

# PREA Facility Audit Report: Final

**Name of Facility:** Yuma County Juvenile Court

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 10/15/2018

**Date Final Report Submitted:** 03/07/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Elaine Brideschge	<b>Date of Signature:</b> 03/07/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Brideschge, Elaine
<b>Address:</b>	
<b>Email:</b>	ebridsch@courts.az.gov
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	09/19/2018
<b>End Date of On-Site Audit:</b>	09/21/2018

FACILITY INFORMATION	
<b>Facility name:</b>	Yuma County Juvenile Court
<b>Facility physical address:</b>	2440 W 28th Street, Yuma, Arizona - 85364
<b>Facility Phone</b>	928-314-1900
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input checked="" type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input checked="" type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Jolene Hefner	<b>Title:</b>	PREA Coordinator
<b>Email Address:</b>	jhefner@courts.az.gov	<b>Telephone Number:</b>	928-314-1819

Warden/Superintendent			
<b>Name:</b>	Tim Hardy	<b>Title:</b>	Director
<b>Email Address:</b>	thardy@courts.az.gov	<b>Telephone Number:</b>	928-314-1813

Facility PREA Compliance Manager			
<b>Name:</b>	Grant Rader	<b>Email Address:</b>	Grader@courts.az.gov

Facility Health Service Administrator			
<b>Name:</b>	Correct Care Solutions- Wade McBride	<b>Title:</b>	Local Administrator
<b>Email Address:</b>	wademcbride@msn.com	<b>Telephone Number:</b>	928-287-1965

Facility Characteristics	
<b>Designed facility capacity:</b>	68
<b>Current population of facility:</b>	33
<b>Age range of population:</b>	8-17
<b>Facility security level:</b>	Minimum
<b>Resident custody level:</b>	Low/Med/High
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	42

AGENCY INFORMATION	
<b>Name of agency:</b>	Yuma County Juvenile Court
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2440 W 28th Street, Yuma, Arizona - 85364
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Jolene Hefner	<b>Email Address:</b>	jhefner@courts.az.gov
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## 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.

The PREA onsite audit of the Yuma County Juvenile Court in Yuma Arizona was conducted on September 19, 20, and 21, 2018 by Elaine Brideschge, from Valley Farms, Arizona, a U.S. Department of Justice Certified PREA Auditor for Juvenile Facilities. The purpose of the audit was to determine the degree of compliance with the Federal Rape Elimination Act (PREA) standards.

Six weeks in advance of the onsite audit, the auditor provided the PREA Coordinator with a flyer to be posted throughout the facility announcing the upcoming audit. The flyer explained the purpose of the audit and provided residents and staff with the auditors contact information. The Facility dated the flyer with the date when it was posted and the auditor has a photo of the displayed flyers. Pre-audit preparation included a thorough evaluation of all documentation and materials electronically submitted by the facility along with the data included in the pre-audit questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum and rosters, organizational chart, posters, brochures, and other relevant materials that were provided to determine compliance with the PREA standards. This review prompted questions that were submitted to the PREA Coordinator for review and clarification. Responses were submitted by the PREA Coordinator in a timely manner and reviewed by the auditor prior to the onsite audit. Additional documentation was also requested by the auditor and submitted to the PREA Coordinator.

The onsite portion of the audit was conducted over a three-day period: September 19, 20, and 21, 2018. During this time, the auditor conducted interviews with facility leadership, staff, and residents. The interviews were conducted consistent with Department of Justice PREA auditing expectations in content and approach utilizing the PREA Compliance Audit Instrument Interview Guides, as well as individuals selected for interviews (i.e. Facility Director, PREA Coordinator, specialized staff, random staff, residents, etc.). The auditor was able to ask additional questions to personnel to gain more information about certain practices of the facility. In addition, the auditor was able to verify through interviews specific protocols and clarify documentation submitted. An extensive facility tour was conducted which included observation of facility configuration, staff supervision of residents, housing, intake, classrooms, medical unit, visitation area, master control room, recreation areas, and administration areas. The auditor was able to view camera locations, showering areas, toilet facilities, and sleeping rooms. The auditor was able to informally talk to the residents, staff, and the master control officers.

While on the tour, the auditor was permitted full access to all areas of the facility. Notices of the PREA audit were observed posted in each housing unit. The auditor was escorted by the PREA Coordinator and the PREA Compliance Manager. The residents were selected randomly by the auditor using a current roster of residents. The auditor selected three residents from each of the four housing units, and to include interviews with nine males and 3 female residents.

At the time of the onsite visit, there were no residents to interview that met the criteria for residents in

isolation, or residents who were transgendered or intersex. Residents were interviewed using the recommended DOJ PREA Compliance Audit Instrument Interview Guides that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse and harassment. The auditor was able to ask additional questions to residents to gain more information about certain practices of the facility. In addition, the auditor was able to gather information through interviews regarding facility practices that occur in the environment.

Twelve random detention staff members were interviewed representing all three shifts (days, swings, and graves, to include lead officers). The Auditor selected staff randomly and by specialty using a current staff roster. The Auditor randomly selected at a minimum: three officers per shift, one officer of each gender, two non-medical staff involved in cross-gender strip or visual searches, four security staff who has acted as first responder, two intake officers, one master control officer, three lead officers/supervisors, and two non security staff who had acted as a first responder. Some staff were interviewed in random and specialty areas. Staff were questioned using the recommended DOJ PREA Compliance Audit Instrument Interview Guides that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties.

The Auditor also interviewed specialty staff to include medical staff, intake staff, master control staff, and human resources and training staff. In addition, the auditor interviewed two volunteers, two contractors, SAFE/SANE staff, intermediate or higher-level facility staff, the facility administrator/agency head, and PREA Compliance Manager, Investigations staff, and the PREA Coordinator.

The facility's leadership accommodated the auditor's request to interview specific staff and covered resident supervision while staff were participating in the interview process. While at the facility, the auditor reviewed four resident case records randomly selected by the auditor utilizing a roster of detainees provided to the auditor by the facility, to evaluate screening and intake procedures, resident education, and other general programmatic areas.

The auditor also reviewed four employee files and 100% of employee training logs to determine compliance with training mandates and background check procedures. All documents reviewed by the auditor were within a one-year period from date of audit. To obtain information about the rape crisis center and advocacy services, a telephonic interview was conducted with a representative from Amberly's Place as well as a tour of the facility.

