedures and interviewed the PREA Coordinator, Duty Chief, and YWCA staff to determine which all provisions of standard 115.365 are met. Interviews verified agency personnel know their duties for a coordinated response to an incident of sexual abuse.</p> <p>All provisions of the standard are met.</p> <p>SCC-William James Ranch Meets Standard 115.365</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1477 398">(a)(b) Procedures Manual Part:12 Sections: 12.01 XXXVIII A. In accordance with the department's policy on anti-retaliation the facility will employ multiple protection measures including custody and housing changes, special management plans, no contact status, transfer of the youth victims or abusers, and emotional support services for youth or staff who fear retaliation for reporting sexual abuse or for cooperation with investigations.</p> <p data-bbox="240 430 1477 488">B. During law enforcement investigations and the administrative review process accused staff member will be placed on "no contact status" if there is an allegation of child abuse, sexual harassment or sexual misconduct.</p> <p data-bbox="240 519 1409 577">C. Employee/staff placed on "no Contact Status" will not be allowed contact with any youth until the completion of the required investigation.</p> <p data-bbox="240 609 1393 636">E. The employee/staff may be placed on paid administrative leave until the completion of the required investigation.</p> <p data-bbox="240 667 1477 824">F. Santa Clara County Probation Department nor any other governmental entity responsible for collective bargaining on the departments behalf shall enter into or renew any collective bargaining agreement that limits the department's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extend discipline is warranted. Santa Clara County Probation has not entered into any new collective bargaining agreements for the James Ranch Facility during the audit period.</p> <p data-bbox="240 855 1442 918">The auditor has determined the agency policy is compliant with the standard. Interviews with the Deputy Chief Probation Officer and PREA Compliance Manager/Superintendent verified the agency follows all provisions of the Standard.</p> <p data-bbox="240 949 799 976">SCC- William James Ranch Meets Standard 115.366</p>

115.367	Agency protection against retaliation
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 600">(a-1) Procedures Manual Part:12 Section:12.01 XXXIX Santa Clara County Policy against discrimination, harassment, and retaliation as well the County 24/7 whistleblower program prohibits retaliation for reporting any governmental improprieties. Policy and Procedures on the minor's rights to filing a grievance and exercising their rights under this process were reviewed by the auditor. Ranch Policy and Procedure Part 08, Section 08.03- Grievance Policy and Procedure state the "At no time may any action be taken by a counselor or the Administration against any minor filing a grievance and exercising his or her rights to the process." The probation department encourages its staff, youth, contractors, volunteers, interns, visitors/special guest, and other individuals to make good-faith reports of staff on youth, youth on youth sexual abuse, sexual harassment and sexual misconduct incidents. Policy states to ensure the safe custodial care of youth and provide healthy work environment for all through such reports is vital to the well-being of the entire department and the community it serves. Retaliation as a response to such a report will not be tolerated.</p> <p data-bbox="240 631 1485 891">(a-2) The PAQ reports the agency designated staff member in charge with monitoring for possible retaliation is the PREA Coordinator/Program Manager. During the interview process the auditor was told the treatment supervisor is directly in charge of retaliation and overseen by the managers. Others reported everyone monitors for retaliation and are trained for it, but it would mainly be the supervisors job to monitor for retaliation. Upper management and security staff interviewed were knowledgeable on the policies and procedures in place to protect youth from retaliation and take the job of protecting youth seriously. Policy states program managers and unit supervisors monitor for retaliation. James Ranch is not compliant with (a-2) as it is not clear who specifically monitors for retaliation. The policy and procedures, PAQ, and interviews stated different answers for who is responsible for monitoring for retaliation.</p> <p data-bbox="240 922 1485 1079">(b) The County of Santa Clara Policy against discrimination, harassment and retaliation includes the department's anti-retaliation policy as contained in the Administration Policy and Procedures Manual. The auditor interviewed the Deputy Chief Probation Officer and Program Manager/PREA Coordinator to determine the appropriate policies and procedures are in place in order to protect staff and residents from retaliation for sexual abuse allegations. The auditor was told the treatment supervisor would periodically follow up with the youth and monitor the JAS notes.</p> <p data-bbox="240 1111 1485 1541">(c) Procedures Manual Part:12 Section:12.01 XLI Scope of Anti-Retaliation Policy states for at least a 90 day period following a report of sexual abuse, sexual harassment/sexual misconduct the probation managers and unit supervisors monitor the conduct or treatment of the youth or staff who reported the abuse/harassment/misconduct and victims to determine if retaliation is occurring. Policy states at each 90 day period following a report of sexual abuse, sexual harassment, or sexual misconduct, the probation managers and unit supervisors will monitor the conduct or treatment of the youth or staff who reported the abuse/harassment/misconduct and the victims to determine if retaliation is occurring. Items to be monitored include but are not limited to youth disciplinary reports, status checks, housing, or program changes, negative performance reviews or reassignment of staff. The obligation to monitor terminates if the allegation is determined unfounded. During interviews it was reported to the auditor monitoring for retaliation is done by all staff members who periodically follow up with the youth. It was reported the treatment supervisor monitors by periodically following up with the youth and staff and by looking at the JAS notes. Monitoring continues for the duration of the case or if unfounded monitoring is ended. During interviews it was not reported to the auditor that monitoring is done for a 90 day period. James Ranch is not compliant with this provision of the standard. There were no incidents of retaliation during the audit period.</p> <p data-bbox="240 1572 1485 1765">(d) Policy and Procedures Manual Part: 12 Section 12.01 XLI J. states probation managers and supervisors will monitor the conduct or treatment of youth or staff who reported the abuse/harassment/misconduct and the 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. James Ranch is compliant with the provision of this standard. During interviews it was reported to the auditor that status checks are done as part of monitoring for retaliation.</p> <p data-bbox="240 1796 1007 1823">(e) Policy states protective measures for youth includes, but is not limited to:</p> <ol data-bbox="272 1877 1050 1971" style="list-style-type: none"> 1. Housing changes or transfers for youth victims or abusers, 2. Removal of alleged youth abusers from contact with the victims, 3. Provision of emotional, medical, and mental health services for the victims. <p data-bbox="240 2002 1485 2128">It was reported to the auditor during interviews with upper management and security staff safety, security, and well-being of the alleged victim is primary in these decisions. Youth interviewed knew their rights to be free from retaliation for reporting sexual abuse and/or sexual harassment. The youth reported feeling safe in the facility. There were no incidents requiring monitoring for retaliation during the audit period.</p>

