

PREA Facility Audit Report: Final

Name of Facility: William F. James Ranch

Facility Type: Juvenile

Date Interim Report Submitted: 03/11/2019

Date Final Report Submitted: 10/08/2019

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"/>
Auditor Full Name as Signed: Michelle Mandery Baldwin	Date of Signature: 10/08/2019

AUDITOR INFORMATION	
Auditor name:	Mandery-Baldwin, Michelle
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Email:	mbaldwinprea@aol.com
Telephone number:	
Start Date of On-Site Audit:	01/22/2019
End Date of On-Site Audit:	01/24/2019

FACILITY INFORMATION	
Facility name:	William F. James Ranch
Facility physical address:	19050 Malaguerra Avenue, Morgan Hill, California - 95037
Facility Phone	408-201-7600
Facility mailing address:	

Primary Contact	
Name:	Robert Young
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Telephone Number:	408-278-5854

Superintendent/Director/Administrator	
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Facility PREA Compliance Manager	
Name:	
Email Address:	
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Name:	Mike Clarke
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Facility Health Service Administrator On-Site	
Name:	Chia-Chen Lee
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Telephone Number:	408/299-4841

Facility Characteristics	
Designed facility capacity:	108
Current population of facility:	54
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	14-18 years old
Facility security levels/resident custody levels:	
Number of staff currently employed at the facility who may have contact with residents:	125
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

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

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

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

AUDIT FINDINGS

Narrative:

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

On September 18, 2018 the auditor visited Santa Clara County Juvenile Probation Department- William F. James Ranch for a Pre-Audit visit. The facility was toured with the Agency Wide PREA Coordinator/Program Manager and the PREA/QS Unit. At the conclusion the tour group met to discuss the upcoming audit. On November 1, 2019 the Agency Wide PREA Coordinator set up a share point site for the sharing of information and documentation during the pre audit, audit and post audit phases. James Ranch created a new audit on November 19, 2018 using the Online PREA Audit System. The PAQ was created by the facility and reviewed by the auditor. Further documentation needed was request by the auditor using a series of "Issue Papers". The documentation was uploaded by the auditor from Share Point to the auditors computer and/or the online PREA Audit System. The auditor used the Compliance Tool to begin the process of reviewing policy and procedures for compliance. On December 13, 2019 the audit notification postings were emailed to the facility in English, Spanish, and Vietnamese. On January 10, 2019 the auditor emailed the facility the Audit Schedule and staff and resident lists needed for random sampling interviews. A list of documentation the auditor planned to review during the on site audit was given to the facility. On January 18, 2018 the auditor received the following information from the facility.

1. A list of security staff scheduled to work on January 22,23,24 (including name, position/title, housing unit or post etc.)
2. Complete resident roster based on current population (January 18) which includes age, race, and housing unit.
3. List of residents with physical or cognitive disabilities, blind or visual impairments, deaf or hard of hearing, speech impairments, or limited English proficiency.
4. A list of residents who have reported sexual abuse and their role (victim, alleged predator, witness, substantiated & unsubstantiated, or unfounded).
5. Residents who reported sexual victimization during risk screening.
6. List of Youth identifying as LGBTI.
7. List of volunteers and contractors at the facility during the on site visit (include dates and times).

The on site audit was conducted January 22-January 24, 2019.

January 22- Entrance meeting, facility tour and interviews.

January 23- Interviews and documentation review. The auditor arrived at the facility at 5:30am to interview graveyard staff and graveyard facility supervisor who conducts unannounced rounds.

January 24- Exit meeting at William James Ranch with Agency Wide PREA Coordinator and PREA/QS counselors, interviews at Administration Office.

The auditor arrived at the facility on January 22, 2019 and met with the Agency Wide PREA Coordinator and PREA/QS Team which includes a Supervising Probation Counselor, Probation Counselor II, and Probation Counselor. Copies of the current resident population and staffing schedule were requested by

the auditor. The population count on January 22 was 54 residents which included 9 females and two residents who identify at LGBTI. There were 6 residents who reported sexual victimization or were perpetrators, however, all incidents of abuse happened prior to being admitted to Juvenile Hall or William James Ranch. The facility reported there were no youth on site with physical or cognitive disabilities. During the on site audit the auditor requested a list of residents who have active IEP's and are in special education classes. A random sample of these youth and youth with mental health issues were interviewed for residents with physical or cognitive disabilities. The audit process was discussed and schedules for interviews were set using the random selection with the list provided. The auditor held an entrance meeting to discuss the audit process explaining the pre-audit, onsite audit, post audit and corrective action phases. The schedule was discussed and questions were answered. The Program Manager/Agency Wide PREA Coordinator, and PREA/QS staff members were in attendance. The auditor toured the facility with the Agency Wide PREA Coordinator and PREA/QS staff. All areas of the facility were toured. The auditor asked questions as needed for clarification and received information from the tour group and individuals working or living at James Ranch. The auditor noticed corrective action for blind spots during the last audit cycle remained in effect. During the on site audit the following interviews were conducted: Deputy Chief Probation Officer (at the administrative office), Program Manager/Agency Wide PREA Coordinator, Probation Manager/PREA Compliance Manager, Facility Nurse, Mental Health Counselors, Treatment Supervisor, Human Resource Manager (at administrative office), Contract Teacher, CBO's, members of the Incident Review Team, supervisor conducting unannounced rounds, contractors, manager in charge of monitoring retaliation, first responders, security and non-security staff, supervising probation officers, staff in charge of Risk Screening, YWCA Counselor via red phone, YWCA Counselor, nurse manager, and the mental health manager at Juvenile Hall during audit cycle, Investigator (at James Ranch) and Investigator during audit cycle (at administrative office). During the on site audit 17 random residents and 12 random staff were interviewed. The auditor interviewed 13 male residents and the 4 female residents at the facility. Staff members including all shifts and all housing pods were interviewed.

Documentation reviewed includes Santa Clara County Juvenile Probation, James Ranch, and Juvenile Hall policy and procedures. A random sampling of training records for employee's, CBO's, and contract staff. A random sampling of resident PREA Education and Risk Screening. A random sample of employee personnel files which includes hire or promotion date within the audit period. A random sampling of unannounced rounds documentation in all pods on all shift. A copy of all incidents reports during the audit period that included sexualized behavior. Red phone hotline calls during the audit period. Contracts with interpreter agencies and outside support services. Other documentation was requested and reviewed when necessary for the auditor to determine compliance with a provision of a standard.

During the post audit phase the auditor reviewed documentation, interview notes, and took into account observations made on the implementation of policy and procedures during the on site audit. The auditor communicated with the facility and gathered further documentation needed in order to make compliance determinations for each of the standards and provision of each standard. The auditor used the compliance tool and generated the interim report which includes corrective action plan and deadlines.

AUDIT FINDINGS

Facility Characteristics:

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

William F. James Ranch is located on nine acres in a rural setting in Morgan Hill, California. The facility has a capacity of 72 with a population of 54 on day one of the on site audit. Residents are housed in one large dorm that has been separated into pods by modular partitions that go part way to the ceiling. Two pods are in a separate building and house the females in one and younger male residents in another. The facility does not have cameras or a video surveillance security system except for cameras at the front and back gate. A new facility is being constructed and the housing area is almost complete. Residents will be moving to the new campus in the near future. The auditor toured the new facility during the Pre Audit visit.

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

Admission Office

Residents transferred from Juvenile Hall go through intake in the admissions office. Intakes are done during business hours and the office remains locked during non-business hours. Visitors and CBO's enter James Ranch through the admissions office. When signing in their fingerprint clearance and PREA training are checked. If either is not up to date they are not allowed into the facility. There is a counter with zero tolerance brochures in English, Spanish, and Vietnamese. A third party reporting sign is posted in English Spanish, and Vietnamese. Behind the counter there is an area with desks which has an open view. There is a hallway with a storeroom that houses clothing for residents to change into during intake. There is a staff restroom and a resident restroom where searches are conducted during intake. A hallway with smaller offices on either side for supervisor staff members leads to a door at the end which takes you into William James Ranch facility.

New Admin/Nurse Building

The building has offices for the Program Manager/Agency Wide PREA Coordinator, Program Manager/PREA Compliance Manger, and PREA/QS Probation Counselor's. Residents are allowed in the building with supervision. The building is locked after business hours. The nurse's office and examination room are part of the building but has a separate entrance to access the area. The red phone is located in the medical clinic. The building has a conference room where meetings take place. The building has large windows in the offices and conference room allowing a clear view of the facility grounds.

Recreation Hall

The recreation building is a big open room with the option of a partisan to separate the room into two sides. The recreation hall is where family visiting takes place. At one end of the room there is a library. One wall of the library has windows for open viewing from the recreation area. In this area there is a room for the barber, bathrooms, and equipment room which all remain locked. On the opposite side of the recreation building there is a weight room. The weight room is separated by a wall with windows that

has blinds. The blinds are to separate the two rooms if there are two group using the recreational area at the same time. Staff reports there are two staff members supervising in each area when residents are present. Zero tolerance of sexual abuse and sexual harassment posters are posted on a corkboard in English, Spanish, and Vietnamese. Rape crisis hotline information is posted and Zero tolerance brochures are made available in the visiting area in all three languages.

Courtyard

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

School Area

The school is located behind the programming building and residents are not allowed in this area during non-school hours. There are signs posted with the restricted hours. A gazebo sits in between the school and programming building. The school consists of two buildings with a quad in the middle. The smaller building between the parking lot and the quad holds classroom 1 and 3. Across the quad a larger L shaped building houses the school office and three classrooms including the welding class. The welding area has an exit in the back that leads to a classroom and computer lab. There is a walkway around the L shaped school building that also leads to this area. The school buildings remain locked during non-school hours. There is a security check after school to make sure every door and window is locked.

The following corrective action is required in the school area to correct blind spots:

1. There is a blind spot in the outside welding area that needs to be corrected with a dome shaped mirror.
2. All of the bathroom doors in the classrooms need to have locks and remained locked when not in use.
3. A stack of books in classroom six are creating a blind spot in front of the window that separates the classroom and office which need to be moved.

Kitchen Dining Area

The dining area is a large open room with no blind spots. Two pods eat at one time. Residents are not allowed in the kitchen area.

Mental Health Building

This building consists of individual offices where residents are counseled one on one. The blinds on the windows remain open for viewing. Security staff do checks by looking through the window in the office door several times an hour. Staff do not see residents in these offices if another staff is not in the building.

After Care Office

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

Auto Shop/Garage

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

Construction/Computer Technology Class

The construction computer class area is not being used by the facility. The building is part of the restricted access area and remains locked.

Storage Area and Metal Barn

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

Garbage Bin Area

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

Pool Area

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

Dorm Pods A-E

There are two dormitories at James Ranch. The boy's dormitory has five self-contained pods that hold up to 12 youth each. During the day there are two staff and during graveyard shift there is one staff in each pod. The pods have modular walls that do not go all the way up to the ceiling. The sound carries from one pod to the other. There is a staff area in each pod with a desk. Each pod had zero tolerance posters and brochures on how to report sexual abuse and sexual harassment. Grievance form and sick call boxes are located in each Pod. There is a staff area or interview room in the middle of the dorm across from the bathroom. The room has a phone and desk in it. During interviews the residents reported this is where they use the phone. The area is enclosed by clear Plexiglas and commonly known as the Fish Bowl. There is a large bathroom in the dorm for the residents to use. A wall of glass separates the shower from the toilet area. A glass wall separates the pod from the bathroom. A three foot wide frosted panel runs in the middle and along the length of the glass wall to provide privacy for the youth in the shower and toilet area while allowing for staff supervision. This is an all male housing unit.

Pods G and F

The building has two separate Pods. Younger boys are housed in F pod and females are housed in G pod. The bathroom is located at the far end of each Pod and has two showers. The showers have frosted glass and allow for privacy. Both pods have postings on zero tolerance from sexual abuse and sex harassment and brochures on how to report sexual abuse and sexual harassment. Grievance and sick call forms and boxes were located in each of the pods.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	9
Number of standards met:	34
Number of standards not met:	0

STANDARDS EXCEEDED

PREVENTION PLANNING

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator
- 115.313 - Supervision and monitoring
- 115.315 - Limits to cross-gender viewing and searches
- 115.317 - Hiring and promotion decisions

RESPONSIVE PLANNING

- 115.321 - Evidence protocol and forensic medical examinations

REPORTING

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

MEDICAL AND MENTAL HEALTH

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

DATA COLLECTION AND REVIEW

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

STANDARD EXCEEDED 9

STANDARDS MET

PREVENTION PLANNING

- 115.312 - Contracting with other entities for the confinement of residents
- 115.316 - Residents with disabilities and residents who are limited English proficient
- 115.318 - Upgrades to facilities and technologies

RESPONSIVE PLANNING

- 115.322 - Policies to ensure referrals of allegations for investigations

TRAINING AND EDUCATION

- 115.331 - Employee training
- 115.332 - Volunteer and contractor training
- 115.333 - Resident education
- 115.334 - Specialized training: Investigations
- 115.335 - Specialized training: Medical and mental health care

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

- 115.341 - Obtaining information from residents
- 115.342 - Placement of residents

REPORTING

- 115.351 - Resident reporting
- 115.352 - Exhaustion of administrative remedies
- 115.354 - Third-party reporting

OFFICIAL RESPONSE FOLLOWING a RESIDENT REPORT

- 115.361 - Staff and agency reporting duties
- 115.362 - Agency protection duties
- 115.363 - Reporting to other confinement facilities
- 115.364 - Staff first responder duties
- 115.365 - Coordinated response
- 115.366 - Preservation of ability to protect residents from contact with abusers
- 115.367 - Agency protection against retaliation
- 115.368 - Post-allegation protective custody

INVESTIGATIONS

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

DISCIPLINE

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

MEDICAL AND MENTAL HEALTH

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

DATA COLLECTION AND REVIEW

- 115.386 - Sexual abuse incident reviews
- 115.387 - Data collection

AUDITING AND CORRECTIVE ACTION

- 115.401 - Frequency and scope of audits
- 115.403 - Audit contents and findings

STANDARDS MET 34

CORRECTIVE ACTION MET FOR ALL STANDARDS

Corrective action completion details provided in the report by Standard.

PREVENTION PLANNING

115.313 - Supervision and monitoring

Corrective Action

(a) Blind Spots- In all of the classrooms the bathroom door handles must lock from the outside and remain locked when not in use. The stack of books in classroom number five that blocks the window between the classroom and office must be removed to correct the blind spot. In the outside work area of the welding classroom requires a dome shaped mirror be installed to correct the blind spot behind the metal barrier.

(b) The facility must fully document deviations from the staffing plan for limited and discrete exigent circumstances. Deviations from the plan during school, staff breaks, casework, court reports, and movement of residents are not considered exigent circumstances. The auditor will review documentation of deviations during the corrective action period and conduct staff interviews.

(c) Develop a PREA Compliant staffing plan that meets the 1:8 ratio during awake hours which includes classroom coverage. Include a narrative reflecting the development of the PREA Compliant staffing plan. This should include input from a cross section of the facility staffing and personnel team to ensure an informed analysis took place to understand the reasons why and how often the staffing ratio is not complied with. Include staff posts and a description of the supervisory duties for each position. Relief factors including absenteeism, FMLA, sick leave, vacations, disability, and discipline should be taken into account. The hours and days of operation for each post. Provide a staff schedule including shift and post. Include staffing plan for movement of residents for medical or mental health visits, behavior issues, fights, and all other programming needs. Details of coverage plan for sporadic demands such as unexpected transports, breaks, medical/mental health watches etc. should be included. Documentation must include written evidence detailing description of staff deployment and how the facility has corrected the deviations from the daytime staffing ratio.