Interviews were also held with representatives from the health services department. On the final day of the onsite audit, a debriefing was held with the facility's leadership staff. The purpose of the meeting was to summarize preliminary audit findings. During this process, specific feedback was provided and included program strengths and areas of improvement as it relates to PREA standards.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Yuma County Juvenile Court has a designed capacity of 68 beds, located in Yuma, Arizona. There are a total of four units being utilized for detained residents. Three units are male only and each contain 12 cells, six downstairs and six upstairs, all single occupancy. One unit is occupied by female residents. This unit has 10 double occupancy cells, five cells downstairs and five cells upstairs, with 20 beds total. Each cell has a toilet and sink. Each unit has its own recreation yard and shares a classroom with the adjoining unit.

The facility consists of one single building. Two single use showers are located within each unit where residents can access privately and out of view. Residents can change clothes in private within their assigned cell or in the restrooms/shower located on each level of the unit.

The Yuma County Juvenile Court houses county residents ages 8 through 17. At time of audit, 27 residents were detained. No residents older than 18 years of age are detained. The facility security level is considered as a secure facility.

Residents are secured with mechanical restraints when leaving the facility. The building contains an administration area which is accessible only to employees. The main entrance is controlled by the master control officer. Master Control is staffed 24 hours per day, seven days per week. The facility is controlled by locking doors that is controlled by master control or can be keyed doors. The classrooms and medical unit are located within the single building. The medical unit contains one medical exam room that is utilized for residents, a small area for pharmaceuticals, and an office space. The medical department are contracted staff and available 24 hours a day, 7 days a week.

Each housing unit contains a common day room that is used for eating meals, free time, and programming. The facility is fairly large in size and has a separate area for intake and processing. This area has a bathroom that is used for strip searches and showering. The facility implements direct podular supervision, where staff can visually supervise residents. In addition, resident movement is monitored through master control. Programming is conducted daily by staff in the housing units.

Residents have access to onsite medical services and contracted mental health services. Visitation is available daily and with special visits for parents and guardians as needed. Attorneys and counselors can visit residents daily.

The average length of stay for a resident in The Yuma County Juvenile Court is 17.3 days. At time of audit, 27 residents, 21 males and 6 females, were detained. The facility currently has 42 staff employed at the facility, full-time. and one authorized contractor.

Due to the Juvenile Detention Alternative Initiative (JDAI) through the Annie Casey Foundation, residents detained at any given time have been relatively low. The facility is equipped with a video monitoring

system internally and externally which is monitored by a staff member assigned to the Master Control room. Master Control personnel also control the movement of staff and residents throughout the facility. Meals are prepared offsite in an approved kitchen and are transported to each housing unit.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	5
<b>Number of standards met:</b>	38
<b>Number of standards not met:</b>	0

Overall, the interviews with residents reflected that they were aware of and understand the PREA protections and the agency's zero tolerance policy. All new residents were provided with an orientation by the intake staff at time of intake. Residents were able to articulate to the auditor what they would do and who they would tell if they were sexually abused. Residents consistently indicated to the auditor that they felt safe in the facility.

All facility staff interviewed indicated that they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy.

In summary, after reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that the agency has exceeded 4 standards, meets 35 standards, and does not meet 4 standards. The standards that are not met are:

#### 115.315 Prevention Planning

The facility has not demonstrated compliance with this standard due to the residents not understanding the purpose of staff gender announcements and their responsibilities. The auditor has recommended the following corrective action item to be completed within six months. 1. The agency shall educate residents on the purpose of staff gender announcements and their responsibilities when they hear such announcement. The facility will submit to the auditor documentation of resident education pertaining to the purpose of staff gender announcements.

#### 115.351 Reporting

(1) The facility has not demonstrated compliance with this standard due to residents and staff not understanding that they can report privately and anonymously and not understanding how they can do that, and this auditor has recommended the following corrective action item to be completed within six months.

1. Provide juveniles with training during orientation and provide staff with training on the ways they can report allegations of sexual abuse or sexual harassment. Submit training logs and all other supporting documentation to substantiate this corrective action item to the auditor.

(2) The facility has not demonstrated compliance with this standard due to the Grievance form not

available for use by Spanish speaking residents. The auditor has recommended the following corrective action item to be completed within six months.

1. The agency shall provide Spanish speaking residents with a Grievance form written in their language. The facility will submit to the auditor a Spanish version of the Grievance Form for verification purposes.

#### 115.364 Official Response to Reporting

The facility has not demonstrated compliance with this standard due to staff not able to describe the complete notification process if there was an incident to occur and their role as a first responder to:

1. Separate the alleged victim and abuser
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
3. 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
4. Request that the alleged abuser 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.

This auditor has recommended the following corrective action item to be completed within six months.

1. Staff to be trained on first responder duties and the notification/reporting processes. Staff should have immediate access to appropriate procedures to ensure all protocols are followed. Facility to submit to the auditor training log indicating that all staff has received training and any other supporting documentation to validate that staff have immediate access to written protocols.

During the six-month corrective action phase, the Agency completed all corrective action required and submitted appropriate documentation to verify compliance.