All of the provisions of standard 115.367 are met except (a-2) and (c).

Corrective Action

(a-2) Policy states program managers and unit supervisors monitor for retaliation. During interviews the following standard requirements were not included as part of monitoring for retaliation explained to the auditor.

1. Making sure protective measures are employed for 90 days following a report of sexual abuse,
2. Protective measures continue beyond 90 days if the initial monitoring indicates a continuing need,
3. Documentation of protective measures taken.

(c) The facility shall monitor the treatment of youth or staff who report sexual abuse for changes that may suggest possible retaliation for at least 90 days following a report of sexual abuse and beyond 90 days if the initial monitoring indicates a continuing need.

The auditor will make a corrective action visit September 2021. The auditor will interview the person responsible for making sure protective measures are employed for 90 days following a report of sexual abuse, what protective measures are utilized, how the facility makes the decision to continue beyond 90 days if needed, and how protective measures are documented per standard 115.367. If there has been an incident requiring monitoring for retaliation during the corrective action phase the auditor will review documentation.

SCC- William James Ranch Does Not Meet Standard 115.367 (a-2) and (c)

Corrective action is due November 14, 2021.

During the corrective action visit on October 14, 2021 the auditor interviewed the Agency Wide PREA Coordinator and the PREA Compliance Manager in regards to monitoring for retaliation. The PREA Retaliation Monitoring Process is as follows:

The Incident/Complaint is submitted and an Incident Report (IR) is written. The involved youth is monitored for a minimum of 90 days.

Retaliation Monitoring consists of the Probation Counselor (PC) during weekly individual counseling sessions will include a check-in with the youth for retaliation.

If retaliation indicators are discovered (e.g., bullying, physical altercations, withdrawn demeanor, decline in program growth, housing classification change, unwarranted discipline) they will be immediately reported to the Treatment Supervising Probation Counselor (TSPC) and the PREA Coordinator/Manager. The treatment team will develop appropriate protective measures such as housing change, transfer staff or youth to Juvenile Hall if they are retaliating against victim, increase staff supervision to protect victim, provide extra mental health support. Protective measures taken will be documented in the JAS system, on the IR, and quarterly PREA review meeting.