(d) The auditor did not receive documentation during the audit period that upper management reviewed the staffing plan to see whether adjustments are needed to the staffing plan, prevailing staffing patterns, or the allocation of agency or facility resources to correct waking hour ratio non compliance and the need to document deviations when they happen. Documentation of the review noted above is required to be compliant.

Corrective Action for waking hour ratios needs to be implemented as soon as possible so compliance with this standard can be implemented for a sustained period of time. In order to be compliant with Standard 113.313 staffing ratios must be institutionalized for an extended period.

Corrective Action must be completed by September 6, 2019.

CORRECTIVE ACTION MET- Details in final report under standard 113.313

TRAINING AND EDUCATION

115.333 - Resident education

Corrective Action:

(b) 115.333(b) is not compliant as Resident Education is not documented on the majority of the New Admit Orientation & Resident Education Form sampled by the auditor. The auditor will do a random sampling of PREA education documentation in July 2019 and corrective action must be completed by

Sept 18, 2019.

(e) The facility had not maintained documentation of resident participation in PREA education sessions for the majority of the random sample reviewed by the auditor. The auditor will do a random sampling of PREA education documentation in July 2019 and corrective action must be completed by Sept 6, 2019.

Auditor Recommendation: The auditor recommended to the Agency Wide PREA Coordinator and the PREA/Quality Assurance Unit staff that period PREA Education at the Ranch would be a good refresher for residents. The Agency Wide PREA Coordinator had the idea of making a video using Ranch staff like the video Juvenile Hall uses for PREA Education.

CORRECTIVE ACTION MET- Details in final report under standard 15.333

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

115.341 - Obtaining information from residents

Corrective Action

(a) Agency PREA Policy Part:12,Section 12.01XX A.1.States residents will be screened upon arrival. According to the PREA Standards policy can include within 72 hours of the resident's arrival at the facility and periodically throughout confinement. This will give the facility 72 hours if needed to screen a resident. Resident's should be reassessed if they are involved in a sexual incident or disclosure of information that requires reassessment for risk of sexual victimization and/or abusiveness. The auditor will review policy change to 72 hours. The majority of screenings were done well past the 72 hours. A random sampling of RV/SAB screening during the July 2019 corrective action visit will be reviewed to determine screenings are completed within 72 hours to be compliance with this provision.

(b) During the Risk Screening residents must be given the opportunity to identification as lesbian, gay, bisexual, transgender, or intersex. During the last audit the Treatment Supervisor was assigned the task of completing Risk Screenings. A Staff member who is involved in treatment and/or case management is a more appropriate choice to conduct the screening assessment. The sexual abuse information received must only be disclosed on a need to know basis in regards to state and federal privacy laws, professional licensure, and ethical standards. Risk screening should be done in a safe and private environment. The auditor will review a random sample of risk screenings done during the corrective action phase, confirm that they are stored in the JAZ system for confidentiality, interview staff assigned to do the screenings, and interview a random sampling of residents to see if they had the opportunity to identify as lesbian, gay, bisexual, transgender, or intersex during screening.

(d) Medical and mental health screenings should be reviewed when conducting the Risk Screening. If a resident discloses prior sexual victimization or abusiveness during the screening a mental health referral should be made by the screening staff. Staff doing the screenings will be interviewed during the July corrective action visit.

(e) Policy states the department insures confidentiality of the RV/SAB screening, the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. During prior audits the RV/SAB was maintained in the JAZ System and not stored outside of the system for periods of time. The RV/SAB screening should be stored in the JAZ System for assurance of confidentiality.

Corrective Action to be completed by September 6, 2019

CORRECTIVE ACTION MET- Details in final report under standard 115.341

115.342 - Placement of residents

Corrective Action

(a) During the random sampling many of the screenings were done at Juvenile Hall or several weeks

after being placed at James Ranch. Current screening information was not used to make decisions on the placement of residents as required by the standard. As part of the intake process residents are required to have RV/SAB Screening within 72 hours of placement. The auditor will do a random sampling during the July 2019 corrective action visit to determine if residents are being screened within 72 hours of placement at James Ranch.

Corrective Action must be complete by September 6, 2019.

CORRECTIVE ACTION MET- Details in final report under standard 115.342

DATA COLLECTION AND REVIEW

115.386 - Sexual abuse incident reviews

Corrective Action

(c) Develop a Incident Review Team which includes upper-level management officials and includes input from line staff and medical or mental health practitioners. Provide a list of people on the incident review team by job title that meets Standard 115.386.

Corrective Action must be complete by September 6, 2019.

CORRECTIVE ACTION MET- Details in final report under standard 115.386

STANDARDS NOT MET 0

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.311 (a) Santa Clara County Policies and Procedures- William James Ranch Manual Part:12 Section:12.01 PREA Requirements I.A. states the department is committed to providing safe and secure custodial care for juvenile residents which includes zero tolerance towards all forms of sexual abuse and sexual harassment. Policy includes all sexual activity and states consensual sexual contact between residents is not allowed in the facility. Agency policy includes preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes investigating internally through Internal Affairs and externally in partnership with the Morgan Hill Police Department and supports prosecution. The PREA policy definitions listed on page 7 UU includes sexual abuse by resident on resident, resident by a staff member, contractor, volunteer, intern, and official guest/visitor.</p> <p>Existing policies reinforce and complement the Zero Tolerance Policy as they relate to staff behavior include Administration Policy and Procedures Manual, Part 200, Section 220 - Code of Ethical Conduct; Juvenile Hall Policy and Procedures Manual, Part 01, Section 1.05 – Code of Ethical Conduct, and Part 01, Section 1.06 – Staff Conduct; Ranch Policy and Procedures Manual, Part 01, Section 01.03 – Responsibilities and Relationships, Part 01, Section 01.04 – Probation Department Code of Ethical Conduct and Part 02, Section 02.03 – Guidelines for Conduct of Staff. These policies establish specific expectations for staff behavior as related to their responsibilities, among which include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Staff shall conduct themselves in a professional manner and as role models for residents/minors at all times. 2. Staff are prohibited from using profanities, obscene and derogatory language. 3. Staff shall maintain confidentiality of residents’ criminal charges, convictions, medical and mental health history. 4. Staff are prohibited from maintaining contact or developing social relationships with residents upon their release. 5. Staff shall treat all residents/minors and their family with respect and dignity and remain objective, fair and consistent when interacting with them. <p>(b)(c)Review of the agency organizational chart identifies the Probation Manager/Agency Wide PREA Coordinator who oversees Juvenile Hall and William James Ranch. Both of the facilities have a upper level management PREA Compliance Manager. The PREA Coordinator and Compliance Manager report directly to the Deputy Chief Probation Officer for Institution's. The PREA Coordinator reports the agency provides enough time to develop, implement, and oversee the agencies responsibilities in regards to PREA compliance. When implementing or making changes to policy the PREA Coordinator consults with the Compliance Manager of James Ranch. The PREA Compliance Manager is responsible for the day to day operation of PREA compliance. James Ranch has a Quality Assurance/PREA Unit which supports the Agency Wide PREA Compliance Manager and PREA Coordinator. This unit consists of three security probation staff members which includes a Supervising Probation Counselor, Probation Counselor II, and Probation Counselor. During the pre audit, audit, and post audit the auditor worked with the PREA Compliance Manager and QA/PREA Unit staff gathering required documentation.</p>

In reviewing policy, the organizational chart, and interviews with the Agency Wide PREA Coordinator, PREA Compliance Manager, QA/PREA Unit Staff, and other staff members the facility was found to have an established culture of zero tolerance of sexual abuse and sexual harassment. The residents know the zero tolerance policy and procedures and reported implementation on a daily basis. James Ranch was found compliant in all provisions of the standard. The agency and facility has a team approach in providing a safe environment and commitment to an environment free of sexual abuse and sexual harassment for the residents and staff. During the interviews it was reported to the auditor that staff and contractors work together to provide a safe environment for the residents. James Ranch employees are dedicated to providing a safe environment for the youth and to the zero tolerance of sexual abuse and sexual harassment policies. Staff interviewed after the daytime ratio changed to 2:12 reported how the increased supervision has made James Ranch a safer place for residents and staff. Staff told the auditor residents are more relaxed and the number of incidents have dropped.

SCC- William James Ranch Exceeds Standard 115.311

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>When interviewing the Deputy Chief Probation Officer, Institution Division he reported Santa Clara County Juvenile Probation does not have contracts for confinement services for the purpose of housing Santa Clara County youth. Youth are placed through the foster care system into foster homes and residential group homes that house residents from several different probation departments and social service agencies throughout the state.</p> <p>Standard 115.312(a)-(c) Santa Clara County Probation has not entered into any contracts for the sole confinement of SSC Probation youth.</p>
	SCC- William James Ranch Meets Standard 115.312

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) William James Ranch Facility was inspected by the Board Of State and Community Corrections (BSCC) in May of 2018. The 2016/2018 biennial inspection was reviewed by the auditor. James Ranch was found to have an adequate number of personnel to carry out the facility program, and to provide for the safety and security of minors and staff. The report notes the ranch has 79 permanent staff and 37 extra help staff. The inspection report states James Ranch has sufficient staff coverage to be compliant with the 1:8 & 1:16 PREA ratios. All of the staff had received 176 hours of Core Training including extra help staff members. Staff who supervise youth completes 40 hours of PC 830-832 training prior to exercising the powers of a peace officer. Inspection results found Title 15, CCR Minimum Standards were meet and there are no outstanding items of non compliance. Santa Clara County Juvenile Justice Commission inspection report dated August 2018 was reviewed by the auditor. The JJC 2018 annual inspection found residents to be well supervised and William James Ranch meets Title 15 standards for a safe and secure juvenile facility. The Title15 require one supervision staff member on duty for every 10 youth and one supervision staff member for each 30 youth during sleeping hours. There are no findings of inadequacy from federal investigative agencies or from internal or external oversight bodies.</p> <p>During the facility tour the following blind spots were noted. In all of the classrooms the bathroom doors are not locked and create an area that is accessible to staff and residents without being monitored. In classroom number five a stack of books is blocking the window between the classroom and office creating a blind spot. Behind the welding classroom there is an outside area that is walled off by a metal barrier creating a blind spot.</p> <p>James Ranch does not have cameras or a video surveillance security system in place except for cameras at the front and back gates. Due to the nature of the rural setting there were several blind spots throughout the facility that were corrected during the last PREA Audit. During the previous PREA Audit Restricted Areas and Restricted Access Part: 9 Section: 09.09 of the Procedures Manual was approved on 10/24/16 and implemented to correct blind spots. Safe Walk Areas outlines three established areas staff can use to take a youth for a walk and or talk one on one, if needed, to provide a break or to help the youth re-focus on their program. The On Duty Facility Supervising Probation Counselor (Facility SPC) must grant approval as outlined in Section IV. Accessing Restricted or Safe Walk Area.</p> <p>Procedures Manual Part: 05 and Section: 05.11 Recreational Area Usage was approved on 10/24/16 to address blind spots at the facility. This includes the swimming pool, weight room, blacktop area, and recreational hall. The staff and residents interviewed knew the policies and verified they are being followed on a daily basis.</p> <p>During the previous audit mirrors were installed to address blind spots in the mental health office. Kitchen staff takes out the garage instead of the residents to correct the blind spot in the garage area. Restricted area signs are posted in the required areas and were verified by the auditor. Mirrors were installed in the pool area by the restrooms and a security gate was installed and locked to separate the locker room area. Classroom six had a window installed in</p>

the door to correct the blind spot. The bathroom and supply closets were locked.

Procedures Manual Part: 02 Section: 02.09 Nighttime Operations was approved on 10/24/16. II Overnight Roles and Responsibilities F states a Supervising Probation Officer (SPO) will conduct unannounced rounds at the facility during Nighttime Operations. During the on site audit the auditor was told the facility has one SPO on duty each night to ensure the facility is secure, all youth are accounted for, all pod logs are current and updated, and the operation is in order. Unannounced rounds are documented in each of the housing Pod Logs. Interviews with the nighttime Supervising Probation Officer, daily staff schedule, random staff and resident interviews confirmed nighttime unannounced rounds are being done. The SPC explained the procedure how he has a radio so if staff tries to alert other staff of the unannounced round by radio he will hear. A random sampling of Pod Logs covering all shifts was reviewed by the auditor.

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

(b) Policy and Procedures Manual Part: 12 Section: 12.01 V and VI- Resident Supervision and Monitoring Policy was reviewed. The facility reported on the PAQ the most common deviations are for staff breaks, casework, court reports, and the movement of one or more resident. Deviations from the staffing plan are not documented. During the facility tour the auditor noted there is one staff member in each of the classrooms with a security staff posted in the quad area if needed. Each classroom has more than eight students, therefore, the facility is not meeting staff ratio during school hours. The facility is not compliance with Standard 115.313(b)

(c) The facility has not maintained a ratio of 1:8 during waking hours during school hours, staff breaks, casework, court reports, and during the movement of residents. The 1:16 ratios during resident sleeping hours has been met. There are six pods at the facility and the maximum number of residents in each pod is 12. There are two staff assigned to each pod. Standard 115.313(c) is not met due to waking hour ratios during school, when staff take breaks, casework, and during movements. When the pod has 12 residents or less they are in compliance or when both staff are present. However, when one staff member leaves a pod that has 8 or more residents the facility does not meet the 1:8 day time ratio.

(d) During interviews with upper management it was reported during the monthly manager meeting any concerns for safety of the residents and staff are discussed. The Probation Manager/PREA Compliance Manager and Agency Wide PREA Coordinator work together to address issues in regards to staffing and providing a safe environment for residents and staff. The Incident Review Team documents in their meeting notes the consideration of adequate staffing levels and whether monitoring could be supplemented by staff supervision. The auditor reviewed notes from a random sample of monthly meetings and there was no documentation of discussing the non compliance of waking hours staff ratios and possible interventions. There are no meeting notes on the need to document deviations. The auditor asked for specific documentation showing discussion of the non compliance of the waking hour ratios and the need to document deviations from the staffing plan. The facility did not provide documentation of reviewing the staffing plan to see whether adjustments are needed to the staffing plan, prevailing staffing patterns, or the allocation of agency or facility resources

to correct waking hour ratios and non compliance with documenting deviations when they happen. The facility is not in compliance with 115.313(d)

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

James Ranch meets all provisions of this standard except for blind spots, staff ratios during waking hours, and documentation of deviations from the required staffing ratio.

SCC- James Ranch does not meet Standard 115.313

CORRECTIVE ACTION:

(a) Blind Spots- In all of the classrooms the bathroom door handles must lock from the outside and remain locked when not in use. The stack of books in classroom number five that blocks the window between the classroom and office must be removed to correct the blind spot. In the outside work area of the welding classroom a dome shaped mirror needs to be installed to correct the blind spot behind the metal barrier.

CORRECTIVE ACTION COMPLETED

(a) The auditor made a corrective action visit to the facility on July 30, 2019 and toured the facility. Classroom bathroom door handles were replaced with keyed door knobs that lock and will remain locked when not in use. Two dome mirrors were installed correcting the blind spot in the welding work area behind the welding classroom. The books were removed that blocked the view into the office area in the welding classroom. A mirror was also installed behind the desk opening up the view of the office from inside the classroom.

A mirror was installed in the mop area behind the kitchen for extra safety. During the last PREA Audit signage was posted and policy stating that the behind the kitchen is a restricted area where residents are not allowed.

(b)The facility must fully document deviations from the plan for limited and discrete exigent circumstances. Deviations from the staffing plan during school, staff breaks, casework, court reports, and movement of residents are not considered exigent circumstances. The auditor will review documentation of deviations during the corrective action period and conduct staff interviews.