## 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.



<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Facility policy "PREA 10.4" states that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. This policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the Yuma County Juvenile Justice Center which it directly operates. The policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It also includes a list of prohibited behaviors regarding sexual abuse and sexual harassment. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>The agency employs an upper level, agency-wide PREA Coordinator. The agency submitted an original organizational chart that listed Ms. Hefner the PREA Coordinator and although not required, the facility has designated a PREA Compliance Manager, Mr. Rader. Ms. Hefner reports directly to the Director of Juvenile Court Services, Mr. Hardy. During interview, the PREA Coordinator and Compliance Manager confirmed that they has sufficient time and authority to oversee agency efforts to comply with the PREA standards. The facility does not operate more than one facility.</p> <p>Based on the evidence discussed, the facility has exceeded compliance with this standard.</p>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility meets the standard because the Agency does not contract for the confinement of its residents with private agencies or other entities. This was corroborated through a review of policy and through interviews with the Agency and Facility leadership, including the Agency Director, Contracts Manager, and PREA Coordinator.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy "Shift Assignment/Rotations, Staffing Plans and Post Orders" states that the agency requires its facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The policy also requires that ratios of 1:8 during resident waking hours and 1:16 during resident sleeping hours are maintained. Facility reports the average daily number of residents is 25 and the staffing plan was predicated from this data.</p> <p>According to the agency head, the Arizona State Detention Standards mandates that the facility meet a 1:8 or 1:16 staffing ratio at all times. The facility is audited by the State two times per year.</p> <p>Samples of compliance reports for day shift, swing shift and graveyard shift were submitted which indicates that appropriate ratios have been maintained. The Facility reports that it has not deviated from staffing ratio. No documentation of deviation was submitted. According to the PREA Coordinator and the lead supervisors, they are included in ratio to meet standard when needed.</p> <p>Facility submitted "PREA Staffing Plan" that contains staffing plan data for review period January 2017 to December 2017. The plan includes the agency's action plan and facility's PREA assessment and detention statistics. The plan was completed by the Compliance Manager, reviewed by the PREA Coordinator, and approved by the Director.</p> <p>The Staffing Plan contains information on staff to youth ratios; staff supervision of youth; supervisory personnel; video monitoring systems; applicable laws, regulations, and findings; and staffing plan review. The staffing plan indicates that the video monitoring system is actively monitored 24 hours per day. This was verified by the Auditor during the facility tour and in discussion with the Master Control Officer. The review process will be no less than once annually and will be documented with recommendations for modification to the staffing plan implemented as applicable and appropriate.</p> <p>Policy "PREA 10.4" requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The policy prohibits staff from alerting other staff of the conduct of such rounds. Over time the unannounced rounds cover all shifts. The facility documents unannounced rounds using an Officer Location Incident Report that lists the date, time, officer, location, and incident of each supervisory PREA rounds conducted.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.315	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1481 831">Per policy "7.6 - Searches of Locations and Juveniles" the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents is zero and In the past 12 months the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff is zero. The policy states that the facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. The facility reports that in the past 12 months the number of cross-gender pat-down searches of residents is zero and In the past 12 months the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s) is zero. The policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.</p> <p data-bbox="252 887 1437 1088">The facility has implemented policies and procedures "PREA 10.4" and "7.3 - Juvenile Supervision and Movement" that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera).</p> <p data-bbox="252 1144 1425 1211">"PREA Powerpoint - Addressing Sexual Misconduct in Detention" and it's lesson plan were submitted for the auditors review.</p> <p data-bbox="252 1267 1477 1648">Policies and procedures also require staff of the opposite gender to announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing. During interview with random staff, all staff stated that they announce themselves when entering units. This practice was observed during the tour by the auditor. However, the majority of residents during interview stated that they were unsure of the reasoning behind staff announcing themselves and they were unsure of what their expectations were. When questioned by the auditor further as to what the residents do or do not do when they hear a staff member state they are in the unit, the majority replied "Nothing" .</p> <p data-bbox="252 1704 1477 1861">Based on evidence discussed, the facility has not demonstrated compliance with this standard due to the residents not understanding the purpose of staff gender announcements and their responsibilities. The auditor has recommended the following corrective action item to be completed within six months.</p> <p data-bbox="252 1917 692 1951"><b>CORRECTIVE ACTION NEEDED:</b></p> <ol data-bbox="252 1962 1477 2119" style="list-style-type: none"> <li>1. The agency shall educate residents on the purpose of staff gender announcements and their responsibilities when they hear such announcement. The facility will submit to the auditor documentation of resident education pertaining to the purpose of staff gender announcements.</li> </ol>

VERIFICATION OF CORRECTIVE ACTION: The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

ADDITIONAL DOCUMENTATION REVIEWED: The Agency submitted a revised PREA Education Sheet that clearly includes "Staff of the opposite gender entering your pod must announce their presence to give you the opportunity to shower, perform bodily functions, and change clothes privately (except incidental routine room checks)." A corresponding juvenile PREA test question was also added. "True or False: Staff of the opposite gender entering a POD announce their presence so that juveniles have the opportunity to shower, perform bodily functions, and change clothes privately (except incidental routine room checks)." This will ensure that each juvenile is made aware of purpose in staff gender announcements.

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has established procedures "PREA 10.4" to provide disabled residents 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.</p> <p>Policies "7.3 Juvenile Supervision and Movement" and "Yuma County Juvenile Court Clerks Office Interpreter Services" provide residents with limited English proficiency 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. The policy prohibits use of 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.</p> <p>Documentation submitted to support findings are Stabilization PREA in Spanish; PREA Break the Silence Posters in English and Spanish; PREA Grievance Orientation in Spanish; Language Line Services Quick Reference Guide; Language Disabilities memorandum; and Superior Court in Yuma County Amended Language Access Plan (LAP).</p> <p>According to the agency head and in interviews with random staff, residents are not utilized to interpret for one another. Staff stated that there are always a staff that speaks Spanish on duty and available to interpret.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 168 925 201"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 246 518 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1476 1344">Agency policy "HR Practices for Potential Staff/Promotional Employees/Contractors and Volunteers" prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the 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); 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; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The policy requires the consideration of 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. Policy also requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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. It requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents; and policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. Policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p data-bbox="252 1400 1444 1601">The auditor was able to review employee background record checks. The auditor was also provided with documents that verify background checks are being conducted. Those documents are: Cover letter to current employer regarding reference checks; Direct Service Position Background Check Verification/ Status Report; Institutional Employment/Service Disclosure; Sexual Misconduct Disclosure; Employee Evaluation Self-Assessment.</p> <p data-bbox="252 1657 1476 2072">During interview with the Human Resource staff, criminal background checks are completed on all new employees and all promotions. ACJIS checks are conducted for all contractors as well as their fingerprints are ran. Information pertaining to PREA is asked on the employment reference form. In addition to ACJIS, child abuse registry checks are conducted through the Arizona Department of Child Safety. Backgrounds are completed on existing employees every two years which exceeds the minimum of five years required. Human Resources have new staff complete a sexual misconduct disclosure that is included in the recruitment packet. According to the Human Resources staff, existing staff complete a self assessment disclosure form during the annual employee evaluation period. Personnel records are maintained in the human resources office and kept in a locked cabinet.</p> <p data-bbox="252 2128 1380 2161">Based on evidence discussed, the facility has exceeded compliance with this standard.</p>