During PREA Quarterly Review meetings all individuals monitored for retaliation and protective measures taken will be discussed.

Documentation includes information gathered during individual counseling sessions will be entered into the youth's electronic file (JAS).

TSPC conducts monthly audits of the JAS notes including review for retaliation.

Ranch Manager enters final disposition on IR after 90-day period, including follow-up monitoring and protective measures , if needed.

The PREA Compliance Manager and will oversee the above process for all PREA incidents when possibility of retaliation is present.

SCC- William James Ranch Meet Standard 115.367 (a-2) and (c)

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 499">Policy and Procedures Manual Part:12 Section:12.01 XLV and Ranch Policy and Procedures Manual, Part 06, Section 06.04 Use of Force/Restraint states all youth under supervision have a right to be free from unreasonable restrictive conditions including isolation. The PREA compliance manager, medical and mental health staff, and random staff interviewed confirmed James Ranch does not use isolation for protective custody. The facility does not have any type of isolation areas for youth. For protection the victim goes to the clinic and the perpetrator would be transferred to Juvenile Hall. The facility has several effective ways to protect residents by utilizing different housing and programing decisions. James Ranch does not use isolation for protective custody and meets all provisions of the standard.</p> <p data-bbox="244 528 794 555">SCC-William James Ranch Meets Standard 115.368</p>

115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Procedures Manual Part:12 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 Morgan Hill Police Department and administrative investigations are handled by Santa Clara County Probation Department Office of Internal Affairs. The Internal Affairs investigator reported investigations go to Deputy Chief who then assigns them to an investigator. Investigations are started in a timely manner so the youth and witnesses are readily available. All allegations of sexual abuse and sexual harassment are investigated in the same way including third-party and anonymous reports. During the audit period there were no PREA Investigations by Internal Affairs.</p> <p>(b) XLVII B. The department will ensure Internal Affairs Investigators receive specialized training in sexual abuse investigations. Investigators are required to attend three days of job training on investigations and PREA Training. The training includes techniques for interviewing sexual abuse victims and perpetrators. Investigators attend Multidisciplinary Techniques for Victim's of Sexual Abuse. The training certification and curriculum was reviewed by the auditor.</p> <p>(c) XLVL states all reports of sexual abuse believed to be criminal in nature shall be reported to the Morgan Hill Police 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 Morgan Hill Police Department.</p> <p>(d) Policy states the agency will not terminate an investigation solely because the source of the allegation recants. Part of the investigation is looking at why a victim recants the allegation.</p> <p>(e) XLVII If a law enforcement investigation is opened the department will cooperate and coordinate with law enforcement as to the timing and process of the investigation to ensure the integrity of the IA and law enforcement investigations to avoid any complications associated with Garrity Rights. The Police Department conducts interviews first.</p> <p>f) XLVII H. The Department prohibits youth who report abuse or cooperate in the investigation of abuse from taking a polygraph test. Alleged victim, suspect, or witness is always seen as credibility. If they report it did not happen the investigation still takes place. Investigative staff interviewed states there can be many reasons a victim recants and IA staff look at that too, as part of the investigation. Investigators report trusting the victims story and working to verify. Looking at the facts and remaining non judgment is an important part of the investigation.</p> <p>(g)(h) XLVII G Investigating staff includes the following in the written report: date, victim information, location, time, allegations, witnesses, department identified as policy violations, and documentation. Also included are criminal reports, minor's case notes, clinic reports (with parent approval), photographs, markings, and interview transcripts. The finding is in the report and includes whether or not agency policies were violated and if so which ones. 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, the reasoning behind credibility assessments, and investigative facts and findings.</p> <p>(i)-1, 2 Substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were no PREA incidents at James Ranch referred for prosecution since the last PREA audit.</p> <p>(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.</p> <p>(k) Interviews confirmed the policy that termination of an employee does not affect the proceeding of the investigation. SCC- Internal Affairs investigates staff cases once Morgan Hill Police Department does their investigation.</p> <p>(m) A staff on youth case is investigated by the Morgan Hill Police Department in tandem with Santa Clara County Probation Internal Affairs. When the Police 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.</p> <p>All of the policies and procedures reviewed by the auditor are in compliance with the provisions of the standard. Interviews conducted with the Agency Wide PREA Coordinator, Program Manager/PREA Compliance Manager, and Investigative Staff verified policy is being followed and the auditor has determined the agency meets all provisions of standard 115.371.</p> <p>SCC-William James Ranch Meets Standard 115.371</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:12 Sections: 12.01 XLVIII. The evidential standard 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 standard shall be consistent with PREA Standard 115.372 Evidential Standards for Administrative Investigations. Santa Clara County Probation Department does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor reviewed policy and procedures and interviewed investigative staff to determine compliance with this standard.</p> <p>All provisions of the standard are met.</p> <p>SCC-William James Ranch Meets Standard 115.372</p>