CORRECTIVE ACTION COMPLETED

(b) There have not been any deviations to the staffing plan since the new schedule was implemented requiring two staff to be present in the pod and classroom during waking hours unless exigent circumstances exist. If staffing levels drop below the 1:8 daytime ratio or 1:16 nighttime ratio it is mandatory that the Supervising Probation Counselor send an email notification to the managers including the PREA Compliance manager and PREA Coordinator for proper documentation as required in the PREA Standard 115.313(c). The auditor determined compliance during corrective action visit on July 30, 2019 and documentation received from the facility including Security Floater Job Description, Break Schedule, and emails from the Agency Wide PREA Compliance Manager and PREA Coordinator. The auditor

visited the facility on September 18 and talked with staff who reported no deviations to the staff ratios have happen with the new break schedule policy in place and the mandatory 2 staff per pod and classroom at all times. The auditor met Break Staff, Supervisors, Quality Assurance Supervisor, and with the Agency Wide PREA Coordinator and all reported there have not been any deviations since the implementation of the break schedule policy.

(c) Develop a PREA Compliant staffing plan correction that meets the 1:8 ratio during awake hours which includes classroom coverage. Relief factors including absenteeism, FMLA, sick leave, vacations, disability, and discipline should be taken into account. The hours and days of operation for each post. Provide a staff schedule including shift and post. Include staffing plan for movement of residents for medical or mental health visits, behavior issues, fights, and all other programing needs. Details of coverage plan for sporadic demands such as unexpected transports, breaks, medical/mental health watches etc. should be included. Documentation must include written evidence detailing description of staff deployment and how the facility has corrected the deviations from the daytime staffing ratio.

CORRECTIVE ACTION COMPLETED

(c) The corrective action plan was discussed and reviewed during phone calls, emails, and a corrective action visit on July 30, 2019. The corrective action plan was developed and timelines set to achieve compliance. All of the required documentation was sent to the auditor within the corrective action period, reviewed and determined to meet the requirements of the corrective action plan. The auditor visited on September 18, 2019 and the new break schedule was "institutionalized" throughout the facility during daytime hours.

Documentation was reviewed including emails between the PREA Coordinator/Facility Manager, PREA Compliance/Facility Manager, Administrative Support Officer Probation Department-Institutions Division, Human Resource Supervisor, Program Manager II, and the Deputy Probation Chief Officer of Institutions. The Job description for Security Floater positions was reviewed along with James Ranch daily schedule including the break schedule. The Security Staff have dedicated breaks and must be relived from their post for breaks, casework, movement of residents for medical or mental health visits, behavior issues, fights, and all other programing needs. The staffing schedule includes sporadic demands such as unexpected transports, breaks, medical/mental health watches. Each floater is assigned to two pods and do not have a caseload of their own. Their role is to support the pods they are assigned to and to maintain a staffing ratio of at least two staff per pod. The job description includes Floater Job Description during the school day, meal time, escort youth to/from furlough and visits, movement assistance, escorts to providers, nurses, doctors, transports, supervising during medication dispensing, 1 on 1 status during visits with providers, assistance during recreation, activities, work crew, intake, supervision during showers, supervision following an incident, and supervise youth preparing for transport and retuning from transport. The auditor conducted interviews during the corrective action visit with the PREA Coordinator/Facility Manager, Quality Assurance Supervisor and staff, Supervising Security Officer, Security Officers, Security Staff in the breaker floater position, and residents. Supervisors, Security staff, and residents reported there are always a minimum of two security staff in the Pods and classrooms at all time. The auditor was told that's the way it always is now and no one reported any deviations from the daytime ratios 1:8. It was reported that the ratios often exceed the ratios since there are only 12 residents in each pod. The PREA Compliance manager and Quality Assurance Supervisor reported that the schedule is based on the number of pods and not on the number of residents in each pod. staff coverage does

not fluctuate as the pod population changes.

Security staff interviewed reported there is less tension and drama with the residents and they seem more relaxed. The number of incidents has gone down having two staff in each pod regardless of the number of residents. It was reported to the auditor two staff are always in each pod and numbers are often below the maximum pod population of 12. Facility staff reported a lot of times there are 4 or 6 resident in a pod and two staff. Staff told the auditor residents like having more attention and interaction due to the daytime ratio compliance. The residents and staff know what to expect and security wise there is now always an extra set of eyes making the pods and classrooms safer from a security standpoint. Residents reported having two staff at all times is normal. William F James Ranch exceeds the 1:8 ratio on a daily basis as part of the facility staffing policy and procedures.

(d) The auditor did not receive documentation during the audit period that upper management reviewed the staffing plan to see whether adjustments were needed to the staffing plan, prevailing staffing patterns, or the allocation of agency or facility resources to correct waking hour ratio and non compliance with documenting deviations when they happen. The facility must provide documentation of the staffing plan assessment and correction plan to become compliant with the daytime staffing ratios and deviation documentation.

CORRECTIVE ACTION COMPLETED

Documentation of upper management reviewing the staffing plan was provided to the auditor by email, SharePoint, and during the corrective action visit on July 30, 2019. Including emails between the PREA Coordinator/Facility Manager, PREA Compliance/Facility Manager, Administrative Support Officer Probation Department-Institutions Division, Human Resource Supervisor, Program Manager II, PCSU Chief Steward/Negotiator, and the Deputy Probation Chief Officer of Institutions. The Agency Wide PREA Coordinator provided monthly James Ranch Section Meeting Agenda and Supervisor/Manager Monthly Meeting Minutes that were reviewed by the auditor and met the corrective action requirements. The meetings include reviewing the scheduling procedures, schedule mapping, Supervising Probation Counselor Schedule Proposal including discussion with labor relations and start dates. The agency's PREA Coordinator and PREA Compliance Manager and/or Deputy Probation Correctional Officer are in attendance and review and discuss adjustments to the staffing plan, prevailing staffing patterns, changes in the video monitoring system and agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

The auditor emailed the facility on February 5 & 12, 2019 an outline of corrective action requirements to meet staff daytime ratios. The maximum number of residents per pod is 12. The ratio in the living units is always 2:12 exceeding the required 1:8. The staffing plan requires each floater be assigned to two pods in addition to the 2 staff per pod. This results in 5 total staff being available for every 2 pods with a maximum population of 12 residents per pod. James Ranch exceeds Standard 115.313 by having a day time ratio of 2:12 as outlined in the Security Floater Job description, staff scheduled, and break schedule. During staff interviews the auditor determined the daytime ration of 2:12 is "institutionalized" at William James Ranch.

SCC- William James Ranch Exceeds Standard 115.313.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a-c) Procedures Manual Part:12 Section:12.01VII Limits to Cross Gender Viewing and Searches and James Ranch Procedures Manual Part 5, Section 05.08 states staff will not conduct cross gender strip searches, cross gender visual body cavity searches, or cross gender pat down searches except in exigent circumstances or when performed by a medical practitioner. No youth shall be subjected to a physical body cavity search except under the authority of a search warrant issued by a Judge specifically authorizing the physical body cavity search. The auditor interviewed staff, residents, and the facility nurse who all reported cross gender strip and visual body cavity searches are not conducted at William James Ranch facility. All of the staff members interviewed were knowable in regards to the policies prohibiting cross gender pat down searches. During the audit period no cross gender strip or visual body cavity searches have been conducted. Staff reported there is always enough staff available that cross gender searches never happen even in exigent circumstance. All of the staff interviewed reported they have never heard of a cross-gender pat down search happening during their employment at James Ranch. During the audit period there were no exigent circumstances where a cross gender pat down search was necessary, therefore, there was no documentation, including justification of cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat down searches of residents to review.</p> <p>(d) Procedures Manual Part: 12 Section: 12.01VII H-opposite gender staff must announce when entering a housing unit where residents are likely to be showering and changing clothes. During the interviews with residents and staff it was reported staff announce their presence when entering a pod. Residents interviewed reported staff knock on the door and announce their presents before entering. During the onsite audit the auditor noted staff announce when entering the pods where youth are housed. Staff and residents interviewed report opposite gender staff leave the pod, shower area, or changing area to give residents privacy. Staff showed the auditor the protocol for showering during the on site audit. All residents interviewed felt the staff respect their privacy and no one reported an incident where incidental viewing occurred.</p> <p>Procedures Manual Part: 12 Sections: 12.1VII. -Search Procedures for transgender youth states transgender youth will not be searched in a manner that is humiliating or degrading or to determine the youth's physical anatomy. Transgender youth are given the opportunity to request a male or female staff to conduct the search or to be present during a search if required. Preference is indicated on the Transgender Preference Form which is completed during intake and kept in the residents file. Staff interviewed reported transgender youth are given the opportunity to request a male or female staff to conduct searches or be present during a search. It was reported to the auditor this information is documented in a residents file on the Transgender Preference Form as part of the intake and assessment process while at Juvenile Hall before being transferred to William James Ranch.</p> <p>(e) Santa Clara County Probation Policy states genital status will be determined through conversation with a resident or by reviewing medical records not by searches. Staff members interviewed reported searches are never used to determine genital status of transgender or</p>

intersex residents.

(f) Security staff reported receiving training on cross gender pat down searches as part of the Defensive Tactics Training they receive annually. Staff interviewed had the required knowledge to do searches but reported having the staff available to ensure a cross gender pat down search or search of transgender and intersex resident does not happen even in exigent circumstances. A security staff who is a Defensive Tactics Trainer was interviewed and reported cross gender pat down searches are taught as part of the training they provide to staff members.

The auditor reviewed policy and procedures regarding limits to cross-gender viewing and searches and took into account staff and resident interviews. Security staff have received the required training and knowledge of cross gender pat down searches. Residents and staff reported staff announcing their presence when entering a opposite gender housing unit. Showering procedures and during the use of the toilet allow for residents privacy.

All provisions of Standard 115.315 are met. All of the staff interviewed reported they have never heard of a cross-gender pat down search happening during their employment at James Ranch. Staff work together to ensure policy is followed even during exigent circumstance. James ranch exceeds Standard 115.315

SCC-William James Ranch Exceeds Standard 115.315

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part: 12 Section 12:01 VIII I. states the department shall take steps to ensure residents with disabilities have an equal opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Resident PREA information is written in English, Spanish, and Vietnamese. The auditor reviewed contracts with resources used for translation. A list of bilingual employees was provided for auditor review. The list includes Spanish, Vietnamese, and Chinese . Translation is handled through contracted resources. Accommodations for residents with disabilities are made in accordance with Administration Services Policy and Procedures Manual, Part 300-Use of interpreters and the Department Language Access Plan to ensure residents that have limited English are deaf, or disabled can report sexual abuse to staff directly, through interpretive technology or through non-youth interpreters.</p> <p>(b) James Ranch Policies and Procedures ensures residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA related information is available in English, Spanish, and Vietnamese. The auditor was provided with the PREA informational pamphlet in the three languages. If the resident is unable or unwilling to read intake information staff will read and explain the forms to the juvenile. All residents interviewed reported having one on one interaction with staff during the intake process. Contracts were reviewed with translation services which includes telephonic and in person communication. Contracts include Sign Language for deaf and hard of hearing, and for written translation services in support of meeting DOJ language Access Plan for Limited English Proficient population. Residents with intellectual and psychiatric disabilities were interviewed by the auditor and had a comprehensive understanding of all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>(c) Procedures Manual Part: 12 Section: 12.01 VIII C states the department prohibits the use of resident interpreters. The department has interpretation and translation services provided by employees, volunteers and contractors. The department has approximately 120 full-time bilingual employees within the institutions and juvenile services divisions of the department providing language, interpretation and sight translation services primarily for Spanish and Vietnamese speaking populations. These employees are certified by the county department of human resources to provide either only oral or both oral and written language assistance. Probation has a contract with a language line service to provide telephonic interpreter services and a contract with the Santa Clara County Superior Court certified Interpreters Program to provide interpreter services for telephonic and in person communication if needed. There were no limited English residents at James Ranch during the on site audit. Policy and procedure review and staff interviews confirmed resident interpreters are not used in the facility. Staff is knowledgeable on the policies and procedures in regards to the intake process and obtaining services for youth who are disabled or with limited English proficiency. All provisions of this standard are met.</p> <p>SCC- William James Ranch Meets Standard 115.316.</p>



115.317	Hiring and promotion decisions
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 954">(a) Administration Policy and Procedures Manual, Part 200, Section 200.5 Santa Clara County Probation Department Policy states all sworn employees undergo peace officer background checks which includes polygraph examination, psychological evaluation, physical examination, and criminal background investigations. All non-sworn staff/employees, as well as volunteers, contractors and interns undergo a criminal background investigation through the DOJ prior to the start of employment or service. The department is statutorily mandated to receive subsequent arrest notifications from the Department of Justice regarding any criminal charges brought against a sworn staff, non-sworn staff, contractor or intern including those working in juvenile facilities. During the on site audit the auditor interviewed the Human Resource Department Manager and reviewed the hiring process including personnel and background files. The background file includes child abuse index, firearms, FBI, State, Federal, Police Department checks in every city the applicant has lived, credit history, residence history, complete employment history, criminal history, and 10 year life history which includes interviewing neighbors where applicant has lived. Driving history for the past 10 years is also reviewed.</p> <p data-bbox="252 1010 1477 1346">(b) Procedures Manual Part: 12 Section: 12:01 XI G. The agency considers any substantiated incidents of sexual abuse or sexual harassment in determining whether to hire, promote or contract with an individual. Disciplinary records are kept in the personnel file and an employee cannot promote if they have a disciplinary letter or Internal Affairs investigation in their file. The HR Department Manager reported an employee with any substantiated incidents of sexual harassment or sexual abuse of a resident would be terminated from employment and/or be removed from the department during the investigation. The case would be referred to the Sherriff's Department for investigation and filing of charges.</p> <p data-bbox="252 1402 1461 1648">(c) During the HR Manager interview a random sampling of hired or promoted persons in the last 12 months were reviewed. All files included the Criminal History Check submitted to the State of California, Department of Justice Bureau of Criminal Information and Analysis, FBI, Child Abuse Central Index, and Firearm Eligibility Clearance with the DOJ Firearms Division Eligibility. A random sample of 5 hired or promoted employees were reviewed by the auditor and all files met all provisions of Standard 115.317.</p> <p data-bbox="252 1704 1477 1939">(d) All non-sworn staff/employees, as well as volunteers, contractors and interns undergo a criminal background investigation through the DOJ prior to the start of employment or service. Upon arrival to William James Ranch volunteers and contractors are required to check in at the Administration Office before entering the facility and having contract with residents. Criminal background clearance, child abuse registries clearance, and PREA education must be current in order to enter the facility.</p> <p data-bbox="252 1995 1477 2152">(e) Procedures Manual Part: 12 Section: 12.01 XI B states the department has an automatic notification system in place to capture information on law violations for current employees. All staff/employees are required to advise their direct supervisor/manager, deputy chief probation officer of the division they are assigned, or the executive administrative services manager of</p>

the administrative services division within 24 hours or by the next business day of any felony or misdemeanor arrest or citation. Administrative Services Policy and Procedures Manual Part 200, Section 231 states any employee failing to provide notification of an arrest, citation or change in driver license status may be subject to disciplinary action including suspension, demotion or termination. This policy was verified by the HR Department Manager during the on site audit interview.

(f) Procedures Manual Part:12 Section:12.01XI A and F. Administration Policy and Procedures Manual, Part 200, Section 200.5 states the department asks all applicants and staff who have contact with the residents about previous misconduct in written applications and during interviews for hiring, promotions and contractors.

(g) Policy Manual Part: 12 Section: 12.1 XI I. Staff being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct, or the provision of materially false information shall be grounds for termination.