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="252 353 523 387"><b>Auditor Discussion</b></p> <p data-bbox="252 432 1401 510">The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012 or their last PREA audit.</p> <p data-bbox="252 562 1453 719">According the agency head, the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, to include installation of additional cameras to enhance the agency’s ability to protect residents from sexual abuse.</p> <p data-bbox="252 730 1378 853">All facility staff interviewed state that there are no blind spot areas or areas of concern, however if there were, they would bring them to the attention of the Detention Director immediately.</p> <p data-bbox="252 904 1453 1061">In touring the facility is was observed that a sufficient amount of cameras are located in all housing units and other areas where residents have access too. The non-contact visitation area does not have cameras. Staff provide 15-minute welfare checks to ensure resident and visitor safety.</p> <p data-bbox="252 1117 1422 1196">The Compliance Manager stated that cameras record up to 90 days of video for playback purposes.</p> <p data-bbox="252 1245 1485 1279">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="252 168 925 201"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 246 518 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 750">In interview with the PREA Coordinator, the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Yuma County Police department is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. This is identified in policy "PREA Investigations". The protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.</p> <p data-bbox="252 795 1484 918">Policy "PREA Investigations" and "PREA 10.4" 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.</p> <p data-bbox="252 963 1484 1355">The facility has a signed Memorandum of Understanding with Amberly's Place to provide confidential reporting, confidential emotional support, forensic medical examinations completed by SAFE/SANE staff. When SAFEs or SANEs cannot be made available, the examination is performed by other qualified medical practitioners specifically trained to conduct sexual assault forensic exams. The auditor was able to tour Amberly's Place and speak to the Director. By doing this the auditor was able to verify that SAFE/SANE staff are available to conduct forensic medical examinations and interviews. It was evident that the two departments have a great working relationship and communication between the two agencies is frequent. They provide joint training for staff as well.</p> <p data-bbox="252 1400 1484 1870">The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented through a signed Memorandum of Understanding with Amberly's Place. If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations. The agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards through a written Memorandum of Understanding with the Yuma Police Department.</p> <p data-bbox="252 1915 1484 2083">Interviews with PREA Coordinator and medical personnel, support that offsite medical examinations are offered, however there have not been any exams needed in the past 12 months. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, primarily Amberly's Place.</p> <p data-bbox="252 2128 1484 2161">All random staff interviewed acknowledged that investigations are conducted internally, with</p>

the exception of criminal allegations of sexual abuse, and those investigations are conducted by Yuma Police Department.

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The procedures are documented in policies "PREA 10.4" and "PREA Investigations".</p> <p>The agency has a policy "PREA Investigations" that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>In review of the agency's website and interviews with the agency head and PREA Coordinator, the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is not published on the agency website or made publicly available via other means.</p> <p>The PREA Coordinator reported that they would document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>According the agency head, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and that the Detention Director is designated to ensure that all investigations are completed appropriately and timely.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy "PREA 10.4" states that the facility requires a minimum of one-hour PREA training annually. The policy clearly states that direct care staff (detention officers) receives annual training. The policy also states that the facility requires a minimum of one-hour PREA training annually. Between formal training, as issues arise, or reminders need to be given, the facility will provide employees refresher information.</p> <p>Participants are shown a PowerPoint Presentation that covers the zero-tolerance standard, definitions, red flags, juvenile victims and aggressors, and principles of direct supervision. The PowerPoint is very detailed and specific as it relates to PREA and zero tolerance. Standard 115.331 (a) 1-10 are incorporated into the PowerPoint presentation. The facility also provided a copy of the lesson plan that is used for this training.</p> <p>In review of employee training records, all detention staff received PREA training in 2018. Staff acknowledgement of training forms indicating their understanding of and compliance with the PREA standards and facility policies regarding sexual abuse and sexual harassment are signed by every employee at time of training and located in the training file.</p> <p>According to random staff interviewed, a formalized PREA training is provided annually, which lasts a minimum of one hour. The PREA Coordinator stated that all staff receive PREA training on an annual basis. The PREA Coordinator also stated that between training, the agency provides employees with refresher information and PREA updates as needed.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>In review of the training curriculum (PowerPoint) and lesson plan, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Training records were reviewed to assure compliance with training requirements. The agency maintains signatures confirming that volunteers and contractors understand the training they have received.</p> <p>The PREA Coordinator reported that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>According to the PREA Coordinator, the facility utilizes handouts which was developed by the facility as a training resource. The volunteers and contractors are provided with information to keep as reference. Documentation of training was verified.</p> <p>Interviews with two contractors and two volunteers indicated that they recall the training received and stated the training was about 30 minutes to one hour in length. The volunteers and contractors interviewed had a very good understanding of PREA and their role in reporting.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy "PREA 10.4" indicates that residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>The Juvenile Handbook explains resident rights, rules, and expectations. The handbook contains information regarding zero tolerance and how to report. This handbook is available in English and Spanish. Residents are also provided with a PREA Flyer that outlines PREA and how to report, along with exceptions and zero tolerance.</p> <p>According to intake staff, this is provided to residents at time of intake. The information is age appropriate and easy to read. Facility states that in the past 12 months, 531 residents were given the juvenile handbook during intake.</p> <p>The facility also reports that in the past 12 months 257 residents received comprehensive information within 10 days of intake. This facility is considered a short-term facility with many releases within 10 days of being admitted.</p> <p>Comprehensive education is provided at time of intake prior to the resident being moved into the housing unit. The PREA Coordinator states that the facility has a PowerPoint that is text based and a PowerPoint that is narrated should there be a deaf resident. Video is provided for residents with limited reading skills. The auditor was able to review the video.</p> <p>During the tour of the facility, the auditor was able to observe PREA handbooks and posters in each unit of the facility. During interviews with residents, all stated that they received PREA information and education at intake. They also stated that they receive it while on their units and that staff discuss it with them often. Residents were able to explain to the auditor what PREA is and how they can stay safe and ways they can report.</p> <p>Based on evidence discussed, the facility has demonstrated compliance with this standard.</p>

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy "PREA Investigations" requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Training documentation was submitted by the facility identifying an 8-hour forensic interviewing training was provided by Amberly's Place to Juvenile Court.</p> <p>Documentation of was reviewed by the auditor. The PREA Coordinator received 6 hours of training in Progressive Discipline. Also, the PREA Coordinator received training on The Reid Technique of Interviewing and Interrogation and 2.5 hours in Misconduct Investigations.</p> <p>Based on evidence discussed, the facility has demonstrated compliance with this standard.</p>

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy "PREA 10.4" relates to the training of medical and mental health practitioners who work regularly in its facilities. The Director of Juvenile Court shall ensure that medical and mental health professionals receive training in how to detect and assess signs of sexual misconduct and preservation of physical evidence of sexual abuse, how to respond, and who to report allegations too.</p> <p>The auditor verified documentation (signed rosters) showing that medical practitioners who work regularly in the facility has been trained in zero tolerance and first responder duties.</p> <p>The medical staff indicated that they receive training annually and certificates of training were available for review. Training logs of medical staff were reviewed to ensure they received the training for employees and contractors/volunteers (depending on their status) in the referenced standards.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Policy “PREA 10.4” requires screening upon admission to the facility for risk of sexual victimization an sexual abusiveness toward other residents. The policy requires that the resident’s risk level be reassessed periodically throughout their confinement.</p> <p>Policy “14.4 Classification of Juveniles” requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>The auditor was able to review the facility’s Needs and Risks Classification form and medical’s Intake Screening form. Both instruments are an objective tool used to screen for risks of residents. The instruments are very thorough and provides sufficient documentation. The agency attempts to ascertain information about 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 resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.</p> <p>According to the PREA Coordinator and staff responsible for risk screening, assessments are placed in a secure area and maintained in a secure file cabinet. All detention supervisors and lead officers have access to the files as needed. The auditor reviewed a sample of resident records and verified that residents were screened within 72 hours of intake.</p> <p>Based on the evidence discussed, the facility has exceeded compliance with this standard.</p>