115.373	<p>Reporting to residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a)(b) Procedures Manual Part: 12 Sections: 12.01 XLIVA. States following an investigation into an allegation of sexual abuse whether by a resident or a staff member the victim will be notified as to whether the allegation has been determined to be substantiated or unsubstantiated. The Morgan Hill Police Department provides a written copy of the investigation report to James Ranch with relevant information in order to inform the resident.</p> <p>(c) The victim shall be notified of criminal and administrative actions regardless of the following circumstances:</p> <ol style="list-style-type: none"> 1. The staff member is no longer posted with the resident unit. 2. The staff member is no longer employed by the department. 3. The department learns that the staff member or the resident has been indicted on a charge related to sexual abuse within the facility 4. The department learns that the staff member or resident has been convicted on the sexual abuse charge. <p>(d) After a youth makes an allegation that he or she has been sexually abused by another youth at James Ranch a program manager informs the alleged victim whenever:</p> <ol style="list-style-type: none"> 1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; 2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility <p>(e) In all resident victim notifications whether the perpetrator is a staff member or a resident, the department/facility shall document such notifications or attempted notifications. The PREA Compliance Program Manager notifies the residents of the outcome. If there is an outside investigation the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. Santa Clara County Juvenile Probation documents the notification of residents as to the outcome of the investigation by using the PREA Youth Notification form which is signed by both staff and residents when notification is complete.</p> <p>Interviews with the PREA Compliance Manage/Program Manager and IA Investigator confirmed youth at the facility are notified by the PREA Youth Notification Form or send a registered letter by Internal Affairs if the investigation involves a staff member. The three all allegation listed in the PAQ did not meet the PREA standards definitions of a PREA incident. The allegations were also unfounded by the Morgan Hill Police Department. There were not allegations of sexual abuse or sexual harassment during the audit period.</p> <p>All provision of the standard are met.</p> <p>SCC- William James Ranch Meets Standard 115.373</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <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 participates in or permits the unlawful discrimination, harassment or bullying of residents 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 and since the last PREA audit no staff violations of agency sexual abuse or sexual harassment policies have occurred at James Ranch. There were no PREA incidents involving James Ranch staff members during the audit period.</p> <p>(c) PREA policy states staff members involved in allegations of sexual abuse and/or sexual harassment will be disciplined including reprimand, suspension and/or termination. Discipline depends 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 policies against sexual abuse or sexual harassment including staff that have been terminated or resigned are reported to the Morgan Hill Police Department and the office of Internal Affairs for investigation.</p> <p>The PREA Policy meets all provisions of the standard. Interviews with Upper Management and Internal Affairs verified no PREA incidents involving a staff member during the audit period occurred and policy and procedures are followed.</p> <p>All provisions of the standard are met.</p> <p>SCC-William James Ranch Meets Standard 115.376</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1485 398">(a) Procedures Manual Section: 12 Part: 12.01XLVIC- Policy states if a contractor or volunteer engages in sexual abuse they shall be prohibited from contact with the residents and shall 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 contractors or volunteers during the audit period.</p> <p data-bbox="244 432 1485 589">(b) Corrective action includes removing the contractor or volunteer from the facility. The Morgan Hill Police Department and/or Internal Affairs will investigate or if not criminal in nature the matter will be turned over to the agency the contractor is from and terminated from working at the facility. The Contract Agency would be contacted. Contract staff interviewed had received the PREA training and understood the disciplinary sanctions. During the audit period no volunteers have been at the facility due to COVID19 restrictions.</p> <p data-bbox="244 622 1469 750">All provisions of Standard 115.377 are met. The policy and procedures were reviewed and the PREA Compliance Manager confirmed the contractor or volunteer involved in the incident would be referred to the Morgan Hill Police Department for investigation. If there is any question of inappropriate behavior on the part of a contractor or volunteer it is reported to the agency they work under and are not allowed to have contact with the youth and are no longer allowed at the facility.</p> <p data-bbox="244 779 624 806">All provisions of the standard are met.</p> <p data-bbox="244 835 715 862">SCC- James Ranch Meets Standard 115.377</p>