The auditor reviewed policies, personnel files, and interviewed the Human Resource Manager to determine Santa Clara County Juvenile Probation exceeds the requirements of the standard. The background check is a comprehensive and thorough process that exceeds the requirements of the standard.

SCC-William James Ranch Exceeds Standard 115.317

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	William James Ranch has not updated the video monitoring system, electronic surveillance system since the last PREA Audit.
	The facility will be moving to a new dorm building with video monitoring before the next PREA Audit.
	SCC-William James Ranch Meets Standard 115.318

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:12 Section:12.01 XIV James Ranch refers all allegations of sexual abuse to the Morgan Hill Police Department. During the onsite audit the Deputy Chief Probation Officer, PREA Compliance/Deputy Probation Manager, Agency Wide PREA Coordinator/Deputy Probation Manager, and random staff interviews confirmed all allegations are investigated by the Morgan Hill Police Department. Santa Clara County Probation Office of Internal Affairs investigates allegations involving staff members in conjunction with the Morgan Hill Police Department or after the law enforcement investigation is completed.</p> <p>(b) When Internal Affairs Investigators conduct a sexual abuse investigation, the agency investigators do not collect evidence but relies on the Morgan Hill Police Depart who follows a uniform evidence protocol. The immediate response involves facility staff including First Responders, Security Staff, Supervisors, Facility Managers, Medical and Mental Health, Police Department, PREA Coordinator, and Agency Wide PREA Coordinator duties are outlined in the Santa Clara County Probation Coordinated Response Plan for sexual abuse or assault. Residents have confidential access to their attorney or other legal representation, and parents or legal guardians for reporting sexual abuse allegations. The policy ensures all allegations of sexual abuse or sexual harassment are referred for investigation and the administrative and/or criminal investigation is completed.</p> <p>(b) Procedures Manual Part:12 Section:12.01XVI A. Policy and Procedures Manual, Part 02, Section 2.05- Child Abuse Reporting were reviewed by the auditor. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations is published on the agency website. Procedures Manual Child Abuse Reporting Part: 2 Section: 2.05 III Specific Procedures for Reporting states when there is known or suspected abuse the reporting employee shall report by telephone to Morgan Hill Police Department to begin an investigation. This report must occur immediately or as soon as practicably possible. Procedures Manual Part:12 Section:12.02 Sexual Assault Coordinated Response Plan describes in detail the responsibilities of both the agency and the investigating entity. The policy includes a PREA Coordinated Response Flowchart. When interviewed Investigative Staff reported the agency policy requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with legal authority to conduct criminal investigations. SCC-James Ranch refers to Morgan Hill Police Department. Investigators reported Internal Affairs also investigates if the allegations referred to the Police Department involves a staff member.</p> <p>(c) The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. Santa Clara County Juvenile Probation transports victims to Valley Medical Center for forensic medical examination. The forensic tests and examinations are performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). The Sexual Assault Response Team (SART) at Valley Medical Center provides medical and forensic response to victims 24 hours a day, 7 days a week in the emergency department. The hospital has approximately 20 specially trained registered nurses who serve as SART</p>

nurse examiners. During the audit period no forensic medical exams were conducted. Policy states treatment services are provided without financial cost to the sexual abuse victim regardless if the abuser is named or if the victim cooperates with any investigation arising out of the incident while in or out of custody. If the sexual abuse occurred within 72 hours the minor will be transported to the emergency department and will be treated by the Santa Clara County Valley Medical Center Sexual Assault Response Team. James Ranch staff makes the report to Morgan Hill Police Department. The Police Department initiates a SART exam at Valley Medical Center emergency room for evidence gathering as part of their investigation process. During the on site audit no residents were at the facility who were a victim of sexual abuse while at the James Ranch Facility.

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

(e) The auditor interviewed a staff member of YWCA and was told a staff member accompanies and supports the victim through the forensic medical examination, during investigatory interviews, and provides emotional support, crisis intervention, information, and referrals. There is a red phone at the facility in the nurses office that allows residents 24 hour access to a YWCA Counselor. The auditor verified during the facility tour the phone directly connects to a YWCA Counselor. Interviews with the nurse manager and YWCA staff member confirmed resources are available to the victim as long as they request services including in the community once they are released from James Ranch. The community-based organization support services are available to all victims of sexual abuse even if the abuse happened prior to the victim being part of the probation system.

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

The auditor reviewed policy and procedures, the YWCA contract, and conducted interviews to determine services offered by the Rape Crisis Community based Advocate Agency exceeds the Standard.

SCC- William James Ranch Exceeds Standard 115.322.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:12 Section:12.01 XIV Residents have confidential access to their attorney or other legal representation, their parents, or legal guardians for reporting sexual abuse allegations. The policy ensures all allegations of sexual abuse or sexual harassment are referred for investigation and the administrative and/or criminal investigation is completed. The department refers all allegations of sexual abuse at James Ranch to Morgan Hill Police Department. The Deputy Chief Probation Officer confirmed all allegations are investigated by the Morgan Hill Police Department and/or Santa Clara County Probation Office of Internal Affairs. There were zero PREA incidents reported during the audit period. The auditor reviewed all of the incident reports involving sexualized behavior to verify they did not qualify as a PREA incident.</p> <p>(b) Procedures Manual Part:12 Section:12.01XVI A. Policy and Procedures Manual, Part 02, Section 2.05- Child Abuse Reporting were reviewed by the auditor. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations is published on the agency website. Procedures Manual Child Abuse Reporting Procedures Part: 2 Section: 2.05 III Specific Procedures for Reporting states when there is known or suspected abuse the reporting employee shall report by telephone to Morgan Hill Police Department to begin an investigation. This report must occur immediately or as soon as practicably possible.</p> <p>(c) Procedures Manual Part: 12 Section: 12.02 Sexual Assault Coordinated Response Plan describes in detail the responsibilities of both the agency and the investigating entity. The policy includes a PREA Coordinated Response Flowchart. When interviewed Investigative Staff reported the agency policy requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with legal authority to conduct criminal investigations. SCC-James Ranch refers to Morgan Hill Police Department. The investigator stated Internal Affairs investigates all allegations referred to the Police Department that involve staff members.</p> <p>James Ranch is in compliance with all provisions of the Standard as outlined in policies and procedures reviewed by the auditor and verified through interviews during the onsite audit.</p> <p>SCC-William James Ranch Meets Standard 115.322.</p>

115.331	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>a) Procedures Manual Part:12 Section:12.1 PREA Policy and Standards by Codes XV and Ranch Policy and Procedures Manual, Part 02, Section 02.04 Staffing/Staff Training requires staff to take an 8 hour PREA class. Preventing Sexual Misconduct includes lecture, a workbook and time for questions. The training curriculum was reviewed by the auditor and all topics 115.331 (a) 1-11 were included in the topics covered. Employees are required to sign the PREA Policy and Acknowledgement Statement documenting they have attended and understood the 8 hours training. During random staff interviews all employees were knowledgeable in topics 115.331 (a) 1-11. A random sampling training certificates were reviewed by the auditor.</p> <p>(b) William James Ranch and Juvenile Hall facilities house co-ed residents, therefore, all employees receive training tailored to the unique needs and gender of all the residents. Employees that are reassigned do not need further training. Cross gender supervision is included in the training employees receive.</p> <p>(c) Policy states refresher training will be provided every two years. Employees are required to take an online PREA refresher training class every two years. The auditor reviewed the online training slides and the content is compliant with the standard. Employees take the class while on duty and it takes an average of 2- 2 1/2 hours to complete. Staff members must pass a test and receive a 83% or higher to gain a completion certificate. Staff members have access to the Training Management System (TMS) and have their own registration cover sheet which lists all the mandatory classes and dates of completion. A copy of the training certificates for a random sampling was reviewed by the auditor.</p> <p>Between PREA Refresher trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The information is shared via email as reminders of the protocol and policy. All staff members are required to read the Agency Policy and Procedures electronically once a year. This includes the PREA Policies.</p> <p>(d) At the completion of the 8 hour PREA Training Staff Acknowledgement Statement form is signed by staff to document they have completed and understand the training they received. The form states the department's position on zero-tolerance of sexual abuse, sexual harassment, and sexual misconduct. The acknowledgement includes a statement that staff will report sexual abuse and/or sexual harassment immediately.</p> <p>The auditor reviewed the training curriculum for the 8 hours PREA Class. The two year refresher course is on line and the auditor reviewed the training slides. Both PREA classes meet all provisions of the standard. A random sample of training records showed all staff as up to date on their PREA training requirements.</p> <p>Random staff interviews revealed that staff are knowledgeable of the PREA Training content and their obligation as mandated reports. They take the job of keeping residents safe from sexual abuse and sexual harassment seriously. All provisions of Standard 115.332 are met.</p>	

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b) SCC-James Ranch PREA Policy12 Sections: 12.01XVI page 23 requires volunteers and contractors receive PREA training. Interviews with the Agency Wide PREA Coordinator, PREA Compliance Manager, Contractors, and Volunteers reported they had receive PREA training. During interviews with contractors they were knowledgeable in their responsibilities under PREA. Interviewee's knew the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. The Agency Wide PREA Coordinator has provided volunteer and contractor agencies a link to the 2 hour online PREA Refresher Training. All volunteers and contractors are required to complete this training which meets the requirements for the services they provide and the level of contact they have with the residents. The auditor reviewed training slides for the PREA Refresher Training volunteers and contractors are required to complete. The auditor requested a random sampling of volunteer/contractor Training Certificates and Acknowledgment Statement Form to determine compliance.</p> <p>(c) By signing the forms volunteers and contractors acknowledge they have received and understand Santa Clara County's Probation Department policy on zero tolerance of sexual misconduct, sexual abuse, sexual harassment, and acknowledge they will report any findings of sexual misconduct, sexual abuse, and sexual harassment immediately. Community based organizations and volunteers must check in though the Admissions Office at James Ranch. At that time their fingerprint clearance and training is verified if either is not up to date they are not allowed into the facility.</p> <p>SCC-William James Ranch meets Standard 115.332</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b) Policy and Procedures Part:12 Section:12:01 XVII A states residents are given information presented in an age appropriate manner on the zero-tolerance policy and how to report sexual abuse or sexual harassment during intake. Residents will receive the PREA Orientation Video and/or class at Santa Clara County Juvenile Hall within 10 days of being admitted. All James Ranch placements are transferred from Juvenile Hall. The PAQ stated 108 residents were admitted to James Ranch in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse/sexual harassment, and from retaliation for reporting such incidents. The New Admit Orientation & Resident Education Form is used by Juvenile Hall and James Ranch to document PREA Education. There are two sections on the form- Section 1. New Admit Orientation upon Admission- A. Zero Tolerance for Sexual Abuse/Sexual Harassment and B. How to Report Sexual Abuse/Sexual Harassment (upon admission). Section 2 of the form documents Resident PREA Education (within 72 hours of admission). Each section has a place for the staff to sign documenting they delivered the information and the resident signs they received the information and understand it. During the audit no residents were in the facility that had been admitted prior to August 20, 2013. The auditor reviewed Procedures Manual Part: 12 Section: 12:01 XVII Resident Education and Orientation and Procedures Manual, Part: 03, Section: 03.02 which include policy regarding sexual abuse and sexual harassment between youth and between staff and youth. All sexual relationships between youth even if the relationship is consensual are prohibited at James Ranch. Sexual contact between youth and staff is reported to Morgan Hill Police Department. The facility maintains a signed copy of the Sexual Abuse and Sexual Harassment Prevention and Reporting Form-New Admit Orientation and Resident Education which includes the date of admittance to the facility, date of New Admit Orientation, date of Resident Education, and the Minor's release date. Residents are told how to report sexual abuse/sexual harassment in one of the following ways even if they are a witness to an incident.</p> <p>Fill out a grievance form or a sick call request form and place in the appropriate locked confidential box provide on each living units.</p> <p>Write a letter to a facility Manager or the Deputy Chief of institutions or any other agency or facility staff member.</p> <p>Talk to agency and/or facility staff, chaplain, teacher, attorney, parent/legal guardian or any trusted adult.</p> <p>Use the telephone hotline (red Phone) in the medical clinic to contact the YWCA.</p> <p>Use the resident phone located in the pod area to call and report to an outside individual or agency.</p> <p>A random sampling of New Admit Orientation & Resident Education Forms were reviewed by the auditor. 115.333(a) was compliant as section one of the form was signed by all youth receiving the New Admit Orientation and by the staff delivering the education. All of the residents interviewed reported receiving the New Admit Orientation information during intake. Standard 115.333(b) is not compliant as Resident Education is not documented on the majority of the forms. The auditor reviewed 16 forms and 4 were signed by both the resident</p>

receiving the education and the staff delivering the education within 10 days of placement. There were two residents who received the training 30-60 days after placement. For the other 10 youth Resident Education was not documented as the form was not signed by the resident or staff member. Minors release date was signed by staff on all of the 16 forms documenting when they were transferred to James Ranch.

(c) James Ranch PREA Policies and Procedures do not differ from those of the previous facility which is Santa Clara County Juvenile Hall. Residents receive PREA education at Juvenile Hall which includes their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents.

Policy states all residents will receive the brochure Zero Tolerance Policy and Sexual Abuse Reporting and watched the video on Sexual Abuse and Sexual Harassment Prevention and Reporting given 72 hours of admission. The youth signs they understand the department's zero tolerance policy right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents including ways to stay safe, and what to do if they are sexually abused or harassed. If it is not documented that the youth received PREA Education at Juvenile Hall the resident is required to receive the PREA Education at James Ranch.

(d) Procedures Manual Part:12 Section:12.01 XVII B states PREA education includes a video and packet that is available in English, Vietnamese, and Spanish. If a youth cannot read someone fluent in the resident's language will read the packet to the resident. The auditor reviewed Policies and Procedures Manual, Part: 10, Section:10.06 Unit Orientation IV. The Youth Service Unit Orientation includes a workshop and/or PREA video. The YWCA of Silicon Valley provides Sexual Assault Education Services at Juvenile Hall on a weekly basis and seven workshops at the Ranch during the contract year. The educational workshops are consistent with best practice utilizing a cognitive behavioral interactive process of learning.

(e) Policy states documentation of the resident's participation in PREA education is maintained by the facility. The youth signs the Sexual Abuse and Sexual Harassment Prevention and Reporting New Admit Orientation and Resident Education form. During the intake process the staff who delivers the information signs the form documenting the resident received information on zero tolerance policy how to report sexual abuse, sexual harassment, or behavior that makes them feel uncomfortable. Documentation also includes sign in sheets for the YWCA PREA training, Youth Service Plan (YSP) (Orientations completed and dates), and in the JAS System (residents file). Interviews with residents and staff confirmed residents receive the PREA information through several different means such as intake information, PREA information video, YWCA of Silicon Valley PREA Workshops, and posters throughout the facility. Resident know the red phone is available 24 hours a day in the nurses office. One resident reported using the phone to report abuse that happened prior to being admitted to Juvenile Hall and James Ranch. James Ranch has not met 115.333(e). The facility had not maintained documentation of resident participation in PREA education sessions for the majority of the residents randomly sampled New Admit Orientation and Resident Education forms.

(f) Part:12 Section:12.01 XVI states the facility ensures key information is continuously and

readily available or visible to residents through handbooks and other written formats. Signage with key information is posted in the pods, dining hall, school, recreational hall, intake area, and visitors entrance. Residents interviewed by the auditor understood the PREA education. The PREA education video was reviewed by the auditor who recognized Juvenile Hall staff delivering the information. Youth go through the intake process at Juvenile Hall before being transferred to James Ranch. Posters are placed throughout James Ranch highlighting information on PREA. The auditor reviewed policies and procedures, resident education video, interviewed YWCA PREA Education staff, and resident's brochures in English, Spanish, and Vietnamese to determine compliance with all provisions of the standard except 115.333(b).