115.342	<b>Placement of residents</b>
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1484 443">The Needs and Risk Classification form is the tool used for screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="252 499 1484 831">Facility policy "PREA 10.4" states that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all resident's safe can be arranged. The policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise and the policy states that the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.</p> <p data-bbox="252 887 1484 1128">The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The policy also reflects that the facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis. The facility policy states that if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p data-bbox="252 1184 1484 1426">The PREA Coordinator during interview stated that there were no residents were held in isolation within the past 12 months. This was also verified by the auditor during the tour that no residents were held in isolation. The PREA Coordinator reported that they prohibit placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status and they prohibit considering this population as an indicator of likelihood of being sexually abusive.</p> <p data-bbox="252 1482 1385 1554">There were no transgender or intersex residents and no residents placed in isolation to interview.</p> <p data-bbox="252 1610 1430 1727">During the tour it was observed that all residents are given the opportunity to shower separately from other residents. Single use showers are located in each unit. The showers have a door that resident close while showering and dressing.</p> <p data-bbox="252 1783 1417 1854">According to staff responsible for risk screening, residents were able to shower and dress privately.</p> <p data-bbox="252 1910 1484 1944">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.351	<b>Resident reporting</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1468 481">The facility has a policy "PREA 10.4" allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="252 537 1436 616">PREA Grievance Orientation "Sexual Abuse in Juvenile Detention" explains facts that every youth should know. This PowerPoint is shown to juveniles at time of intake.</p> <p data-bbox="252 660 1436 784">The facility also has a stabilization plan that is provided to staff and discusses the zero-tolerance policy, what is sexual abuse, what is sexual harassment, and how to avoid it. The handout also includes a test that staff must pass.</p> <p data-bbox="252 840 1396 918">Juveniles receive at time of intake a Juvenile Handbook explaining their rights, services, grievance procedures, and PREA, to include how to report.</p> <p data-bbox="252 963 1476 1086">A signed MOU was provided to the auditor. The MOU is between Yuma County Juvenile Justice Center and Amberly's Place. The MOU explains each departments responsibility when services are needed related to sexual abuse of a resident.</p> <p data-bbox="252 1131 1484 1433">During the tour, the auditor observed PREA posters located in each unit in English and in Spanish. The posters contain multiple ways residents can report. Also, during the tour of the facility, the auditor observed multiple ways of reporting. Residents can write a grievance and place it in a secured box located in each housing unit There are phones available for residents in each unit and they are able to call a third party (Amberly's Place) during free time or upon request. Additionally, residents can notify a third party during visitation hours or special visitation requests. Resident handbooks are available in English and in Spanish.</p> <p data-bbox="252 1478 1484 1646">The facility provides residents with access to tools to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="252 1691 1436 1859">The PREA Coordinator, and corroborated by random staff during interviews, states that detention staff are required to document verbal reports immediately. During interviews with random staff, they stated that residents can speak to anyone and they are reminded of this frequently. Staff also said that residents can complete a grievance form.</p> <p data-bbox="252 1904 1476 2027">The majority of residents interviewed reported that they did not know that they could report privately or anonymously. As well, half of the random staff interviewed stated that they did not believe residents or staff could report anonymously.</p> <p data-bbox="252 2072 1452 2150">All residents stated that they have the option to tell someone in person or by phone or letter. They also explained the process of filing a grievance and how to use the PREA/Grievance</p>

box. Residents stated that they can make a report to staff, the Detention Director, nurse, attorney, or parent. During interview with residents, residents could accurately describe the various ways that they can report sexual abuse and sexual harassment.

The PREA Coordinator stated that staff can also use the PREA boxes located in the units and they can call law enforcement to privately report sexual abuse or sexual harassment of residents.

Auditor observed numerous ways in which residents can report. Proper forms and PREA/Grievance boxes were in each room. The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to residents and staff not understanding that they can report privately and anonymously and not understanding how they can do that, and this auditor has recommended the following corrective action item to be completed within six months.

**CORRECTIVE ACTION NEEDED:**

1. Provide juveniles with training during orientation and provide staff with training on the ways they can report allegations of sexual abuse or sexual harassment. Submit training logs and all other supporting documentation to substantiate this corrective action item to the auditor.

**VERIFICATION OF CORRECTIVE ACTION:** The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

**ADDITIONAL DOCUMENTATION REVIEWED:** The Agency submitted a revised resident PREA Education Sheet to include "You may report sexual abuse/harassment verbally, written, anonymously (not tell your name) or ask someone to make the report for you." A corresponding juvenile PREA test question was also added. "True or False: If you make a report about sexual abuse/harassment you DO NOT have to write your name on the grievance form."

Staff PREA Training Power Point was revised to provide examples of multiple ways staff and juveniles may report misconduct. The juvenile orientation was revised to inform juveniles on the way they can report misconduct. Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy "10.3 Juvenile Grievance Procedures" contains procedures for allegations of sexual abuse and allowing a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred and requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The policy also allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint and requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The agency's policy requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Additionally, the policy referenced above permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.</p> <p>Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether the resident agrees to having the grievance filed on their behalf. The policy has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. The policy limits the agency's ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in good faith.</p> <p>The PREA Coordinator reported that in the past 12 months, the facility reports that zero grievances were filed that alleged sexual abuse.</p> <p>Facility submitted a Juvenile Grievance Form that residents use when filing a grievance. The form provides instructions to residents on how to file a grievance. This form is available in English only. During the onsite review the auditor noted that there were limited English speakers detained in which they spoke in the Spanish language. The Grievance Form is not available to those residents in Spanish, therefore the limited English speakers would be unable to submit a grievance in writing without assistance.</p> <p>Based on evidence discussed, the facility has not demonstrated compliance with this standard due to the Grievance form not available for use by Spanish speaking residents. The auditor has recommended the following corrective action item to be completed within six months.</p> <p><b>CORRECTIVE ACTION NEEDED:</b></p> <ol style="list-style-type: none"> <li>1. The agency shall provide Spanish speaking residents with a Grievance form written in their language. The facility will submit to the auditor a Spanish version of the Grievance Form for</li> </ol>

verification purposes.