115.378	<p>Interventions and disciplinary sanctions for residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Policy: 12 Section: 12.01 XLVII Intervention and Disciplinary Sanction for Residents and Juvenile Hall Policy and Procedures Manual, Part 04, Section 4.01- Behavior Controls of Minors were reviewed by the auditor. Juvenile on juvenile sexual activity is prohibited at James Ranch. 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 youth. If a youth is found to be guilty of such contact appropriate discipline will be applied. There are a variety of disciplinary actions that can take place depending on the severity of the incident. Discipline may include being moved to a lower level due to grading for the week, a ranch program failure resulting in the youth being transferred to Juvenile Hall, and/or arrest by Morgan Hill Police Department which may result in new charges. During the audit period there were no incidents of youth on youth or youth on staff sexual abuse.</p> <p>(b) Isolation is not used as a disciplinary sanction at James Ranch. Disciplinary sanctions can include new charges being filed, assessment of housing and the protection of other minors, or failing the ranch program and being transferred to Juvenile Hall.</p> <p>(c) The department ensures the disciplinary process considers whether a youth's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed. Mental disability or mental illness is considered when determining sanctions. However, sexual assaults are still referred to the district attorney.</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 youth 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 youth on youth sexual activity and disciplines youth involved in activity that the agency constitutes to be sexual and coerced.</p> <p>The facility meets all provisions of this standard. Isolation is not used at James Ranch. The PREA Coordinator/Program Manager, Medical and Mental health staff was interviewed and knowledgeable of the agency PREA policy in regards to interventions and disciplinary sanctions for residents.</p> <p>All provisions of the standard are met.</p> <p>SCC-William James Ranch Meets Standard 115.378</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 190 1509 250">Auditor Discussion</p> <p data-bbox="229 250 1509 369">(a)(b) Policy Part: 12 Section: 12.01 XLVII states a youth who reports prior sexual victimization or perpetrated sexual abuse will be seen by medical or mental health within 14 days. The referral is made by a verbal requests and the mental health referral sheet.</p> <p data-bbox="229 369 1509 593">(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 includes housing, education, and program assignments. During interviews it was reported if a youth is identified as being at risk due to prior sexual victimization or perpetrated sexual abuse a mental health referral is done. The treatment supervisor is notified immediately so the information can be taken into account for placement decisions. All youth are seen by medical and mental health staff as part of the initial assessment.</p> <p data-bbox="229 593 1509 683">(d) Interviews with mental health and medical practitioners confirmed informed consent from residents who are over18 is obtained per policy.</p> <p data-bbox="229 683 1509 772">The auditor reviewed policy and procedures and conducted interviews with mental health, medical staff, and risk screening staff to determine James Ranch is compliant with all provisions of this standard.</p> <p data-bbox="229 772 1509 844">SSC-William James Ranch Meets Standard 115.381</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a)(b) The auditor reviewed PREA Policy and Procedures Manual Part:12 Section:12.1 XLIX, Juvenile Hall Policy and Procedures, Part 02, Section 2.01 Medical and Dental Services/Medical Emergency Procedures, and Part 2, Section 2.03- Mental Health Services, and Ranch Policy and Procedures Manual, Part 10,Section 10.01-Medical Programs , Part 05,Section 05.01- Programs , and Administrative Policy and Procedures Manual, Part 500, Section 503- Critical Incidents Santa Clara County Probation-Institutions and Plan for Coordinated Response to Sexual Abuse or Assault (Flow chart). Medical and mental health staff maintains secondary materials documenting emergency medical treatment, and crisis intervention services provided to all juveniles involved in an alleged PREA incident. Medical logs are kept by the medical staff where a record of sessions with the youth is maintained. 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 immediately notify appropriate medical and mental health staff. Santa Clara Valley Health and Hospital System Juvenile Custody Health Services 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). James Ranch staff will refer the alleged victim to a trained community rape crisis counselor (YWCA) to act as an advocate as soon as possible. Staff acts as an advocate for a minor's health and safety at James Ranch. The medical staff has a log in the clinic where it is documented if a youth uses the red phone. The log is confidential. The RN who performs a nursing assessment is documented in the medical notes. If the minor alleges 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. If the minor alleges over 72 hours has passed a mental health services referral is made. The RN may send the minor to the emergency department past 72 hours after consultation with the on call psychiatrist.</p> <p>(c) Victims of sexual abuse are offered information about and timely access to emergency contraception and sexually transmitted infections prophylaxis at Santa Clara County Valley Medical Center as part of the Sexual Assault Response Team exam and services. Victim advocates for the rape crisis center and the James Ranch nurse provide information and counseling for sexual abuse victims.