SCC- James Ranch does not meet all provisions of standard 115.333.

CORRECTIVE ACTION:

(b) James Ranch is not compliant as Resident Education is not documented on the majority of the New Admit Orientation & Resident Education Forms sampled by the auditor. The auditor will do a random sampling of PREA education documentation in July 2019 and corrective action must be completed by Sept 6, 2019.

(e) The facility had not maintained documentation of resident participation in PREA education for the majority of the random sample reviewed by the auditor. The auditor will do a random sampling of PREA education documentation in July 2019 and corrective action must be completed by Sept 6, 2019.

CORRECTIVE ACTION COMPLETED

(b)(e) During the corrective action period the auditor and Quality Assurance staff at James Ranch and Juvenile Hall worked together to streamline the documentation of PREA Education as required by the PREA Standards and Santa Clara County PREA Policies and Procedures. Residents receiving PREA education within 10 days of intake was often not being documented on the New Admit Orientation and Resident Education form rather in the residents file in the JAZ System. James Ranch uses the Ranch Orientation form to document that a youth has received the PREA Education at Juvenile Hall. The form was reviewed by the auditor and includes the following sections and staff member responsible to complete: Pod Orientation/ Welcome Group (Probation Counselor), Family Orientation (Probation Counselor), Pre-Admit Orientation (After Care Counselor), New Admit Orientation (Supervisor), and PREA Vulnerability Assessment Screening section. The Aftercare Counselor meets with the youth at JH before they are transferred to JR and completes the Pre-Admit Orientation section. The Pre-Admit Orientation includes discussing the youths gender identity and sexual orientation which is documented on the Ranch Orientation Form. The New Admit Orientation is completed by the Supervisor and includes the documentation that the resident received the PREA pamphlet/education and explanation of the reporting process while at Juvenile Hall. Both the supervisor and resident signs this section. In the New Admit Orientation section the Supervisor verifies that the resident received the PREA Education at JH including the reporting process and signs and dates this section as does the resident. The PREA Vulnerability Assessment Screening (within 72 hours of admittance, completed/reviewed for pod assignment). This section includes a place for Quality Assurance Screening Staff to sign and date PREA Vulnerability Assessment Screening was completed and documents a mental health referral was submitted if needed. The section also includes re-assessment documentation QA Staff and date. A random sample of resident Ranch Orientation forms during the corrective action

period were reviewed by the auditor and all documented PREA Education being completed at JH and PREA Vulnerability Assessment completed with in 72 hours of admittance.

SCC- William James Ranch Meet Standard 115.333.

The auditor recommended to the Agency Wide PREA Coordinator and the PREA/Quality Assurance Unit staff that period PREA Education at the Ranch would be a good refresher for residents. The Agency Wide PREA Coordinator had the idea of making a video using Ranch staff.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Policy Manual Part:12, Section:12.01 XVIII mandates the department maintain documentation that Santa Clara County Probation Internal Affairs investigators receive specialized training as per this standard. Specialized training received includes sexual abuse investigations which is a three day training all Internal Affairs Investigators attend as part of their job training. Investigators attend a 16 hour specialized training in Forensic Interviewing of Child Abuse Victims' which includes rapport building, development assessment, fact-finding, and closure/termination with the child at the end of the interview. Two Internal Affairs Officers were interview by the auditor during this audit cycle and one during the on site audit at James Ranch. Both have a long history of working for Santa Clara County Probation and in confinement facilities within the agency . Internal Affairs officers have training and experience working in confinement facilities, delinquency, and sexual abuse investigations.</p> <p>(b)(c) Internal Affairs investigation training includes techniques for interviewing juvenile sexual abuse victims and perpetrators. Proper use of the Miranda and Garrity warning, sexual abuse evidence collection in a confinement setting, criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Morgan Hill Police Department conducts the criminal investigations and collects DNA and/or evidence within the confinement setting. Investigators do their interviews once the Police Department is finished. Internal Affairs conducts the victim interviews as soon as possible.</p> <p>(d) Documentation of specialized training in maintained in the IA investigator file.</p> <p>The auditor reviewed Policy and Procedures and documentation of specialized training which includes special investigation for sexual abuse in a confinement setting. The Internal Affairs Investigators interviewed reflect knowledge in investigation of sexual abuse and sexual harassment per standard 115.334. James Ranch meets all provisions of the Standard.</p> <p>SCC-William James Ranch Meets Standard 115.334</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Agency Procedures Manuel PREA Part:12 Section:12.01 XIX states medical and mental health staff will receive rape and sexual abuse sensitivity training through the Valley Medical Center Sexual Assault Response Team (SART) and with the local Rape Crisis Center (RCC). The department ensures full and part time medical and mental health care practitioners working in the juvenile facilities have been trained in detecting, assessing, and responding effectively and professionally to the signs of possible sexual abuse and the preservation of physical evidence. Training includes how to respond effectively and professionally to victims of sexual abuse/harassment. Mental health and medical staff interviewed were knowledgeable in regards to the required PREA training and their responsibilities. Medical and mental health staff reported some of the information in the PREA Training was also required and received as part of their education and professional licensure requirements.</p> <p>(b) N/A medical staff at SCC-James Ranch do not conduct forensic exams. Victims are transported to Santa Clara Valley Medical Center and seen by the Sexual Assault Response Team. There are approximately 20 specially trained SART Nurse Examiners and the department operates 24 hours a day. The SART Nurse Examiners provide medical evaluation and treatment, collects evidence for forensic purposes, and will testify in court as necessary. The Nurse reported there were no incidents of sexual assault during the audit period. Interviews with upper management, security staff, and residents confirmed there were no incidents of sexual assault during the audit period.</p> <p>(c) Health care Program Manager and Mental Health Manager were interviewed during the JH audit in this audit period. They stated PREA training is part of the contracts. Starlight the contract agency for mental health has their own PREA trainer and verification is emailed on a monthly basis to the Health Care Program Manager to confirm training of contract employees. The Mental Health Manager and Health Care Program Manager report staff under their supervision are 100% PREA trained. Starlight Mental Health Counselors and the James Ranch Registered Nurse were interviewed. A random sample of PREA training certificates and Staff Acknowledgement Training Statement forms for mental and mental health staff were requested from the facility to determine compliance.</p> <p>SCC-William James Ranch meets Standard 155.335.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:12 Section:12:01 XX Screening for Risk of Sexual Victimization and Abusiveness states The Risk of Victimization/Sexually Aggressive Behavior RV/SAB instrument will be given to residents to assess potential risk. Residents will be screened upon arrival. PREA Policy and Procedures states residents will be reassessed when warranted due to a referral request, incident of sexual abuse, or receipt of additional information that bears on the residents risk of sexual victimization or abusiveness. Two Probation Counselors from the Quality Assurance/PREA Unit screen the youth together. During interviews they reported reading the residents file in preparation and reviewing the last risk assessment. If an answer has changed from the last assessment they ask more clarifying questions. At the completion the resident is asked if they have anything else they want to add. The screening is done on a form and entered into the JAZ System as part of the residents case file. During the on site audit there were several assessments that had not been entered into the JAZ system. The random sample of resident screening checked by the auditor were not done within 72 hours of admit to James Ranch.</p> <p>(b) Risk assessment is conducted using an objective screening instrument. Some of the RV/SAB screenings reviewed by the auditor were missing the space where it documents the staff member doing the screening. The form does not include the date of placement so the auditor used the Custody History Update sheet which has the Admit Date and Facility Code to determine if the facility is doing screenings within the first 72 hours.</p> <p>(c) The screening instrument was reviewed by the auditor and meets all requirements of standard 115.341 (c)- (1) Prior sexual victimization or abusiveness;(2) 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; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Staff members conducting the screen reported they do not ask the resident if they identification as lesbian, gay, bisexual, transgender, or intersex. Residents interviewed reported they were not asked how they identify during the Risk Screen but were asked at other times when meeting with mental health staff. The enumerated factors require both an objective (is) and a subjective (is perceived to be) determination. The objective determination requires an resident be affirmatively afforded an opportunity to self-identify as LGBTI, if the resident chooses to do so. The staff do consider any other relevant knowledge or information regarding residents' LGBTI status. The subjective component—whether a resident appears gender nonconforming—necessarily requires a determination based on the perception of the screening staff and is documented on the RV/SAB screening.</p> <p>(d) Screening staff reported they review the JAZ notes on the computer including the residents file including court reports, behavior reports, previous risk assessments, and IEP information.</p>

The Pod supervisor is notified for supervision purposes if a resident reports having experienced prior sexual victimization. A mental health referral is not made by the screening staff.

(e) Results from the RV/SAB Screening Risk Assessment Instrument and case classification assessment are entered in the JAS database where it is available and maintained in the juvenile's case file. During the on site audit there were several RV/SAB Screenings that were completed but had not been entered into the JAZ System. Policy states the department insures confidentiality of the RV/SAB screening information is maintained. There is a tracking system that shows who accesses the screening information in a residents file. Results from the RV/SAB Screening, Risk Assessment Instrument and case classification assessment are entered in the JAS database where it is available and maintained in the juvenile's case file.

The following provisions of the standard are not met and require corrective action.

CORRECTIVE ACTION

(a) Agency PREA Policy Part:12,Section:12.01XX A.1.States residents transferred from Juvenile Hall will be screened within 72 hours of arrival to the facility.

(b) During the Risk Screening residents must be given the opportunity to identification as lesbian, gay, bisexual, transgender, or intersex. The sexual abuse information received must only be disclosed on a need to know basis in regards to state and federal privacy laws, professional licensure, and ethical standards. Risk screening should be done in a safe and private environment. The auditor will review a random sample of risk screenings done during the corrective action visit July 2019, confirm that they are stored in the JAZ system for confidentiality, interview staff assigned to do the screenings, and interview a random sampling of residents to see if they had the opportunity to identify as lesbian, gay, bisexual, transgender, or intersex during screening.

(d) Medical and mental health screenings should be reviewed when conducting the Risk Screening. If a resident discloses prior sexual victimization or abusiveness during the screening a mental health referral should be made by the screening staff. Staff doing the screenings will be interviewed during the July corrective action visit.

(e) The department insures confidentiality of the RV/SAB screening, the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. During prior audits the RV/SAB was maintained in the JAZ System and not stored outside of the system for periods of time.

CORRECTIVE ACTION COMPLETED

(a) A random sample of the Risk of Victimization/Sexually Aggressive Behavior RV/SAB screening for residents placed during the corrective action phase were reviewed by the auditor and were completed within 72 hours of transferring to James Ranch from Juvenile Hall.

(b)The auditor interviewed the screening staff and a random sample of residents placed at JR during the corrective action period who reported they were asked if they identification as lesbian, gay, bisexual, transgender, or intersex and they sexual orientation. Residents report

being asked during risk assessment when placed at Juvenile Hall, during Pre-Admit Orientation before transferring to James Ranch, during Risk Screening at JR, and when being assessed by mental health.

(d) The screening staff was interviewed by the auditor during the corrective action visit. The screener reviews the Ranch Orientation Form Pre Admit Orientation which includes gender identify, sexual orientation, heightened need for supervision, separation of youth for safety, and any other additional safety precautions. The case file including past Risk screenings, mental health screenings, behavioral records, and criminal history are reviewed. If any of the information given during the Risk Screening differs from previous screenings the screening staff documents the changes.

(e) Screening staff interviewed stated that they have to have permission to access the system and acquire the RV/SAB screening form for the residents. After the resident is screened the completed RV/SAB screening is submitted and the JAZ system updates. During the corrective action interviews it was varied by the auditor that all screenings are entered into the JAZ system to maintain confidential and not stored outside of the system for long periods of time. The PREA Compliance Manager, Quality Assurance Supervisor, and Quality Assurance staff member who does screenings were interviewed.

SCC-William James Ranch Meets Standard 115.341

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:12 Section:12:01 XXII. Policy states housing decisions are made based on the results from the RV/SAB screening. The Treatment Manager at James Ranch reviews the case file, screening information, and other assessment information to guide staff in bed assignment, programming, education, work assignment, referral to clinician, or treatment intervention. Currently the counselors completing the screening are not involved in making decisions on housing, bed, work, education, and program assignments. Risk screening information is given to the Supervising Probation Officer in the Pod where the resident is housed. The PREA Coordinator stated the Treatment Supervisor and Probation Counselor's are made aware of information from risk screening as necessary to keep residents safe from sexual abuse and sexual harassment. During the PREA Compliance Manager interview it was reported due to James Ranch being a small setting staff are aware in order to keep the residents safe. There is a Multi Disciplinary Team Meeting (MDT) within 30 days and a review of the screening is part of the case plan that is built. It was reported to the auditor resident population is separated by gender and age as a general rule. Decisions are made taking into account whether a resident could be a potential victim or victimizer. Custody and housing assignments are not based solely on the youth sexual orientation or gender identity or use LGBTI status as an indicator or likelihood of being sexually abused. The Superintendent/PREA Compliance Manager said since all of James Ranch placements come from Juvenile Hall we have the advantage of how they were housed there and the youth's preferences are known and documented on the Transgender Preference Form. James Ranch is not compliant with this provision of the standard since most of the screenings the auditor reviewed were done at Juvenile Hall or several weeks after being placed at James Ranch. Current screening information was not used to make decisions on the placement of residents as required by the standard.</p> <p>(b) Interviews with the Superintendent, Medical and Mental Health Staff, and Probation Counselors confirmed James Ranch does not use isolation to keep residents safe from sexual abuse. The facility does not have isolation cells for residents. During interviews it was reported a resident will be transferred to Juvenile Hall if they are a danger to other residents at James Ranch which is more of an open setting.</p> <p>(C-I) There were no transgender youth in the facility during the audit period. Housing assignments are made on case by case basis and the LGBTI youth's own view with respect to his or her safety is considered. The staff interviewed confirmed this information. The PREA Coordinator and PREA Compliance Manager reported the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in a particular housing pod or other assignments solely on the basis of such identification or status. The PREA Compliance Manager reported James Ranch has the benefit of how the youth was housed at Juvenile Hall. If there is a special concern a resident may be placed in a bed closer to the staff desk in the pod. The resident is given the option of showering separately.</p> <p>Screening information is used for placement of residents in housing, program, education and work assignments and separation from other residents is used if there is a real or perceived</p>

threat. The Treatment Manager reviews the residents screening information and decisions are made based on this information. James Ranch is not compliant with this standard since many of the screenings were done either at Juvenile Hall or several weeks after being placed at James Ranch. Screening information from Juvenile Hall is used until the youth is screened at James Ranch screening to make decisions on the placement of residents which does not meet the standard.

CORRECTIVE ACTION

(a) As part of the intake process residents are required to have RV/SAB Screening within 72 hours of placement. The auditor will do a random sampling during the July 2019 corrective action visit to determine if residents are being screened within 72 hours of placement at James Ranch.

CORRECTIVE ACTION MET

The auditor made a corrective action visit on July 30, 2019. The auditor conducted a random sampling of RV/SAB screenings for youth transferred to James Ranch during the corrective action phase. All of the youth had screenings completed within the 72 hours as required by PREA Standard 115.342 Pre- Admit Orientation done by the Aftercare Counselor at Juvenile Hall before the resident is transferred to James Ranch. During the meeting with the Aftercare Counselor the youth is asked their gender identify and sexual orientation which is noted on the Ranch Orientation Form. The counselor takes into account any heightened need for supervision, separation of youth for safety, and any other additional safety precautions. The Aftercare Counselor documents information on the Ranch Orientation Form. If the screening indicates a probability for victimization or sexually aggressive behavior an overall high level of risk appropriate interventions will be implemented and special management considerations. James Ranch is compliant with standard 115.342 as they use information gathered from the youth during the Pre Admit Orientation, Case file in JAZ System, past and present RV/SAB screening results to make decisions on placement of residents in housing, bed, program, education, and work assignments.