**VERIFICATION OF CORRECTIVE ACTION:** The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

**ADDITIONAL DOCUMENTATION REVIEWED:** The Agency submitted a Spanish Grievance Form to provide Spanish speaking residents with a Grievance form written in their language. Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<p data-bbox="252 219 896 253"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 297 523 331"><b>Auditor Discussion</b></p> <p data-bbox="252 376 1481 577">Facility policy "PREA 10.4" provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations.</p> <p data-bbox="252 633 1481 969">The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. Facility policy states that they inform residents, prior to giving them access to outside support services, the extent to which such communications will be monitored.</p> <p data-bbox="252 1014 1481 1350">The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. The agency does not maintain memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency was able to provide documentation to the auditor of a good faith effort to hire a mental health staff. Currently, the agency is still in the recruitment stage.</p> <p data-bbox="252 1395 1441 1429">An MOU is in place with Amberly's Place which provides advocacy and rape crisis services.</p> <p data-bbox="252 1485 1481 1653">Juvenile handbooks in English and Spanish are available to every resident explaining resident access to services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations.</p> <p data-bbox="252 1709 1441 2000">During the tour of the resident living areas, PREA information was displayed in manner that was beneficial to the residents. The auditor observed posters on walls containing contact information for advocate and support services. All residents interviewed were aware of advocacy services. All residents understood the mandatory reporting laws required certain information to be reported. The agency head stated that the facility provides residents with reasonable and confidential access to their attorneys or other legal representation utilizing private interview meeting spaces, by telephone, or by written correspondence.</p> <p data-bbox="252 2045 1481 2078">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>



115.354	<b>Third-party reporting</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1481 528">Facility policy "PREA 10.4" provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations.</p> <p data-bbox="252 584 1469 909">The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. Facility policy states that they inform residents, prior to giving them access to outside support services, the extent to which such communications will be monitored.</p> <p data-bbox="252 965 1477 1301">The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. The agency does not maintain memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency was able to provide documentation to the auditor of a good faith effort to hire a mental health staff. Currently, the agency is still in the recruitment stage.</p> <p data-bbox="252 1357 1434 1391">An MOU is in place with Amberly's Place which provides advocacy and rape crisis services.</p> <p data-bbox="252 1447 1477 1603">Juvenile handbooks in English and Spanish are available to every resident explaining resident access to services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations.</p> <p data-bbox="252 1659 1441 1939">During the tour of the resident living areas, PREA information was displayed in manner that was beneficial to the residents. The auditor observed posters on walls containing contact information for advocate and support services. All residents interviewed were aware of advocacy services. All residents understood the mandatory reporting laws required certain information to be reported. The agency head stated that the facility provides residents with reasonable and confidential access to their attorneys or other legal representation utilizing private interview meeting spaces, by telephone, or by written correspondence.</p> <p data-bbox="252 1995 1477 2029">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.361	<b>Staff and agency reporting duties</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 280"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1455 871">Facility policies "10.5 Protection from Harm", PREA 10.4", and "PREA Investigations" discuss that the agency requires 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 and that the agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policies also state that the agency requires all staff to comply with any applicable mandatory child abuse reporting laws, and that apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="252 927 1469 1043">According to the Health Services Administrator, medical staff are mandatory reporters. During interview with a medical practitioner, it was stated that they would report any sexual abuse or sexual harassment reports to the Detention Director and local law enforcement.</p> <p data-bbox="252 1099 1437 1261">The auditor was able to verify appropriate training was provided to all medical staff at the facility. According to the PREA Coordinator the facility would report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators, which is the local law enforcing agency.</p> <p data-bbox="252 1317 1477 1603">Employee training records and curriculum were reviewed to verify detention staff received adequate PREA training. During interviews with random staff, all staff reported that the agency requires staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse and sexual harassment that occurred in the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff also stated that they received PREA training as required in 115.331 a through k.</p> <p data-bbox="252 1659 1458 1821">The PREA Coordinator stated that when the facility receives an allegation of sexual abuse, staff report it to the Director of Juvenile Court, law enforcement, and when applicable, the department of child safety. The Director will notify the parent of the victim in a timely manner. This is done as soon as possible and appropriate. Attorneys are notified as well.</p> <p data-bbox="252 1877 1390 1948">The agency head stated that all allegations of sexual abuse and sexual harassment are reported by detention staff to the PREA Coordinator immediately.</p> <p data-bbox="252 2004 1477 2036">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.362	<b>Agency protection duties</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1474 488">The facility has a policy "Protection From Harm 10.5" states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p data-bbox="252 539 1469 618">According to the PREA Coordinator, in the past 12 months, the facility has determined that no residents were subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="252 669 1481 703">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.363	<p><b>Reporting to other confinement facilities</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Facility policy "PREA 10.4" requires that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The policy also requires that the head of the facility notify the appropriate investigative agency and it also requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. The policy states that the Director shall document that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Policy "PREA Investigations" requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.</p> <p>In the past 12 months, the facility has not received any allegations that a resident was abused while confined at another facility and they have not received any reports of allegations of sexual abuse from other facilities.</p> <p>According to the agency head, the facility takes immediate protective action by increasing supervision and separating the victim and aggressor and that staff should respond to protect residents at substantial risk of imminent sexual abuse right away. The agency head stated that the facility will contact the local law enforcement office should another agency advise the facility of sexual abuse or sexual harassment that occurred within the facility.</p> <p>The PREA Coordinator stated during interview that the facility would move the perpetrator right away once the facility learns that a resident is subject to a substantial risk of imminent sexual abuse. She also stated that when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility they would immediately refer for investigation.</p> <p>Based on evidence discussed, the facility has demonstrated compliance with the standard.</p>
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115.364	<b>Staff first responder duties</b>
	<p data-bbox="252 170 927 203"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1477 1128">Facility Policy "PREA 10.4" explains the agency's first responder responsibilities for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy also requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy also states that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.</p> <p data-bbox="252 1182 1453 1301">According to the PREA Coordinator, in the past 12 months, there have not been any allegations that a resident was sexually abused. The first responder interviews identified that all staff interviewed were clear as to their first responder duties.</p> <p data-bbox="252 1355 1086 1388">Staff training rosters and curriculum were verified by the auditor.</p> <p data-bbox="252 1442 1477 1771">During random staff interviews, the majority of the staff were unsure of their responsibilities as a first responder and could not describe each step that is required of a first responder. Staff went on to state that they do not recall the steps of a first responder to be included in their annual training. Most staff interviewed did report that they would separate the victim from the perpetrator and all staff said that they would notify a supervisor. Staff were unsure who else to report the incident too other than the supervisor. When questioned if they would call the local law enforcement the majority of staff stated that after it went up the chain of command, someone other than them would call the police.</p> <p data-bbox="252 1825 1422 1944">Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to staff not able to describe the complete notification process if there was an incident to occur and their role as a first responder to:</p> <ol data-bbox="252 1998 1445 2157" style="list-style-type: none"> <li data-bbox="252 1998 794 2031">1. Separate the alleged victim and abuser</li> <li data-bbox="252 2040 1445 2114">2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence</li> <li data-bbox="252 2123 1445 2157">3. Request that the alleged victim not take any actions that could destroy physical evidence,</li> </ol>

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

4. Request that the alleged abuser 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

This auditor has recommended the following corrective action item to be completed within six months.