</p> <p>(d) Policy states medical and mental health services will be provided to the resident free of charge. Interviews with upper management and medical/mental health staff confirmed that services are free to youth.</p> <p>The auditor reviewed policies and conducted staff interviews to determine compliance. There was no sexual abuse or sexual assaults during the audit period requiring emergency medical or mental health service. According to the James Ranch PAQ and interviews with the medical, mental health, and the YWCA staff members there were no youth at James Ranch who reported sexual abuse while in placement at James Ranch. There were no sexual abuse incidents during the audit period or since the last PREA audit. Through policy and procedure review and interviews the auditor determined James Ranch meets all provisions of the standard.</p> <p>SCC-William James Ranch Meets Standard 115.382</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>(a)(b) Procedures Manual Part: 12, Section: 12.01 XLIX L. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. The facility offers medical and mental health evaluations and treatment to youth who have been a victim of sexual abuse in the facility. Medical and mental health staff confirmed during interviews evaluation and treatment includes follow-up services, treatment plans, and referrals for continued care following the transfer 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 YWCA and other community services to ensure ongoing medical and mental health evaluations and treatment. Medical staff set up care with a public health nurse which links the youth to services in the community. The Nurse and Family Partnership Program NFPH supports pregnant youth by arranging checkups, hospital care, 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. The Re-entry/Aftercare case manager will provide youth with follow up referrals to ensure continuity of care in accordance with Ranch Policy and Procedures Manual, Part 04, Section 04.04- Multi-Disciplinary Team Meetings (MDT). The YWCA staff members told the auditor services are ongoing for as long as the youth requests. Services are available if the sexual abuse happened in the facility or out in the community before placement.</p> <p>(a)(b) Procedures Manual Part: 12, Section: 12.01 XLIX L. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. The facility offers medical and mental health evaluations and treatment to youth who have been a victim of sexual abuse in the facility. Medical and mental health staff confirmed during interviews evaluation and treatment includes follow-up services, treatment plans, and referrals for continued care following the transfer 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 YWCA and other community services to ensure ongoing medical and mental health evaluations and treatment. Medical staff set up care with a public health nurse which links the youth to services in the community. The Nurse and Family Partnership Program NFPH supports pregnant youth by arranging checkups, hospital care, 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. The Re-entry/Aftercare case manager will provide youth with follow up referrals to ensure continuity of care in accordance with Ranch Policy and Procedures Manual, Part 04, Section 04.04- Multi-Disciplinary Team Meetings (MDT). The YWCA staff members told the auditor services are ongoing for as long as the youth requests. Services are available if the sexual abuse happened in the facility or out in the community before placement. Services include emotional support, medical care, and other support services as required or requested by the youth.</p> <p>(c) The facility provide victims medical and mental health services consistent with the community level of care according to policy and medical and mental health staff interviews. The nurse manager told the auditor services are definitely equal to and probably better than in the community. A lot of the resources are not know in the community and at James Ranch youth have a lot more options they may not have access to in the community.</p> <p>(d)(e) Medical staff interviewed reported female youth who are a victim of sexual abuse while incarcerated will be provided a pregnancy test. The victim will receive the pregnancy test results in a timely and comprehensive manner to access lawful pregnancy related medical services.</p> <p>(f)(g) Youth 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 any investigations arising out of the incident.</p> <p>(h) The facility conducts a mental health evaluation of all know youth on youth abusers within 60 days of learning of the abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>During the audit period or since the last PREA audit no sexual abuse or assaults have occurred at James Ranch. Policies and procedures were reviewed by the auditor and meet all provisions of this standard. Youth victims of sexual abuse are provided access to emergency medical treatment and crisis intervention for emotional, medical, and mental health support through a variety of ways. Medical and mental health and YWCA staff interviewed showed commitment and compassion when treating victims of sexual abuse. The YWCA staff members reported to the auditor services is ongoing as long as the youth requests their involvement. The follow up care and programs in place to help the victim upon leaving the facility are ongoing and exceeds the standard.</p> <p>All provisions of standard 115.383 are met.</p> <p>SCC-William James Ranch Exceeds Standard 115.383</p>