SCC- William James Ranch Meets Standard 115.342

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part: 12 Section 12.01 XXIII states the facility ensures resident reporting of sexual abuse and seeking relief against retaliation include:</p> <ol style="list-style-type: none"> 1. Completing sick-call request form. 2. Using the grievance process. 3. Dropping a note in the grievance box. 4. Telling a teacher, CBO, volunteer, counselor, manager, supervisor, medical or mental health staff, deputy chief, probation officer, lawyer, parent/guardian, chaplain, or other trusted adult. 5. Toll Free Hotline has been installed at James Ranch to provide residents access to a confidential telephone line to contact the local rape crisis center. <p>Residents were aware of the different ways to report sexual abuse and/or sexual harassment during the random and targeted interviews. Most of the residents said they would report sexual abuse or sexual harassment by using the red phone, talking to a trusted staff, or their parents. One resident reported using the red phone during the audit period to report something that happened in the past before being placed at James Ranch. The majority of staff members interviewed said residents would talk to someone they trusted. Each resident is assigned to a Probation Counselor for case management. That counselor checks in with the resident regularly and works in the Pod where the resident is placed. The residents and probation staff reported this would be a trusted adult they could pull aside to report sexual abuse and/or sexual harassment, Residents use the same methods for reporting staff neglect or violations of responsibilities that may have contributed to sexual abuse or sexual harassment at the facility.</p> <p>(b) Procedures Manual Part:12 Section:12.01 XXIII Residents have access to a rape crisis counselor via the red phone in the clinic and can also use the unit phone where calls are confidential and paid for by the facility. Residents interviewed were knowledgeable on their right to be free from retaliation by other residents or staff for reporting sexual abuse, sexual harassment, staff neglect or violation of responsibilities that may have contributed to an incident. The red phone located in the nurses office contacts the YWCA Silicon Valley Rape Crisis Advocacy. During the onsite audit the auditor used the red phone to contact YWCA staff. Santa Clara County Juvenile Probation does not detain youth solely for the purpose of civil immigration</p> <p>(c) Interviews revealed the staff is knowledgeable in regards to their responsibility in reporting sexual abuse and sexual harassment. Staff is instructed to accept sexual abuse and assault reports that are made verbally, in writing, anonymously or by third parties. Staff members must document any and all verbal reports. Documentation of verbal reports shall be completed the same day. The Grievance Process as stipulated in Juvenile Hall Policy and Procedures Manual, Part 04, Section 04.07-Grievance, and the Ranch Policy and procedures Manual, Part 07, section 7.01- Incident Reports states there are multiple internal ways for resident to privately report sexual abuse, sexual harassment and sexual misconduct, retaliation by other offenders or staff from reporting. Policy states staff members must</p>

promptly document any and all verbal reports. Counselors must generate their incident reports using the computer automated incident report system. Incident reports must be submitted to the appropriate Supervisor for review and approval prior to the end of shift. The Supervisor approves and submit the incident report to the appropriate Probation Manager prior to the end of shift. The PREA Compliance Manager and Agency Wide PREA Coordinator reported during interviews that they receive and review all PREA related incident reports.

(d) Per Procedures Part: 04 Section: 4.07 II Grievance Procedures for Minors- Grievance forms and locked grievance boxes are available in each pod to all minors without staff assistance. Residents have unimpeded access to grievance forms and writing materials. The PREA Compliance Manager and residents interviewed report youth have access to materials needed in order to make a written report. Residents were knowledgeable of the different methods to report sexual abuse and sexual harassment. Residents can send confidential letters as the facility is not allowed to screen letters per Title 15.

(e) Facility staff and upper management reported during interviews incidents can be reported privately especially if the incident involves a staff members. The incident can be reported to a supervisor or manager on duty, by email, or by phone to an outside agency. Staff members reported being mandated reporters and the Morgan Hill Police Department and Child Protective Services would be notified. The staff members interviewed stated all reports are of a private matter on a need to know basis.

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

SCC-William James Ranch Meets Standard 115.351

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b) Procedures Manual Part:12 Section 12.01 XXIV and Ranch Policy and Procedures Manual Part 08 Section 08.03 Grievance Policy XXIV were reviewed by the auditor. Policy states there will be no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Policy does not require the resident to use a certain grievance process or attempt to resolve with staff. The resident is free to file a federal law suit however in urgent and emergency situations when a resident seeks immediate injunction from the court to provide protection from imminent harm of abuse an exemption to the 90 day waiting period will be waived.</p> <p>(c) Residents are not required to try and resolve the incident with the staff. The grievance can be submitted without submitting it to the staff member who is the subject of the complaint.</p> <p>(d) Procedures Manual Part:12 Section:12.01 PREA XXIV requires a decision be made within 90 days of filing the grievance. In the event the agency requests an extension they must notify the resident in writing including the expected date a decision will be made. During the audit period no grievances were filed alleging sexual abuse. There were no residents at James Ranch who had filed a sexual abuse and/or sexual harassment grievance.</p> <p>(e) A resident can decline a grievance if it is a third party other than a parent or guardian. The decline by the resident will be documented. Policy does permit third parties to file requests for administrative remedies relating to allegations of sexual abuse on behalf of residents. If the youth declines to have third-party assistance the facility will document the resident's decision. If the third party is a parent or legal guardian the resident does not have this right. There were no grievances alleging sexual abuse filed by a third party during the audit period in which a resident declined third party assistance.</p> <p>(f) Procedures Manual Part:12 Section:12.01 PREA XXIVM was reviewed by the auditor. Policy states upon receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse the staff will immediately forward the grievance to the supervisor for review and immediate action. The supervisor will ensure within 48 hours of initial receipt of the grievance a response is provided and shall issue a final decision within 5 calendar days. The initial response and the final decision documents the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Grievances that involve alleged sexual abuse/sexual harassment will be treated as an emergency by the PREA Compliance Manager and immediate action will be taken. The focus will be on making sure the resident is safe and taking necessary steps to remove them from the situation they are reporting. There have not been any grievances alleging substantial risk filed during the audit period.</p> <p>(g) Procedures Manual Part:12 Section:12.01 PREA XXIV O states a resident will not be disciplined for filing a grievance related to alleged sexual abuse unless it can be demonstrated that the resident filed the grievance in bad faith. All grievances will be taken seriously and investigated. If a resident makes a false report an appropriate program response may be</p>

initiated.

The auditor reviewed policy and procedures which are in compliance with the standard. Interviews conducted with the Deputy Chief Probation Officer, PREA Compliance Manager/Superintendent, PREA Coordinator/Probation Manager, and James Ranch staff members confirmed that all provisions of Standard 115.352 are met. The facility staff members and upper management take immediate action if a resident reports being in imminent risk of sexual abuse.

SCC- William James Ranch Meets Standard 115.352

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:12 Section:12.01 PREA XXIV A. Policy states residents have access to outside support services and legal representation. The department has a service agreement with the local rape crisis center YWCA. Santa Clara County Probation has a Resource Guide Booklet which includes information on resources for housing, education, mentoring, crisis including human trafficking, 24/7 suicide and rape crisis hot lines, behavioral and medical services, public assistance, employment and job training, child care and child services, and legal services. Posters and flyers are placed in the housing Pods and areas of the facility where the residents and their families spend time.</p> <p>(b) Procedures Manual Part:12 Section:12.01 PREA XXVII- Residents have access to outside support services and legal representation. Residents have a constitutional right to unimpeded access to attorneys and legal representation as well as court and legal services. Residents have reasonable and confidential access to their parents or legal guardians for reporting sexual allegations. Residents are informed and know their rights in regards to mandatory reporting laws. Resident access to outside support services and legal representation shall be conducted in a private setting where conversations cannot be heard.</p> <p>(c) The current contract with the YWCA of Silicon Valley was reviewed by the auditor. The agency provides a hotline service via the red phone in the nurses office. The agency provides sexual assault education and PREA Education while residents are placed at Juvenile Hall. Victim advocacy and support services are provided to residents at James Ranch and out in the community when a resident is released from the facility. Aftercare manager/probation counselor provides the youth with follow up referrals for services in the community to ensure continuity of care in accordance with Ranch Policy and Procedures Manual, Part 05, Section05.06- Ranch Pre-Release Program Manual.</p> <p>(d) Residents at James Ranch have constitutional right to unimpeded access to attorneys and legal representation per Ranch Policy and Procedures Manual, Part 08,Section 08.01- Access to Legal Services and Advocate, and Part 8, Section 8.03- Legal Representation of Minors. During resident interviews all youth reported having free access to their attorney and legal guardian during visits and phone calls that are confidential.</p> <p>The auditor reviewed policy and procedures and the current contract with YWCA. The interview with the Superintendent/PREA Compliance Manager, observation during the onsite audit, and the current contract with YWCA were reviewed by the auditor. Silicon Valley Rape Crisis Advocacy provides emotional support and victim advocacy services including emotional support, counseling, crisis intervention, information dissemination, referrals, and accompaniment through the forensic medical examination and interviews. The contact includes advocates being available on call to provide on-site support for victims. Services are provided at the facility on a one on one basis. One of the YWCA advocates and educational trainers was interviewed at Juvenile Hall during the audit cycle. He reported the services</p>

continue as long as a youth desires inside and outside of the facility. A victim advocate typically arrives at the facility in a timely manner and is available to the youth during the interview with the Morgan Hill Police Department if the youth wishes. The contract with YWCA for services exceeds the requirements of Standard 115.353.

SCC- William James Ranch Exceeds Standard 115.353

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

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:12 Sections:12.01 XXXII, XXXIII.- When known or suspected abuse or neglect occurs at James Ranch the reporting employee shall report by telephone to Morgan Hill Police Department to begin an investigation. This report must occur immediately or as soon as practicably possible but under no circumstances later than end of the shift. The reporting employee is required to report the suspected abuse or neglect to the on duty supervisor immediately. The staff member must report to CPS and document who they spoke to and the date and time of the call.staff are required to follow Ranch Policy and Procedure Manual, Part 07, Section 07.04 Child Abuse Reporting as well as State Statutory required under Penal Code Section 11165.7,11165.9 and 11166</p> <p>(b) All employees of the department are mandated reporters and required to report known or suspected child abuse or neglect to the Morgan Hill Police Department, and/or a county welfare department- Child Protective Services (CPS). All of the staff interviewed told the auditor that they are mandated reporters. When they is know or suspected child abuse or neglect at James Ranch the staff member reports to the Morgan Hill Police Department by telephone.</p> <p>(c) Per PREA Policy staff shall only report to the designated individuals, Morgan Hill Police Department, and CPS staff shall. Staff shall only reveal information to individuals who have a need to know for, treatment planning, investigating, and other security or management decisions. All of the staff members interviewed where knowledgeable of this policy and their responsibilities.</p> <p>(d) Santa Clara Valley Health and Hospital System Juvenile Custody Health Services, 4150-ASS31, 4160-ASS31 Attachment A medical and mental health practitioners are mandated child abuse reporters. They are required to report any knowledge, suspicion or information they received regarding an incident of sexual abuse to the unit supervisor or designated law enforcement, and CPS. The practitioners must inform residents at the initiation of services of the professional duty to report and the limitations of confidentiality. The probation department will ensure that the practitioners immediately report any knowledge, suspicion, or information received regarding retaliation against a resident or staff who report sexual misconduct and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or retaliation. All of the medical and mental health staff interviewed confirmed practitioners report sexual abuse to designated Probation Managers, Supervisors, Morgan Hill Police Department and CPS. The James Ranch Nurse reported they were no PREA Incidents at the facility that required intervention from the medical staff.</p> <p>(e) Santa Clara County Probation-Institutions Plan for Coordinated Response to Sexual Abuse or Assault requires the facility probation manager or designee to promptly report the allegation to the alleged victim's parents or legal guardians unless there is official documentation on record showing they should not be notified. If the alleged victim is under guardianship of the child welfare system then the report will be made to the caseworker instead. If the juvenile court retains jurisdiction over the alleged victim the facility probation manager or designee</p>

shall report the allegation to the juvenile's attorney or other legal representative of record within 14 days of the allegation. If a youth reports an allegation of current or past sexual abuse or sexual assault to a staff member allegedly occurring at Juvenile Hall or William James Ranch or a staff member is aware of current or past sexual abuse or sexual assault then the Santa Clara County Probation Institutions Plan for Coordinated Response to Sexual Abuse or Assault flow chart form must be followed. When interviewing the PREA Compliance Manager it was reported that the Morgan Hill Police Department, Medical and Mental Health staff, YWCA Crisis Advocates, Deputy Chief, and the parents are notified immediately by phone. Emails are not used to communicate these incidents. The residents lawyer and probation officer or CPS worker will be notified the next business day. The parents or legal guardian is allowed a special visit.

(f) The Morgan Hill Police Department and Internal Affairs are the agencies responsible for investigations. During the interviews staff understood their responsibilities in terms of agency policies and procedures in regards to reporting. The Clinical Staff, PREA Coordinator, and Supervisors were very knowledgeable and knew their responsibilities in regards to immediate action to be taken and the chain of command if they become aware of a possible sexual abuse incident. It was reported that third party reports are taken as serious other reports and investigated in the same way.

Policy and procedures reviewed by the auditor are compliant with the Standard. The auditor interviewed staff members and upper management to determine if the facility is following policy and procedures and James Ranch meets all provisions of this Standard.