**CORRECTIVE ACTION NEEDED:**

1. Staff to be trained on first responder duties and the notification/reporting processes. Staff should have immediate access to appropriate procedures to ensure all protocols are followed. Facility to submit to the auditor training log indicating that all staff has received training and any other supporting documentation to validate that staff have immediate access to written protocols.

**VERIFICATION OF CORRECTIVE ACTION:** The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

**ADDITIONAL DOCUMENTATION REVIEWED:** The Agency submitted a revised Facility Coordinated Response to a Sexual Incident. Laminated copies of the facilities coordinated response plan were posted at every Detention Officer work station. Also, a "ID TYPE" cards were created and provide to officers to be carried on a lanyard with their court issued identification card. Photos of postings and ID were submitted to the auditor. Facility also submitted a First Responder PowerPoint, along with rosters of staff training entitled "PREA- First Responder and Boundaries. This was a two-hour training. A PREA First Responder Checklist was developed and is to be completed by a Supervisor/DO-III/DO-II following a sexual abuse incident. This checklist documents the steps and processes taken. Based on the evidence discussed, the facility has exceeded compliance with this standard.

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility Policy "PREA 10.4" outlines the agency's institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Expectations include preserving the crime scene, separating the alleged victim and alleged abuser, preserving physical evidence, contacting the Supervisor, PREA Coordinator, and medical services.</p> <p>The auditor reviewed the Facility Coordinated Responses to a Sexual Abuse Incident checklist. This checklist includes tasks for the first responder, officer in charge, medical staff, investigators, Amberly's Place, facility leadership, counselor, and PREA Coordinator.</p> <p>According the PREA Coordinator, she will notify the Director of Juvenile Court Services and Law Enforcement immediately. The agency head stated that in response to an incident of sexual abuse, the facility's plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership would be to preserve any evidence, and that in unison, everyone would play their parts in the process.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility meets the standard because the Agency is not required to have a collective bargaining agreement. This was corroborated through interviews with agency and facility leadership, including the PREA Coordinator and agency head and contracts manager.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.367	<b>Agency protection against retaliation</b>
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1458 450">Facility Policy "PREA 10.4" protects all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.</p> <p data-bbox="252 495 1481 1088">Policy "PREA Investigations" designates staff member(s) or charges department(s) with monitoring for possible retaliation. The persons identified are the PREA Coordinator and the Human Resources Manager. The policy states that the agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations and that the facility will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The facility will act promptly to remedy any such retaliation. The facility will monitor the conduct or treatment of residents or staff who report sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p data-bbox="252 1133 1442 1346">According to the agency head, residents and staff are protected from retaliation for sexual abuse and sexual harassment allegations by separation and monitoring behaviors. If an individual who cooperates with an investigation expresses fear of retaliation, the agency will take immediate protective measures, such as separating one from another, relocating staff, and monitoring behaviors frequently.</p> <p data-bbox="252 1391 1465 1648">The PREA Coordinator stated that for all allegations of sexual abuse or sexual harassment, the measures the facility would take to protect residents and staff from retaliation would be to keep them separated, check in regularly, and document. The agency would also review files and staff assignments, as well as monitor and take appropriate personnel actions. The PREA Coordinator and the Human Resources Manager work closely together to assure residents and staff are protected from retaliation.</p> <p data-bbox="252 1693 1458 1939">According to interviews with staff charged with monitoring retaliation, staffs role in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations is to assure fairness in that no punitive action will be taken and to provide oversight. The situation would be monitored for a minimum of 90 days following the report of sexual abuse or as long as it takes.</p> <p data-bbox="252 1995 1477 2029">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility Policy "Rules and Discipline 9.4" states that detention staff shall never place a juvenile in isolation solely for the purpose of keeping the juvenile safe from victimization but will instead identify and remove the threat toward the juvenile, nor shall a juvenile be placed in isolation for the sole purpose of that they were alleged to have suffered sexual abuse.</p> <p>The agency head and the PREA Coordinator stated that isolation has not been used and will never be used and reports that no residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months. Medical staff report that isolation of residents has not been used in the facility. No residents in isolation were available to interview, however during random interviews with residents, all residents stated that they have never been placed in isolation for any reason.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has a policy "PREA Investigations" related to criminal and administrative agency investigations that states that the agency does not terminate an investigation solely because the source of the allegation recants the allegation; substantiated allegations of conduct that appear to be criminal are referred for prosecution; the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation; and when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Arizona Code of Judicial Administration Part 3: Superior Court, Chapter 4: Administration, Section 3-402: "Superior Court Records Retention and Disposition Schedule", Amended November 11, 2016 directs the agency to retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Employee reports are maintained for five years after employment.</p> <p>The agency head and the PREA Coordinator attested that all reports of sexual abuse and sexual harassment will be immediately referred to the local police department and the human resources department for investigation to determine if it is of criminal intent.</p> <p>The PREA Coordinator stated during interview that she conducts internal PREA investigations when the allegation is not of criminal intent. The auditor was able to view specialized training certificates that document training in conducting investigations was received by the PREA Coordinator.</p> <p>According to the PREA Coordinator, when the local police department conducts an investigation, the facility will remain informed of the progress of a sexual abuse investigation by communicating regularly with the investigator and documenting those contacts. The facility will keep the victim updated on the status of the case. The PREA Coordinator stated that her role during an investigation is to cooperate with the investigator and monitor the situation internally, keeping the victim safe at all times.</p> <p>No residents that reported sexual abuse were detained, therefore could not be interviewed.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to Policy "PREA Investigations" the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>In interview with the PREA Coordinator, she stated that the standard of evidence required substantiating allegations of sexual abuse or sexual harassment is determined by the investigator with local police department. A thorough explanation of the referral process and standard of evidence can be found in standards 115.321 and 115.371.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a policy "PREA 10.4" requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The policy states if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The policy also contains 115.373 (c)-1 Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the resident's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 115.373 (D)-1 Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 115.373 (E)-1 The agency has a policy that all notifications to residents described under this standard are documented.</p> <p>The agency head stated that the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility Policies "PREA Investigations" and "PREA 10.4" states that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. It also states that 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than engaging in sexual abuse) is zero. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero.</p> <p>According to the Human Resource staff, there were no files of personnel with disciplinary actions within the last 12 months to review.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility Policy "PREA Investigations" requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents and in the past 12 months, no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of residents.</p> <p>There were no files of contractors and volunteers with disciplinary actions to review.</p> <p>The agency head stated that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would take remedial measures and prohibit further contact with residents.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility Policy "Rules and Discipline 9.1" and "Rules and Discipline 9.4 states that in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p>Facility Policy "PREA 10.4" states that the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse if it determines that the activity is coerced.</p> <p>The PREA Coordinator reported that in the past 12 months, no administrative findings of resident-on-resident sexual abuse that have occurred at the facility and in the past 12 months, and no criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility.</p> <p>The agency head stated that residents would be subject to disciplinary sanctions following an administrative or criminal finding the resident engaged in resident on resident sexual abuse. Sanctions would be based on the resident's age, mental concerns, and history. Isolation would not be used.</p> <p>According to medical staff, the facility offers contracted therapy, counseling, and other intervention services designated to address and correct the underlying reasons or motivations for sexual abuse through contracted agencies. Services will be offered to victim and the offender. When providing these services, a resident's participation as a condition of access to programming, education, and rewards-based behavior management systems is not required.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Facility Policy "PREA 10.4" specifies that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. And contains 115.381 (a)-1 All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner 115.381 (a)-2 If YES, the follow-up meeting was offered within 14 days of the intake screening. 115.381 (a)-4 Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>The auditor reviewed the Medical Intake Screening tool and found it to be in compliance with this standard. The tool contains four specific questions related to PREA to allow medical staff to make a professional determination of a resident's safety.</p> <p>According to policy "14.4 Classification of Juveniles" the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.</p> <p>According to the PREA Coordinator the facility offers a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Random samples of classification forms for residents were reviewed and the auditor was able to verify that residents were being referred for mental health follow-up within 14 days of intake.</p> <p>Interviews with staff responsible for risk screening also confirmed that youth were being referred for mental health follow-up within 14 days of intake. Staff stated that if a screening indicates that a resident previously perpetrated sexual abuse, they would refer the resident for a follow-up meeting with a clinician.</p> <p>Medical provider states that all residents are under the age of 18 do not require consent.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility Policy "PREA 10.4" states that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. It also states that resident victims of sexual abuse while incarcerated are 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 and treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>During interview, medical staff stated that victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. They also said that they would refer residents to the local hospital should they need emergency medical treatment and crisis intervention services.</p> <p>According to the PREA Coordinator, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility Policy "PREA 10.4" states that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. The policy also states that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services and that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Additionally, policy states that treatment services are 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.</p> <p>The auditor was able to verify the following standard in policy and according to the PREA Coordinator, the facility provides these services: 115.383 (h)-1 The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The facility offers medical evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>According to the PREA Coordinator and medical staff, the facility offers mental health evaluations through contract. In interviews with medical staff, they stated that evaluation and treatment of such victims shall 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. Medical staff also stated that the facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.386	<b>Sexual abuse incident reviews</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1452 448">Facility Policy "PREA 10.4" states that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded.</p> <p data-bbox="252 492 1476 873">Policy "PREA Investigations" states that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. Additionally, the policy states that the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p data-bbox="252 918 1484 1131">To date, the facility has had no incidents to report. In the past 12 months, there have been zero reports of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days. In the past 12 months, there have been zero reports of criminal and/or administrative investigations of alleged sexual abuse completed at the facility.</p> <p data-bbox="252 1131 1484 1601">The PREA Coordinator stated that she would prepare a report of findings that would be provided to the incident review team. The facility head stated that the facility has a sexual abuse incident review team in place and that the PREA Investigation Review Checklist would be completed and reviewed by the team. The review team would 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 and/or group dynamics. The team would examine the area in the facility where the incident allegedly occurred. The team would assess the adequacy of staffing levels in that area and assess whether monitoring technology should be deployed or augmented to supplemental supervision by staff. There were no members of the review team to interview as a review team has not yet had to assemble due to not having any reported incidents.</p> <p data-bbox="252 1646 1444 1736">The auditor was able to review a sample of the PREA Investigation Review Checklist, and a completed Investigation Report from 2014.</p> <p data-bbox="252 1780 1468 1982">The superintendent stated that sexual abuse reviews will occur within 30 days at the end of a sexual abuse investigation. The superintendent also stated that the Arizona Detention Standards would be followed to assure state compliance. The Director, PREA Coordinator, Human Resources, Detention Supervisors would be included in the review process which will examine precautions or modifications needed.</p> <p data-bbox="252 2027 1476 2072">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to policy "PREA 10.4" and in interview with the PREA Coordinator and agency head, annually, the facility completes the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. The agency head stated that the agency does not contract with other agencies for the confinement of its residents.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>The auditor was able to review a completed Facility PREA Assessment dated 01/02/18. The Assessment also contained a corrective action plan. The facility submitted a Progress In Addressing Sexual Misconduct report for fiscal years 2013 through 2017, containing number of youth educated on PREA; recommended training; and other items to continue working on. An Annual Report Data of PREA Allegations for FY13 through FY 17 was reviewed by the auditor. This report contains data on sexual abuse allegations; sexual harassment allegations; and undue familiarity (substantiated, unsubstantiated, or unfounded).</p> <p>The PREA Coordinator stated that an annual report has been completed. According to the agency head, the facility has developed an annual report, and has reviewed data to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy PREA 10.4 and through interview with the PREA Coordinator the agency ensures that incident-based and aggregate data are securely retained. Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency is a single facility. This is the second audit cycle of this facility. The facility received its Final Audit Report with all corrective action items satisfactorily completed in 2015. The Report is published on the agency's website. The facility provided the auditor with full access of the facility. The facility provided the auditor with copies of any requested documents and information. The facility permitted the auditor to conduct interviews with any residents that were requested by the auditor. The facility also allowed the auditor to conduct these interviews in a private setting.</p> <p>During the tour of the facility, the auditor observed the Notice of Audit posted in each housing unit and other locations. This Notice was furnished to the facility by the auditor six weeks prior to the audit. The Notice contains an explanation of the audit, along with the auditor's contact information. Residents reported seeing the notice placed on the wall for several weeks. The notice was dated at time of posting and the auditor has photos of the notice posted on the walls.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to the PREA Coordinator and the agency head, the facility received its Final Audit Report with all corrective action items satisfactorily completed in 2015. The Report is published on the agency's website. The auditor was able to verify this information.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

## Appendix: Provision Findings

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

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

115.311 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	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.)	na

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

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

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

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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	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.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

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

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

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

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

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

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

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

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

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

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

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

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

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

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

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

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

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

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

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

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

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

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

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

115.353 (a)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

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

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

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

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

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

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

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

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

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

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

115.366 (a)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.)	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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