115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>(a)(b) Procedures Manual Part: 12 Section: 12.01LI Sexual Abuse Incident Review states the facility will conduct a sexual abuse incident review within 30 days of the conclusion of the investigation. During the previous 12 months there were no PREA incidents. James Ranch holds Quarterly- PREA Review Board meetings led by the PREA Coordinator. There were no PREA Incidents during the audit period requiring a review within 30 days.</p> <p>(c) The Incident review team is lead by the PREA Coordinator/Program Manager. In attendance is Starlight staff members (mental health) and the PREA Compliance Manager. Input from the supervisor and security staff are provided in the form of a report. If the incident requires an investigation by the Morgan Hill Police Department the report is reviewed during the meeting. If medical staff provided support and/or treatment during the incident they attend the meetings or provide a report.</p> <p>The PREA Review Board desired results includes:</p> <ul style="list-style-type: none"> • Case reviews • Recommendations for system and process improvement • Staffing review to ensure compliance • PREA Protocols- Review quarterly PREA related incidents and provide recommendations to improve on internal processes • Purpose- To host a quarterly review to evaluate PREA incidents and improve upon response, reporting, and documentation . To remain in compliance with all PREA standards. • Meeting Design- Discuss PREA related incidents and make recommendations for process improvement. • Review of incidents and recommendations. • Staffing is discussed and maintaining PREA standard ratios • Open discussion and closure. <p>James Ranch exceeds this provision of the standard as quarterly PREA Review Board meetings take place even if the incidents are not categorized as PREA. During the audit period the PREA Review Board notes included unfounded PREA Incidents which were reviewed by the board.</p> <p>(d) The review team considers the following areas and prepares a report of its findings which includes any recommendations for improvement.</p> <ul style="list-style-type: none"> • Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. • If the incident or allegation was motivated by race, ethnicity, gender identity, status or perceived status, gang affiliation, or was caused by other group dynamics at the facility. • The team examines the area in the facility where the incident allegedly occurred to determine physical barriers in the area. • The adequacy of staffing levels in a particular area and during different shifts. • 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. James Ranch did not have any PREA incidents during the audit period. The incidents reviewed during the audit period by the Quarterly- PREA Review Board discussed recommendations and follow up of the recommendations.</p> <p>James Ranch meets all provisions of the standard. The auditor reviewed policy and procedures, incident reports, conducted interviews with the incident review team, and reviewed Quarterly-PREA Review Board notes for the audit period. James Ranch exceeds standard 115.386 by having Quarterly PREA Review Board meetings when there are no PREA Incidents requiring a 30 day review by the team. During the audit period the meetings were held by SKYPE due to COVID19 restrictions.</p> <p>All provisions of the standard are met.</p> <p>SCC- William James Ranch Exceeds Standard 115.386.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b)(c) The auditor reviewed Procedures Manual Part: 12 Section: 12.01 LIV Data Collection. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. The facility uses the worksheet to track data for the annual survey of sexual abuse the facility maintains, reviews, and collects data from incident based documents which includes reports, investigation files, and sexual abuse incident review meeting notes. If a staff or youth has been involved in a PREA incident the information will be stored in their file. The data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice is included. All allegations and reports of sexual abuse/assault, sexual harassment and staff sexual misconduct are documented in accordance with Juvenile Hall Policy and Procedures Manual, Part 07, Section 07.02- Incident Reports. The Agency Wide PREA Coordinator keeps the data and insures it is secure. 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 when a staff member is involved in the incident.</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 Santa Clara County Juvenile Probation does not contract with private facilities for the confinement of its residents.</p> <p>In reviewing policy and procedure and interviewing upper management it was determined that James Ranch meets all provisions of Standard 115.387.</p> <p>SCC-William James Ranch Meets Standard 115.387</p>