SCC- William James Ranch Meets Standard 115.361

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Agency Protection Duties Policy was reviewed by the auditor. If a resident is subject to a substantial risk of imminent sexual abuse the department takes immediate and appropriate steps to protect the resident. The facility will employ multiple protective measures including but not limited to custody and housing changes, special management plans, no contact status, emotional support services, or transfer for youth/resident victim or abuser. The Program Manager/PREA Compliance Manager states understanding the threat and why the youth is at risk is necessary so a plan of action can be developed. Options include removal from the Pod, or if a staff member is involved they would be placed on administrative leave during the investigation. A referral is made to mental health to create a system to keep the resident safe. Staff is required to respond immediately and to notify the manager on call. If the Program Manager cannot be reached they call the Deputy Chief. Email is not used in this case; a call is required for PREA Incidents. The Deputy Chief, Probation Manager, and Staff were interviewed by the auditor to determine compliance with this standard. The staff interviewed knew their responsibilities in regards to immediately removing the resident at risk in order to keep them safe.</p> <p>SCC- William James Ranch Meets Standard 115.362</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) If a resident was abused while confined at another facility the Deputy Chief or Probation Manager of the facility or designee will notify the facility where the alleged abuse occurred and shall also notify the appropriate law enforcement agency and CPS</p> <p>(b)(c) Procedures Manual Part:12 Sections:12.01 XXXV states the notification will be done as soon as possible but no later than 72 hours after receiving the allegation. The Deputy Chief or the Facility Probation Manager or designee shall document notification has been given.</p> <p>(d). Allegations go through the chain of command. The PREA Compliance Manger/Superintendent is the point of contact. The Manager notifies the Deputy Chief Probation Officer 24/7. If the allegations from another agency involve staff they would be removed from the facility immediately. If the allegation happened at another facility the PREA Flow Chart would be followed. No allegations have been received during the audit period. The auditor reviewed policy and procedures and conducted interviews with the Deputy Chief and Probations Managers to determine compliance with all provisions of this Standard.</p> <p>SCC-William James Ranch Meets Standard 115.363</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b) Procedures Manual Part:12 Section:12.01 XXXVI requires staff to follow policy and procedures which is outlined in the Santa Clara County Probation- Institutions Plan for Coordinated Response to Sexual Abuse or Assault Flow Chart. Policies and procedures include separating the alleged victim and abuser, preserving and protecting the crime scene, and protecting evidence for collection by the Morgan Hill Police Department. The facility is committed to a coordinated and victim centered care approach involving first responders, facility staff, law enforcement, Child Protective Services, Victim advocate YWCA, medical staff, mental health staff, PREA Coordinator, PREA Compliance Manager, Deputy Chief of Institutions, and the Morgan Hill Police Department. When the auditor interviewed first responders, middle and upper management, mental health, and medical staff all were knowledgeable of their responsibilities as outlined in policy and procedures including the Institutions Plan for Coordinated Response to Sexual Abuse or Assault Flow Chart. First responder staff separates the victim from the alleged perpetrator, contacts the on duty Supervisor who notifies the PREA Compliance Manager/Superintendent, PREA Coordinator, and the Deputy Chief are also notified. Morgan Hill Police Department is called to conduct the investigation and process the crime scene evidence which is protected by facility staff until the Officer arrives. Morgan Hill Police Department works to enhance the victims safety, collaborating with the Probation Department for transportation to and from exam site, interviewing the victim, requesting crime lab analyses, reviewing medical and lab reports, preparing and executing search and arrest warrants, writing report, and presenting the case to the District Attorney's Office. The YWCA victim advocacy is contacted right away and supports the victim during the processes. Services include offering emotional support, crisis intervention, information, referrals during the process, and accompany the victim to the exam site. Medical and Mental Health staff assess the victim for acute medical needs and refer to Valley Medical Center to provide stabilization, forensic examination and treatment. There were no incidents during the audit period requiring security staff to protect the evidence. There were no instances where a security or non- security staff was a first responder.</p> <p>The auditor reviewed policy and procedures, Coordinated Response to Sexual Abuse flow chart and conducted staff interviews to determine all provisions of standard 115.364 are met. The flow chart outlines a coordinated response was created by the Agency Wide PREA Coordinator and is a great information tool outlining steps to be taken.</p> <p>SCC- William James Ranch Meets Standard 115.364</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The department is committed to a coordinated and victim centered care approach involving staff, first responders, law enforcement, CPS, victim advocates, medical and mental health care providers, the District Attorney's Office, the PREA Coordinator, Facility Probation Managers, PREA Compliance Manager, and the Deputy Chief for Institutions. The role of each responding party shall be as follows: The first responder staff will follow the steps outlined in the policy under staff first responder duties. The staff informs the Supervisor on duty, the Supervisor will notify the Probation Manager who in turn will inform the Deputy Chief. Law enforcement is notified in all incidents where violation of the law is suspected. Morgan Hill Police Department is responsible for processing the crime scene evidence, conducting the investigation, working to enhance victims safety, collaborating with the Probation Department to arrange for victims transportation to and from the exam site as needed, interviewing victims in a language they understand, collecting evidence from the scene, coordinating collection and delivery of evidence to designated labs or law enforcement facilities, interviewing suspects and witnesses in a language they understand, requesting crime lab analyses, reviewing medical and lab reports, preparing and executing search and arrest warrants, writing reports and presenting the case to the District Attorney's Office. Victim advocates from the rape crisis center may be involved in the initial victim contact (via 24-hour hot line or face-to-face meetings) or be involved no later than 24 hours of the incident. Responsibilities include offering victim advocacy, emotional support, crisis intervention, information, language assistance services, including interpreters, referrals during the process, and help to ensure that victims have transportation and are accompanied to and from the exam site. James Ranch staff also accompany the victim to the hospital. Advocates will provide comprehensive, longer term services designed to aid victims in addressing any needs related to the assault including but not limited to counseling, legal, and medical system advocacy. Medical and mental health care providers will assess victims for acute medical needs and refer victim to the Valley Medical Center to provide stabilization, forensic examination and treatment. The audito reviewed the policies and procedures which meet all provisions of this standard. Interviews verified agency personnel know their duties for a coordinated response to an incident of sexual abuse.</p> <p>SCC-William James Ranch Meets Standard 115.365</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b) Procedures Manual Part:12 Sections:12.01 XXXVIII A. In accordance with the department's policy on anti-retaliation the facility will employ multiple protection measures including custody and housing changes, special management plans, no contract status, transfers for resident victims or abusers and emotional support services for youth or staff that fear retaliation for reporting sexual abuse or cooperation with investigations.</p> <p>B. During the law enforcement investigations and the administrative review process the accused staff member will be placed on "no contact status" if there is an allegation of child abuse, sexual harassment or sexual misconduct.</p> <p>C. Employee/staff placed on "no Contact Status" will not be allowed contact with any youth until the completion of the required investigation.</p> <p>E. The employee/staff may be placed on paid administrative leave until the completion of the required investigation.</p> <p>F. Neither Santa Clara County Probation Department nor any other governmental entity responsible for collective bargaining on the departments behalf shall enter into or renew any collective bargaining agreement that limits the department's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Santa Clara County Probation has not entered into any new collective bargaining agreements for the James Ranch Facility during the audit period.</p> <p>The auditor has determined the agency policy is compliant with the standard. Interviews with the Deputy Chief Probation Officer and PREA Compliance Manager/Superintendent verified the agency follows all provisions of the Standard.</p> <p>SCC- William James Ranch Meets Standard 115.366</p>

115.367	Agency protection against retaliation
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 663">(a) Procedures Manual Part:12 Section:12.01 XXXIX Santa Clara County Policy against discrimination, harassment, and retaliation as well the County 24/7 whistleblower program prohibits retaliation for reporting any governmental improprieties. Policy and Procedures on the minor's rights to filing a grievance and exercising their rights under this process were reviewed by the auditor. Ranch Policy and Procedure Part 08, Section 08.03- Grievance Policy and Procedure state the "At no time may any action be taken by a counselor or the Administration against any minor filing a grievance and exercising his or her rights the process."</p> <p data-bbox="252 707 1477 1391">(b) The County of Santa Clara Policy against discrimination, harassment and retaliation includes the department's anti-retaliation policy as contained in the Administration Policy and Procedures Manual. The auditor interviewed the Deputy Chief Probation Officer and Program Manager/PREA Compliance Manager to determine the appropriate policies and procedures are in place in order to protect staff and residents from retaliation for sexual abuse or sexual harassment allegations. The PREA Compliance Manager is in charge of monitoring for retaliation. The agency believes in educating staff through the initial training on retaliation. Talking to individuals involved about retaliation and communicating with them throughout is important. Which allows them direct access with the Manager who can help the staff member better understand the process. Managers follow policies to make final decisions to move an abuser until the investigation is complete. If the Manager in charge of retaliation suspects it is going on they pull the person in and let them know the concerns. The supervisor on the unit is informed and assesses concerns. If it is a staff member a 3rd party may become involved such as the union representative. Staff members will be removed from the facility until cleared by an investigation. If it is suspected a youth is involved mental health is asked if the resident in under any pressure or being bullied.</p> <p data-bbox="252 1435 1477 1861">(c)(d) Procedures Manual Part:12 Section:12.01 XLI Scope of Anti-Retaliation Policy states that for at least a 90 day period following a report of sexual abuse, sexual harassment/sexual misconduct the probation managers and unit supervisors monitor the conduct or treatment of the resident or staff who reported the abuse/harassment/misconduct and victims to determine if retaliation is occurring. Items to be monitored include but are not limited to youth disciplinary reports, status checks, housing, or program changes, negative performance reviews or reassignment of staff. The obligation to monitor terminates if the allegation is determined unfounded. During interviews with random residents it was clear that they feel safe from retaliation and are protected by the staff members at James Ranch. There were no incidents of retaliation during the audit period.</p> <p data-bbox="252 1906 895 1939">All of the provisions of standard 115.367 are met.</p> <p data-bbox="252 1995 935 2029">SCC-William James Ranch Meets Standard 115.367</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Procedures Manual Part:12 Section:12.01 XLV and Ranch Policy and Procedures Manual, Part 06, Section 06.04 Use of Force/Restraint states all youth under supervision have a right to be free from unreasonable restrictive conditions including isolation. The PREA Compliance Manager, Medical and Mental Health Staff, and Staff interviewed confirm that James Ranch does not use isolation for protective custody. The facility does not have any type of isolation areas for youth. For protection the victim goes to the clinic and the perpetrator would be transferred to Juvenile Hall. The facility has several effective ways to protect residents by utilizing different housing and programing decisions. James Ranch does not use isolation for protective custody and meets all provisions of the standard.</p> <p>SCC-William James Ranch meets Standard 115.368</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:12 XLVIA states the department is committed to investigating all allegations of sexual abuse, sexual harassment, and staff sexual misconduct from all sources including third party and anonymous reports. All criminal investigations are handled by Morgan Hill Police Department and administrative investigations are handled by Santa Clara County Probation Department Office of Internal Affairs. The Internal Affairs investigator reported investigations go to Deputy Chief who then assigns them to an investigator. Starting an investigation is given priority so the youth and witnesses are still available. All allegations of sexual abuse and sexual harassment are investigated in the same way including third-party and anonymous reports. During the audit period there were no PREA Investigations by Internal Affairs.</p> <p>(b) XLVII B. The department will ensure Internal Affairs Investigators receive specialized training in sexual abuse investigations. Investigators are required to attend three days of job training on investigations and PREA Training. The training includes techniques for interviewing sexual abuse victims and perpetrators. Investigators attend Multidisciplinary Techniques for Victim's of Sexual Abuse. The training certification and curriculum was reviewed by the auditor.</p> <p>(c)XLVL states all reports of sexual abuse that are believed to be criminal in nature shall be reported to the Morgan Hill Police Department. The department has requested the investigating law enforcement agency follow a uniform evidence protocol adopted from or based on the most recent edition of the US Department of Justice's Office on Violence Against women publication. "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Documentation was reviewed by the auditor in the form of emails from a detective at Morgan Hill Police Department.</p> <p>(d) Policy states the agency will not terminate an investigation solely because the source of the allegation recants. Part of the investigation is looking at why a victim recants the allegation.</p> <p>(e) XLVII If a law enforcement investigation is opened the department will cooperate and coordinate with law enforcement as to the timing and process of the investigation to ensure the integrity of the IA and law enforcement investigations to avoid any complications associated with Garrity Rights. The Police Department conducts interviews first.</p> <p>f) XLVII H. The Department prohibits residents who report abuse or cooperate in the investigation of abuse from taking a polygraph test. Alleged victim, suspect, or witness is always seen as credibility. If they report it did not happen the investigation still takes place. Investigative staff interviewed states there can be many reasons a victim recants and IA staff look at that too, as part of the investigation. Investigators report trusting the victims story and working to verify. Looking at the facts and remaining non judgment is an important part of the investigation.</p> <p>(g)(h) XLVII G Investigating staff includes the following in the written report: date, victim</p>

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

(i)-1, 2 Substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were no PREA incidents at James Ranch that were referred for prosecution since the last PREA audit.

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

(k) Interviews confirmed the policy that termination of an employee does not affect the proceeding of the investigation. SCC-Internal Affairs investigates staff cases once Morgan Hill Police Department does their investigation.

(m) Staff on youth case is investigated by the Morgan Hill Police Department in tandem with Santa Clara County Probation Internal Affairs. When the Police Department investigates an allegation the PREA Compliance Manger is the person of contact. If Internal Affairs is investigating the Deputy Chief is the person of contact.

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

SCC-William James Ranch Meets Standard 115.371

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Part:12 Sections: 12.01 XLVIII.A. The evidential standard for administrative investigations shall be guided by the department's Internal Affairs Policy and Procedures and applicable Merit System Rules, state and federal laws, and the department will ensure that evidential standard shall be consistent with PREA Standard 115.372 Evidential Standards for Administrative Investigations. Santa Clara County Probation Department does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor reviewed policy and procedures and interviewed investigative staff to determine compliance with this standard.</p> <p>SCC-William James Ranch meets Standard 115.372</p>

115.373	Reporting to residents
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 488">(a)(b) Procedures Manual Part:12 Sections:12.01 XLIVA. States following an investigation into an allegation of sexual abuse whether by a resident or a staff member the victim will be notified as to whether the allegation has been determined to be substantiated or unsubstantiated.</p> <p data-bbox="252 539 1439 613">The victim shall be notified of criminal and administrative actions regardless of the following circumstances:</p> <ul style="list-style-type: none"> <li data-bbox="252 629 1059 663">a. The staff member is no longer posted with the resident unit. <li data-bbox="252 674 1067 707">b. The staff member is no longer employed by the department. <li data-bbox="252 719 1474 792">c. The department learns that the staff member or the resident has been indicted on a charge related to sexual abuse within the facility. <li data-bbox="252 804 1474 878">d. The department learns that the staff member or resident has been convicted on the sexual abuse charge. <p data-bbox="252 929 1458 1048">In all resident victim notifications whether the perpetrator is a staff member or a resident, the department/facility shall document such notifications or attempted notifications. The PREA Compliance Program Manager notifies the residents of the outcome.</p> <p data-bbox="252 1099 1445 1173">(b) If there is an outside investigation the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation.</p> <p data-bbox="252 1225 1437 1344">(e) Santa Clara County Juvenile Probation documents the notification of residents as to the outcome of the investigation by using the PREA Youth Notification form which is signed by both staff and residents when notification is complete.</p> <p data-bbox="252 1395 1482 1559">Interviews with the Superintendent/PREA Compliance Manager and IA Investigators confirmed that residents at the facility are notified by the PREA Youth Notification Form or send a registered letter by Internal Affairs if it involves a staff member. SCC- James Ranch is in compliance with all provision of this standard.</p> <p data-bbox="252 1610 943 1644">SCC- William James Ranch Meets Standard 115.373</p>

115.376	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Juvenile Procedures Manual Part:01 Section:1.06A Violation of the law or policy including sexual abuse and sexual harassment requires disciplinary sanctions up to and including reprimand, suspension or termination, depending on a multiplicity of factors. Staff who participates in or permits the unlawful discrimination, harassment or bullying of residents will be subject to disciplinary action up to and including termination. The presumptive disciplinary sanction for staff who has engaged in sexual abuse of a resident is termination.</p> <p>(b) During the audit period there have not been any staff violations of agency sexual abuse or sexual harassment policies at James Ranch. There were no PREA incidents involving James Ranch staff members during the audit period.</p> <p>(c) PREA policy states staff member involved in allegations of sexual abuse and/or sexual harassment will be disciplined including reprimand, suspension and/or termination. Discipline depends on the nature and circumstance of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>(d) All violations of the department policies against sexual abuse or sexual harassment who have been terminated or resigned is reported to the Morgan Hill Police Department and the office of Internal Affairs for investigation.</p> <p>The PREA Policy meets all provisions of the standard. There were no incidents of staff sexual abuse against a resident during the audit period that were founded and referred to The District Attorney's office for prosecution. Interviews with Upper Management and Internal Affairs verified that policy is followed.</p> <p>SCC-William James Ranch Meets Standard 115.376</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Procedures Manual Section:12 Part:12.01XLVIC- Policy states if a contractor or volunteer engages in sexual abuse they shall be prohibited from contact with the residents and shall be reported to law enforcement agencies and to relevant licensing bodies unless the activity was clearly not criminal. There were no incidents of sexual abuse or sexual harassment involving contractors or volunteers during the audit period.</p> <p>(b) Corrective action includes removing the contractor or volunteer from the facility. The Morgan Hill Police Department and/or Internal Affairs will investigate or if not criminal in nature the matter will be turned over to the agency the contractor is from and terminated from working at the facility. The Contract Agency would be contacted. Contract staff interviewed had received the PREA training and understood the disciplinary sanctions.</p> <p>All provisions of Standard 115.377 are met. The policy and procedures were reviewed and the PREA Compliance Manager confirmed the contractor would be referred to the Morgan Hill Police Department for investigation. If there is any question of inappropriate behavior on the part of a contractor or volunteer it is reported to the agency they work under and are not allowed to have contact with the residents or work in the facility.</p> <p>SCC- William James Ranch Meets Standard 115.377</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Policy:12 Section:12.01 XLVII Intervention and Disciplinary Sanction for Residents and Juvenile Hall Policy and Procedures Manual, Part 04, Section 4.01- Behavior Controls of Minors were reviewed by the auditor. Juvenile on juvenile sexual activity is prohibited a James Ranch. The agency has a zero tolerance policy on sexual abuse, sexual harassment, and sexual misconduct and strictly prohibits ay form of consensual sexual activities between residents. If a resident is found to be guilty of such contact appropriate discipline will be applied. During the interview with the Superintendent/PREA Compliance Manger a variety of disciplinary actions can take place depending on the severalty of the incident. First line would be move to a lower level due to grading for the week, a Ranch Program failure and transporting the resident to Juvenile Hall, and/or arrest by Morgan Hill Police Department which may result in new charges. During the audit period there were no incidents of resident on resident sexual abuse.</p> <p>(b) Isolation is not used as a disciplinary sanction at James Ranch. Disciplinary sanctions can include new charges being filed, assessment of housing and the protection of other minors, or failing the Ranch Program and being transferred to Juvenile Hall.</p> <p>(c) The department will ensure that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed. Mental disability or mental illness is considered when determining sanctions. However, assaults are still referred to the district attorney.</p> <p>(d) The facility offers therapy, counseling and other appropriate interventions to address symptoms of mental health, such as PTSD, depression, and/or anxiety which can all be underlying reasons for abuse reactive behavior and/or reactions to being abused.</p> <p>(e) Policy states a resident would be disciplined for sexual contact with staff only upon finding that the staff member did not consent.</p> <p>(f)-1 A report of sexual abuse made in good faith will not constitute falsely reporting an incident if the investigation does not establish evidence sufficient to substantiate the allegation. The agency does prohibit disciplinary action for any report of sexual abuse that is made in good faith even if the investigation does not establish evidence to substantiate the allegation.</p> <p>(g) The Department's Zero Tolerance Policy prohibits all forms of resident on resident sexual activity and disciplines residents involved in activity that the agency constitutes to be sexual that is coerced.</p> <p>The facility meets all provisions of this standard. Isolation is not used at James Ranch. The PREA Compliance Manager/Superintendent, Medical, and Mental health staff was interviewed and knowledgeable of the agency PREA policy in regards Interventions and disciplinary sanctions for residents.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b) Policy Part:12 Section:12.01 XLVII states that a resident who reports prior sexual victimization or perpetrated sexual abuse will be seen by medical or mental health within 14 days. Verbal requests or by the mental health referral sheet. During interviews it was reported if a resident is identified as being at risk due to prior sexual victimization or perpetrated sexual abuse a mental health referral is done. The resident is seen by mental health staff as part of the initial assessment.</p> <p>(c) Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff as necessary to develop treatment plans and security management decisions which include housing, education, and program assignments. If a resident discloses sexual victimization a mental health referral is made.</p> <p>(d) Interviews with mental health and medical practitioners confirmed the policy to obtain informed consent from residents who are over 18 is being followed.</p> <p>The auditor received policy and procedures and conducted interviews with mental health, medical staff, and Risk Screening staff to determine James Ranch is compliant with all provisions of this standard.</p> <p>SSC-William James Ranch Meets Standard 115.381</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b) The auditor reviewed PREA Policy and Procedures Manual Part:12 Section:12.1 XLIX, Juvenile Hall Policy and Procedures, Part 02, Section 2.01 Medical and Dental Services/Medical Emergency Procedures, and Part 2, Section 2.03- Mental Health Services, and Ranch Policy and Procedures Manual, Part 10,Section 10.01-Medical Programs , Part 05,Section 05.01- Programs , and Administrative Policy and Procedures Manual, Part 500, Section 503- Critical Incidents Santa Clara County Probation-Institutions and Plan for Coordinated Response to Sexual Abuse or Assault (Flow chart). Medical and mental health staff maintains secondary materials documenting emergency medical treatment, and crisis intervention services provided to all juveniles involved in an alleged PREA incident. Medical logs are kept by the medical staff where a record of their sessions with the residents is maintained. This was documented by the auditor during the medical and mental health staff interviews. Security and non-security first responder staff understood their responsibilities as first responders and the immediate steps to be taken to protect the victim and immediately notify appropriate medical and mental health staff. Santa Clara Valley Health and Hospital System Juvenile Custody Health Services Standards Manual PREA 41590AS38 was reviewed by the auditor. Policy states the abused/assaulted minor will be evaluated and medically treated by The Santa Clara Valley Sexual Assault Response Team (SART). James Ranch staff will refer the alleged victim to a trained community rape crisis counselor (YWCA) to act as an advocate as soon as possible. Staff acts as an advocate for a minor’s health and safety at James Ranch. An RN will perform a nursing assessment which will be documented in the progress notes. If the minor alleges physical and/or sexual abuse/assault has occurred within 72 hours the minor is transferred to the emergency department with probation staff and local law enforcement for assessment, forensic examination and treatment by the Santa Clara Valley Medical Center Sexual Assault Response Team. If the minor alleges over 72 hours has passed a mental health services referral is made. The RN may send the minor to the emergency department past 72 hours after consultation with the on call psychiatrist.</p> <p>(c) Resident victims of sexual abuse are offered information about and timely access to emergency contraception and sexually transmitted infections prophylaxis at Santa Clara County Valley Medical Center as part of the Sexual Assault Response Team exam and services. Victim advocates for the rape crisis center and the James Ranch nurse provide information and counseling for sexual abuse victims.</p> <p>(d) Policy states medical and mental health services will be provided to the resident free of charge. Interviews with upper management and medical/mental health staff confirmed that services are free to the residents.</p> <p>The auditor reviewed policies and conducted staff interviews to determine compliance. There was no sexual abuse or sexual assaults during the audit period requiring emergency medical or mental health service. There were no residents at James Ranch who reported sexual abuse while in placement at Juvenile Hall or James Ranch. Policies and procedures meet all provisions of the standard and staff interviewed know the coordinated response requirements and are committed to the sexual safety of the residents. James Ranch meets all provisions of</p>

this standard.

SCC-William James Ranch Meets Standard 115.382

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

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

(a)(b) Procedures Manual Part:12, Section:12.01 XLIX L. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. The facility offers medical and mental health evaluations and treatment to all residents who have been a victim of sexual abuse in the facility. Medical and mental health staff confirmed during interviews evaluation and treatment includes follow-up services, treatment plans, and referrals for continued care following their transfer to or placement in another facility or release from custody. Upon release from custody victims of sexual abuse/assault will be provided follow up referrals to the rape crisis center and community services to ensure ongoing medical and mental health evaluations and treatment. Medical staff set up care with a public health nurse that links the youth to services in the community. The Nurse and Family Partnership Program NFPH supports pregnant youth by arranging checkups, hospital care, and transportation needs and will provide follow up care for up to 5 years. They provide parenting education and provide incentives for the youth to participate such as gift certificates. The Re-entry/Aftercare case manager will provide youth with follow up referrals to ensure continuity of care in accordance with Ranch Policy and Procedures Manual, Part 04, Section 04.04- Multi-Disciplinary Team Meetings (MDT).

(c) The facility provide victims medical and mental health services consistent with the community level of care according to policy and medical and mental health staff interviews. James Ranch nurse told the auditor services are definitely equal to and probably better than in the community. That a lot of the time resources are not know in the community and at James Ranch they can give the residents a lot of options they may not have access to in the community.

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

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

(h) The facility conducts a mental health evaluation of all know resident on resident abusers within 60 days of learning of the abuse history and offers treatment when deemed appropriate by mental health practitioners.

There have not been any sexual abuse or assault incidents at SCC-James Ranch during the audit period. Policies and procedures were reviewed by the auditor and meet all provisions of this standard. Resident victims of sexual abuse are provided access to emergency medical treatment and crisis intervention for emotional, medical and mental health support through a variety of ways. Medical and mental health staff interviewed showed commitment and compassion when treating the youth in their care. The follow up care and programs in place to

help the victim upon leaving the facility and up to 5 years exceeds the Standard 115.383

SCC-William James Ranch Exceeds Standard 115.383

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)-1, 2 policy states the facility will conduct a sexual abuse incident review within 30 days of the conclusion of the investigation.</p> <p>(b) There were no PREA Incidents during the audit period and therefore no incident review meeting notes to review.</p> <p>(c) Incident are reviewed by the facility Supervising Probation Officer, Treatment Supervising Probation Counselor, and Superintendent/ PREA Compliance Manager. During the interview with the PREA Compliance Manager it was reported incidents are reported to the Agency Wide PREA Coordinator. The facility needs to have an incident review team which includes medical or mental health practitioners and/or there input.</p> <p>(d) The review team considers the following areas and prepares a report of its findings which includes any recommendations for improvement.</p> <ol style="list-style-type: none"> 1. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. 2. If the incident or allegation was motivated by race, ethnicity, gender identity, status or perceived status, gang affiliation, or was caused by other group dynamics at the facility? 3. The team examines the area in the facility where the incident allegedly occurred to determine physical barriers in the area. 4. The adequacy of staffing levels in a particular area and during different shifts. 5. Assess if monitoring technology could be deployed or augmented to supplement supervision by the staff. <p>(e) The facility implements the recommendations for improvement or documents its reason for not doing so.</p> <p>SCC- James Ranch meets all provisions of Standard 115.386 except (c)</p> <p>SCC- James Ranch does not met Standard 115.386</p> <p>CORRECTIVE ACTION</p> <p>(c) Develop a Incident Review Team which includes upper-level management officials that includes input from line supervisors and medical or mental health practitioners. Provide a list of people on the incident review team by job title that meets Standard 115.386 by July 2019 corrective action visit.</p> <p>CORRECTIVE ACTION MET</p> <p>During the corrective action visit on July 30, 2019 the Agency Wide PREA Coordinator gave the auditor a copy of the Incident Review Team form. The PREA Compliance Manger, PREA Coordinator Manager, Quality Assurance Probation Counselor, Medical staff, and Mental Health Staff members attend. There are four Facility Supervisors at the Ranch and two Treatment Supervisors. The staff members who work with the youth involved in the incident is</p>

the one who attends the Incident Review Team Meeting.

SCC- William James Ranch Meets Standard 115.386.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b)(c) The auditor reviewed Procedures Manual Part:12 Section:12.01 LIV Data Collection. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. The facility uses the worksheet to track data for the annual survey of sexual abuse the facility maintains, reviews, and collects data from incident based documents which includes reports, investigation files, and sexual abuse incident review. If a staff or resident has been involved in a PREA incident the information will be stored in their file. The data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice is included. All of the allegations and reports of sexual abuse/assault, sexual harassment and staff sexual misconduct are documented in accordance with Juvenile Hall Policy and Procedures Manual, Part 07, Section 07.02- Incident Reports. The Agency Wide PREA Coordinator keeps the data and insures it is secure. The data collection instrument is an internal incident report system. The Juvenile Records System (JRS) reports demographic information. The Internal Affairs data base records allegation outcomes when a staff member is involved in the incident.</p> <p>(d) The agency maintains, reviews, and collects data which includes reports, investigations, and sexual abuse incident reviews. Upon request the agency will provide data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>(e-f) N/A Santa Clara County Juvenile Probation does not contract with private facilities for the confinement of its residents.</p> <p>In reviewing policy and interviewing upper management it was determined that James Ranch meets all provisions of Standard 115.387</p> <p>SCC-William James Ranch Meets Standard 115.387</p>

115.388	Data review for corrective action
	<p data-bbox="252 170 928 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 913">(a) Procedures Manual Part:12 Section:12.01LII Data Review of Corrective Action was reviewed by the auditor. Policy states the PREA Coordinator reviews data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The Deputy Chief Probation Officer reported incident based sexual abuse data is used to look at incidents and see if there is something that can change to make improvements. The Agency Wide PREA Coordinator is in charge of quality assurance and looks at areas to improve on. Date reviewed includes behavioral health information, custody events, use of red phone, and Police Department interviews. The information is retained in the Juvenile Records System. The agency takes action on an ongoing basis and the PREA Coordinator reports changes can happen quickly. The incident based data collected include data necessary to answer questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="252 969 1473 1128">(b) The report includes a comparison of the current year's data and corrective actions with those from prior years to provide an assessment of the agency progress in addressing sexual abuse. The annual report for 2017, 2016, and 2015 were reviewed by the auditor. The 2018 report is being finalized at this time.</p> <p data-bbox="252 1184 1437 1258">(c) The annual reports for 2015,2016,2017, 2018 have been approved by the agency head and are published on the agency website for the public to view.</p> <p data-bbox="252 1314 1437 1431">(d) The agency maintains, reviews, and collects data which includes reports, investigations, and sexual abuse incident reviews. Upon request the agency will provide data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="252 1487 1485 1686">The auditor reviewed policy, data published on the agency website,and conducted interviews to determine all provisions of Standard 115.387 are met. Reports meets all provisions of this standard and exceeds expectations by being comprehensive and educational in regards to the agencies mission in protecting the residents and staff from sexual harassment and/or sexual abuse.</p> <p data-bbox="252 1742 975 1776">SCC- William James Ranch Exceeds Standard 115.388</p>

115.389	Data storage, publication, and destruction
	<p data-bbox="252 170 928 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 488">(a) Policy and Procedures Manual Section:12, Part:12.01 LV states the agency will securely maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless federal, state or local law requires otherwise. The Agency Wide PREA Coordinator collects the data and is responsible for keeping the data secure.</p> <p data-bbox="252 539 1461 701">(b)(c) Santa Clara County Probation PREA Policy requires the aggregated sexual abuse data is available to the public annually through the website. The agency aggregated sexual abuse data is available to the public on the agency website. The 2018 report is on the agency website and was reviewed by the auditor.</p> <p data-bbox="252 752 1477 871">James Ranch exceeds this standard by providing a comprehensive report that communicates the mission of the agency to protect staff and residents from sexual harassment and/or sexual abuse.</p> <p data-bbox="252 922 975 956">SCC- William James Ranch Exceeds Standard 115.389</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) During the prior three-year audit period the agency had a PREA Audit completed at the two Juvenile facilities Juvenile Hall and William James Ranch. Both facilities reached full compliance during the corrective action phase.</p> <p>(b) The agency did not complete an audit the first year of the current audit cycle. The second year of the audit cycle Juvenile Hall was audited and the third year William James Ranch was audited. During the next three year audit period the agency has scheduled Juvenile Hall to be audited the first year and James Ranch audited the second year of the three year period. The agency plans on keeping this schedule of auditing one of their facilities in the first year and the second facility the second year of each three year audit period be compliant with the PREA Standards.</p> <p>(h) The auditor had access to, and observed, all areas of the audited facilities.</p> <p>(i) The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information)</p> <p>(m) The auditor was be permitted to conduct private interviews with residents.</p> <p>(n) Information about the PREA audit was posted six weeks prior to the site visit. Residents were permitted to send confidential information or correspondence to the auditor.</p> <p>All provisions of Standard 115.401 were met by James Ranch.</p> <p>SCC- William James Ranch Meets Standard 115.401</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Audit Reports are posted on the agency website.</p> <p>SCC- William James Ranch Meets Standard 115.403</p>

Appendix: Provision Findings

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

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

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

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

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

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

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

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

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.403 (f)	Audit contents and findings	
	<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