115.388	<p>Data review for corrective action</p> <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>(a) Procedures Manual Part: 12 Section: 12.01LII Data Review of Corrective Action was reviewed by the auditor. Policy states the PREA Coordinator reviews data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The Deputy Chief Probation Officer reported incident based sexual abuse data is used to look at incidents and see if there is something that can change to make improvements. The Agency Wide PREA Coordinator is in charge of quality assurance and looks at areas to improve on. Data reviewed includes behavioral health information, custody events, use of red phone, and Police Department interviews. The information is retained in the Juvenile Records System. The agency takes action on an ongoing basis. 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>(b) The report includes a comparison of the current year's data and corrective actions with those from prior years to provide an assessment of the agency progress in addressing sexual abuse. The annual report for 2019, 2018, 2017, 2016, and 2015 were reviewed by the auditor. The 2020 report is being finalized at this time.</p> <p>(c) The annual reports for 2015, 2016, 2017, 2018, 2019 have been approved by the agency head and are published on the agency website for the public to view.</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>The auditor reviewed policy; data published on the agency website, and conducted interviews to determine all provisions of Standard 115.387 are met. The report meets all provisions of this standard and exceeds expectations by being comprehensive and educational in regards to the agencies mission in protecting the residents and staff from sexual harassment and/or sexual abuse.</p> <p>All provisions of the standard are met.</p> <p>SCC- William James Ranch Exceeds Standard 115.388</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 371">(a) Policy and Procedures Manual Section: 12, Part: 12.01 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 collects the data and is responsible for keeping the data secure.</p> <p data-bbox="229 371 1509 488">(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. The 2019 report is on the agency website and was reviewed by the auditor.</p> <p data-bbox="229 488 1509 582">James Ranch 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="229 582 1509 645">All provisions of the standard are met.</p> <p data-bbox="229 645 1509 707">SCC- William James Ranch Exceeds Standard 115.389</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 405">115.401(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. Santa Clara County Juvenile Probation has two facilities- Juvenile Hall and William F James Ranch. Both facilities have been audited during each audit cycle to date.</p> <p data-bbox="229 405 1509 528">(b) During the third audit cycle starting Aug 20, 2019 the agency has ensure that at least one-third of its juvenile facilities has been audited each year by a DOJ certified juvenile PREA auditor. Juvenile Hall was audited during the first year of the current audit cycle and James Ranch during year two of the current audit cycle.</p> <p data-bbox="229 528 1509 629">(h) While auditing James Ranch the auditor was given access to all areas of the facility and was able to observe programing in all areas of the facility.</p> <p data-bbox="229 629 1509 752">(i) During the pre-audit, audit, and post audit the auditor receive copies of all request documents. Documentation was uploaded to the OAS by the facility, emailed or hard copies were given to the auditor.</p> <p data-bbox="229 752 1509 831">(m) The auditor was given a private area to conduct interviews with the youth and agency and facility staff members as required by the PREA standard.</p> <p data-bbox="229 831 1509 965">(n) PREA audit postings were posted in the pods and throughout the facility where youth, staff, and families frequent. During interviews the auditor verified youth have access to materials needed to contact the auditor and correspondence is confidential.</p> <p data-bbox="229 965 1509 1021">James Ranch meets all provisions of the standard.</p> <p data-bbox="229 1021 1509 1081">James Ranch Meets Standard 115.401</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(f) Juvenile Hall most recent audit final report has not been posted to the agency website.</p> <p>115.403 SCC- James Ranch Does Not Meet Standard</p> <p>CORRECTIVE ACTION</p> <p>Juvenile Hall's final PREA audit report for the first year of the third audit cycle dated February 27, 2020 must be posted to the agency website per standard 115.403.</p> <p>Corrective action due November 14, 2021.</p> <p><i>A staff member in the Research and Development Department(RaD) works with ITD to ensure all Final PREA reports are posted to the agency website in a timely manner. All Final PREA reports are posted on the agency website.</i></p> <p>115.403 SCC- James Ranch Meets Standard</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.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	no
	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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
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.	yes
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	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	no
	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?	no
	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?	no
	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?	no
	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?	no
	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?	no
	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?	no
	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?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no
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.)	yes
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.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes