

# PREA Facility Audit Report: Final

**Name of Facility:** Santa Cruz County Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 10/20/2018

**Date Final Report Submitted:** 02/04/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Rhonda Hatcher	<b>Date of Signature:</b> 02/04/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Hatcher, Rhonda
<b>Address:</b>	
<b>Email:</b>	rhondahtchr@yahoo.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	08/20/2018
<b>End Date of On-Site Audit:</b>	08/22/2018

FACILITY INFORMATION	
<b>Facility name:</b>	Santa Cruz County Detention Center
<b>Facility physical address:</b>	2170 N. Congress Drive, Nogales, Arizona - 85621
<b>Facility Phone</b>	(520)375-8195
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input checked="" type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input checked="" type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Luz Alicia Valenzuela	<b>Title:</b>	Supervisor
<b>Email Address:</b>	LValenzu@courts.az.gov	<b>Telephone Number:</b>	(520)375-8195

Warden/Superintendent			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility PREA Compliance Manager			
<b>Name:</b>		<b>Email Address:</b>	
<b>Name:</b>	Luis Fimbres	<b>Email Address:</b>	LFimbres@courts.az.gov

Facility Health Service Administrator			
<b>Name:</b>	Jeff Terrell	<b>Title:</b>	Health Services Director
<b>Email Address:</b>	jterrell@santacruzcountyaz.gov	<b>Telephone Number:</b>	(520)375-7800

Facility Characteristics	
<b>Designed facility capacity:</b>	32
<b>Current population of facility:</b>	5
<b>Age range of population:</b>	8 years old to 17 years old
<b>Facility security level:</b>	Secure care
<b>Resident custody level:</b>	Short term custody care
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	18

AGENCY INFORMATION	
<b>Name of agency:</b>	Santa Cruz County Probation Department
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2170 N Congress Drive, Nogales, Arizona - 85621
<b>Mailing Address:</b>	
<b>Telephone number:</b>	(520)375-8195

Agency Chief Executive Officer Information:			
<b>Name:</b>	Primitivo Romero III	<b>Title:</b>	Chief Probation Officer
<b>Email Address:</b>	PRomero@courts.az.gov	<b>Telephone Number:</b>	(520)375-7640

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Alicia Valenzuela	<b>Email Address:</b>	LValenzu@courts.az.gov
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## AUDIT FINDINGS

### **Narrative:**

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

The Prison Rape Elimination Act (PREA) on-site audit of the Santa Cruz County Detention Center in Nogales, Arizona was conducted on August 20-22, 2018 by Rhonda Hatcher, a Department of Justice Certified PREA Auditor for Juvenile Facilities, A & J Auditing, LLC. Santa Cruz County Detention Center is a juvenile facility located next to the Santa Cruz County Probation Department which has jurisdiction over the detention center. For the pre-audit preparation, the auditor reviewed the pre-audit questionnaire, information and data provided in the pre-audit questionnaire and documentation that was submitted. The documentation that was reviewed included the agency's PREA Policy, PREA Training Lesson Plan and curriculum, PREA Training Logs, Risk of Sexual Victimization and Abusiveness Form, the agency's staffing plan, organizational chart, pamphlets and other policies and procedures that were submitted to show the agency's compliance with the PREA standards. The auditor contacted Just Detention International (JDI) to inquire about any allegations or reports that may have been filed against the agency; JDI reported that there have not been any reports filed against Santa Cruz County Detention Center.

During the on-site visit the auditor was provided with a private conference room that was located in the administrative area of the facility. The auditor used this room to have a pre-audit meeting with the Agency Head, the PREA Compliance Manager and the PREA Coordinator. This room was also used to prepare for interviews, review notes and complete any necessary work. This room was used to interview the Agency Head, PREA Compliance Manager and PREA Coordinator. Interviews with staff, residents and medical staff were conducted in a classroom located in the secured section of the facility. At the time of the audit there were only 7 residents detained; 6 males and 1 female, so the auditor chose to interview all 7 residents which included a Limited English Proficient male. The agency has 18 full time employees which include 3 supervisors. The facility has three shifts; a morning shift which is 5:45 am-1:45 pm, a swing shift which is from 1:45 pm-9:45 pm and a night shift which is 9:45 pm-5:45 am. Ten line staff were interviewed, all staff interviewed are classified as Random staff, intake staff and first responders, 1 staff interviewed was a supervisor. 1 medical staff and 1 mental health staff was also interviewed.

All Interviews were conducted using the standard interviewing tools and protocols provided by the PREA Resource Center and the Department of Justice. The interviews with the residents determined that they had received PREA education upon intake and had a comprehensive understanding of the Zero Tolerance Policy along with knowledge of sexual abuse and sexual harassment and the multiple ways in which to report abuse. Residents were also given a PREA pamphlet which they are required to keep in their rooms at all times; this pamphlet includes hotline numbers to advocacy and crisis centers. The facility has not had any residents that have reported sexual abuse or sexual harassment within the facility in 12 month and none of the residents have identified as transgender or intersex. There was one resident who identified as Limited English Proficient who the auditor was able to interview through a staff interpreter, this resident was well versed in PREA and all of the PREA information was provided for him in Spanish, this included the pamphlet, hotline information and PREA posters. Documentation reviewed

include the PREA Pamphlet, Assessment Tool, Third Party reporting information, Hotline Information and PREA Posters.

All staff interviewed had received PREA training and had an understanding of the Zero Tolerance Policy. Staff are aware of their duties to prevent, respond and report sexual abuse and sexual harassment. Staff were able to articulate the process that would be taken as a first responder, staff were also able to list the various reporting methods available to residents. Medical and mental Health staff and contractors are also required to take PREA training and follow the same procedures. Documentation viewed included the Screening for Risk of Sexual Victimization and Abusiveness tool, PREA policy section A 20.11 Agency and staff Response to Resident Reports, PREA Lesson Plan, Manuel Instruction Guide (PREA), PREA Training Logs.

The auditor toured the facility escorted by the Agency Head, PREA Compliance Manager and the PREA Coordinator. During the tour the auditor observed the configuration of the facility, the location of cameras, the layout of the pods, including the beds, toilets and sinks in the rooms, the showers, indoor and outdoor recreation areas, the classrooms, game room, intake area, visiting rooms, staff lounge and the court entrance, The auditor noticed that there were PREA posters and hotline information throughout the facility. PREA information pamphlets were located in the lobby and on the units and a large poster of the zero tolerance policy was posted on one of the walls. Notices of the audit were also placed throughout the facility including the public lobby, the pods, school and the intake area. When touring the pods the auditor noted that there are two showers on the unit, with each having a door that completely covers the stall so that the resident is never exposed, there is also a handicap shower on the unit which also has a full door so that the youth is not exposed. Each youth has their own room with a toilet and sink. The auditor was also taken to the court room, which included taking an elevator, short walk outside on a fenced sidewalk and through a lighted tunnel that has 16 cameras. The auditor was given access to all parts of the facility and was able to talk to staff and residents freely.

Santa Cruz Detention Center was very hospitable, respectful and professional throughout the on site visit. The Agency Head, PREA Compliance Manager and the PREA Coordinator have made PREA compliance a priority and have worked diligently to implement PREA standards throughout Santa Cruz Detention Center. The facility leadership's emphasis on the importance of PREA and its concerns for the sexual safety of its residents has positively impacted the culture of the facility where both residents and staff are informed about PREA and practice Zero Tolerance.

## 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.

Santa Cruz County Detention Center is a secure juvenile facility located at 2170 N. Congress Drive in Nogales, Arizona. The facility is a single building structure with three living units. The facility houses both male and female residents ranging in age from 8-17 years old. The average length of stay for male residents is 18.1 days, the average length of stay for female residents is 30.1 days, making the overall average length of stay 20 days.

The facility has the physical capacity to house 32 residents, but the operational capacity is 16 residents. The three living units consists of unit JA which houses 8 beds, unit JB which houses 12 beds and unit JC which houses 12 beds. At this time the facility only occupies units JB and JC; the 12 bed units. Unit JB is used to house male residents, there are 6 single occupancy rooms upstairs and 6 single occupancy rooms downstairs. All rooms are single occupancy rooms and have a toilet, bed and sink. When entering the unit, the staff desk is located at the front of the unit on the right, the resident rooms are located on the left of the unit with a staircase leading to the upstairs rooms. On the right side of the room, northeast of the staff desk is the entrance to the school. 2 showers are located on the right side of the unit, just past the school entrance. The showers were private with shower doors that long enough to prevent residents from being exposed while showering. The back of the unit has a recreational area with chairs, a table, a television and various games, there is also a Janitors closet located on the back left side of the unit. There are two cameras located on the unit, one in the front of the unit that is positioned high and one in the back of the unit that is positioned low. There is a fenced in outdoor recreation area located in the back of the unit which is accessible through a locked door that can only be opened by the staff. The recreation area has 2 cameras located on the front and back walls. Unit JC is used to house female residents and is a mirror image of the layout of unit JB. The door to the classroom is located on the left side of unit JC, the classroom is located between units JB and JC, giving both units access. Unit JA has the same physical layout as unit JB, it is handicapped accessible and would be used to accommodate residents with physical disabilities. All units and the classroom had PREA posters, Audit notices and hotline information posted. Grievance boxes, phones and PREA pamphlets were located on the units.

When arriving at Santa Cruz Detention Center you will enter through the public lobby. On the left side of the lobby is a window with a visitors sign in, on the counter is a PREA Pamphlet with PREA information and instructions for visitors. On the left side of the window is a locker to place belongings. In the back of the lobby on the left side is a public bathroom. Visitors that go through the lobby are wanded and escorted by a guard. A sally port door is located in the back of the lobby a few feet to the right of the bathroom. After the sally port and to the left are two visiting rooms. The first room on the left is a visiting room for parents, this room consists of 4 metal tables with attached chairs, the capacity for this room is 4 residents with 2 parents per resident and 1 staff. There is one camera located in this room. The second visiting room was for lawyers, this room had no physical contact and the resident communicated by phone, 1 staff stands outside of the visiting area during the visit. Past the visiting area to the left, there is a hallway in the facility that is the only means of travel to the rest of the facility. On the left side of the hallway is Classroom A, this room has a locked door with a window, this room is used to store school

supplies, is used as a library and is used for church services and was used by the auditor to conduct interviews with residents, staff and medical staff. Next on the left is living unit JA, living unit JB, classroom B and living unit JC. On the right side of the hallway is the Intake area (this area is locked), Next on the right is the Control room, which also has restricted access. the recreation room, teacher's office, classroom C, the laundry room and the pantry. After this area there is a locked door that can only be accessed through the Control room. This area has the staff breakroom on the left and a storage room at the end of the hallway. On the right side of the area is an elevator that leads to the courthouse, a janitors closet and stairs that adult detention. The elevators are used to take residents to court. The residents along with staff, take the elevator to Level 2, after arriving on level 2 the resident is taken down a short fenced in pathway outside that leads to a tunnel, the tunnel leads to 2 holding cells for the residents, males and females and placed in separate cells. There is a minimum of 3 staff escorting the residents to court and staff are placed outside of the holding cells to monitor the youth, There are 8 cameras located throughout the tunnel and each cell has a camera.

There are a total of 63 cameras throughout the facility, there are 2 cameras in each living unit, there are cameras in the recreational area, intake, the classrooms, visiting areas, hallways and school. The Control Room staff monitor the cameras throughout the facility and are the only staff with the authority to open doors that lead outside of secured detention. The facility is currently in discussions to upgrade it's video surveillance system. The agency also had PREA notices posted in areas where residents, staff and the public had access . This included the public lobby, both visiting areas, the hallways, school areas, living units and intake area. PREA posters and hotline numbers are also posted in these same areas.

The average daily population of Santa Cruz Detention Center is 7.8. During the on site visit there were 6 male and 1 female. There have been 141 residents admitted to the facility; 119 males and 22 females within the last year. There are 18 full time staff, each staff is trained as a direct care staff, an intake staff and as a first responder. Most of the staff are fluent in English and Spanish. The facility does have a registered nurse and a contracted mental health practitioner. Emergency Medical and Mental care and referred to Carondelet Holy Cross Hospital, Tucson Medical Center, Southern Arizona Center Against Sexual Assault and NurseWise.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	43
<b>Number of standards not met:</b>	0

When determining overall compliance the auditor took into consideration the information gathered from interviews with staff, residents, Medical and Mental Health staff, the Agency Head, PREA Compliance Manager, PREA Coordinator, informal conversations with staff and residents, the facility tour and documentation.

The interviews with the residents determined that they all received PREA education and had a complete understanding of the Zero Tolerance Policy. Residents stated that they received PREA education immediately upon intake. This information, which included definitions of abuse and harassment, multiple ways on how to report abuse and how to protect themselves from abuse was given to the residents verbally and in writing. Residents were also given a PREA pamphlet which they are required to keep in their rooms at all times; this pamphlet includes hotline numbers to advocacy and crisis centers. The residents were able to lists multiple ways to report PREA allegations, they acknowledged the PREA posters and Crisis hotline numbers on the pods and throughout the facility and understood they could call hotline numbers when necessary. The residents were also aware of Third Party Reporting and knew that a parent or lawyer could report an allegation for them. The residents continue to receive PREA education once or twice a month. The residents are also given an assessment tool during intake to determine housing, educational and programming assignments, the assessment includes questions concerning Gender Identity and the potential to be a victim or abuser.

The facility has not had any residents that have reported sexual abuse or sexual harassment in the last 12 month and none of the residents interviewed have reported abuse or have identified as transgender or intersex. There was one resident who identified as limited English proficiency and I was able to interview him through a staff interpreter, this resident was well versed in PREA and all of the PREA information was provided for him in Spanish, this included the pamphlet, hotline information and PREA posters. Documentation viewed included the PREA Pamphlet, Assessment Tool, Third Party reporting information, Hotline Information and PREA Posters. A walk through was done in the intake area, there was a large PREA Poster in the sally port leading into the intake area, there were PREA posters and hotline numbers in the waiting area where the youth are processed and their is a PREA form available where the resident can report an incident before they are released.

Santa Cruz Detention Center staff are trained as direct care staff, intake staff and first responders.

Interviews with the staff determined that they received PREA training and could articulate the meaning of the Zero Tolerance Policy and they knew the importance of preventing, responding to and reporting sexual abuse and sexual harassment. Staff also understood the importance of resident education and ensuring that residents knew multiple ways to report sexual abuse and sexual harassment. All staff at Santa Cruz Detention Center are fluent in both English and Spanish which allows for effective communication with limited English proficient residents. Bilingual staff also ensure that residents who are not English proficient and whose dominant language is Spanish are receiving PREA Education in a language that they can identify with and understand. The staff coverage is 4 in the morning shift (5:45 am-1:45 pm), 4 in the evening shift (1:45pm - 9:45) and 3 in the night shift (9:45 pm - 5:45 am), with an average daily population of 7.8, the facility is well within the ratio standard set forth by PREA standards.

All staff interviewed articulated that during the intake process, residents are given PREA education both verbally and in writing and in those cases where the resident is English proficient, the intake staff is prepared to review the information in Spanish. Residents are given a risk assessment tool to determine gender identity and the potential risk of the resident being a victim or abuser. This information is used to determine the appropriate housing and programming services for the resident.

The staff also verbalized the importance of maintaining a level privacy for the residents to shower, perform bodily functions and dress without being in view of staff members or other residents. Staff also articulated that they made announcements when entering units of the opposite gender, this was acknowledged by the resident interviews. During the walk through on the units and with informal discussions with staff, the shower process was explained to the auditor, youth are placed in their rooms during showers and only two are allowed up to shower at a time. The shower stalls are completely closed in which minimizes or eliminates exposure. The youth also turn off a light in their rooms when they are using the bathroom so staff can avoid the resident's room at this time if they are performing welfare checks; this protocol was also verbalized by residents. Documentation viewed included the Screening for Risk of Sexual Victimization and Abusiveness, the PREA policy section A 20.11 Agency and staff Response to Resident Reports, PREA Lesson Plan, Manual Instruction Guide (PREA), PREA Training Logs. Information gathered is from interviews with 10 staff representing all three shifts and 55% of the existing staff.

It was articulated through interviews with Medical and Mental Health staff that there is a protocol for follow up treatment with residents that have reported abuse. Medical staff at the facility do not perform forensic exams. Residents will be sent to Tucson Medical Center for forensic exams, follow up care for pregnancies and sexually transmitted infections would be referred to Mariposa Clinic and Nursewise would be used for advocacy services.

Santa Cruz County has not had any investigations due to reports of sexual abuse or sexual harassment in the last 12 months. There also have not been any reports of retaliations against staff or youth for reporting PREA allegations. However, the agency does have a procedure in place to conduct investigations. All administrative investigations will be conducted by the PREA Compliance Manager and all criminal investigations will be conducted by the Nogales Police Department. The PREA Compliance Manager also articulated the steps that would be taken in cases where there is retaliation. Santa Cruz County Detention Center also has a Sexual Assault Incident Review team that is comprised of the Agency Head, the PREA Compliance Manager and the PREA Coordinator.

Through interviews, review of documentation and information gathered during the onsite visit, the auditor has determined the following for the interim audit report:

Number of standards exceeded: 0  
Number of standards met: 43  
Number of standards not met: 0  
Number of standards not applicable: 0

Corrective Action Plan:

Standard 115.315 Limits to Cross-gender viewing and searches

The agency does not meet this provision of the standard:

115.315 (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The agency did not meet this provision of the standard.

Recommendation:

1. Santa Cruz Detention Center should retrain its staff on how to properly conduct cross gender pat searches and searches of transgender and intersex residents. This can be accomplished by educating the agency's Training Facilitators on how to conduct a Universal Pat Search (training curriculum can be located on the PRC website). Santa Cruz Detention Center could also contract with an agency that has certified Facilitators that specialize in teaching the correct method of conducting Universal Pat Searches.

Correction:

Santa Cruz Detention Center completed a secondary training on Cross Gender pat searches and searches of transgender and intersex residents on October 25, 2018. A roster of the training was enclosed. The auditor also did a second interview with the staff to determine if they had a better understanding of how to conduct cross gender searches, which all staff interviewed did. This standard has been met.

Corrective Action Plan:

Standard 115.361 - Staff and agency reporting duties

The agency does not meet this provision of the standard:

115.361(e) (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Recommendation:

1. Santa Cruz Detention Center shall include in its policy the timeframe of no more than 14 days for a residents attorney or other legal representatives to be notified.

\*\*This provision meets the standards. No Corrective Action was needed. It was determined through discussions with the PRC that the agency does not have to use the exact language of "14 days" to be in compliance with this provision. The agency's language that it will "immediately" notify meets and exceeds

the expectation of the standard.

Corrective Action Plan:

Standard 115.403 - Audit contents and findings

The agency did not meet this provision of the standard:

115.403(f) 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.) \*

Recommendation:

1. The agency should make its previous PREA Audit Report available on its website.

\*\*This Corrective Action has been completed. The agency has published the findings of its previous Audit Report on its website. The auditor has reviewed the website and has accessed the previous Audit Report. This standard has been met.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.311(a)--The Agency has a comprehensive PREA Policy that mandates a Zero Tolerance Policy for all forms of sexual abuse and sexual harassment. The Agency includes in its Policy definitions of sexual abuse and harassment and how it will detect, respond to and prevent sexual abuse and harassment. The Agency outlines sanctions for those who violate the Zero Tolerance Policy. The Agency educates all of its residents during the intake process to ensure all residents are aware of the Zero Tolerance Policy and how recognize and report sexual abuse and sexual harassment. All staff including contractors, volunteers and medical and mental health staff receive comprehensive PREA training. The agency provided a copy of its PREA policy, along with its PREA education pamphlet.</p> <p>115.311(b)---The agency has a PREA Policy that mandates zero tolerance against sexual abuse and harassment. The policy includes definitions in regards to PREA, reporting responsibilities, resident education and staff training, as well as investigative procedures. The implementation of the PREA standards is overseen by PREA Coordinator Luz Alicia Valenzuela who states that she has ample time to complete her job duties. The agency's Organizational Chart shows that the PREA Coordinator reports to the PREA Compliance Manager, Luis Fimbres and both report to Agency Head Primitivo Romero. The agency included its Organizational Chart.</p> <p>115.311(c)---The agency only operates one facility.</p>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The agency does not contract with other entities for the confinement of residents. This standard is not applicable to the facility.

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.313(a)--The agency has a staffing plan that provides adequate levels of staffing and video monitoring to protect residents from sexual abuse and sexual harassment. The agency adheres to the PREA standard of 1:8 ratio during waking hours and 1:16 ratio during sleeping hours. However, the agency has an operational capacity of 16 residents and has 18 full-time staff. During the on-site visit, the agency only had 7 residents, but the amount of officers had not changed. By using Juvenile Detention Alternatives Initiative (JDAI) standards, the facility's daily average population is 7.8 with an average stay of 20 days. The coverage for the officers is 4 in the morning (5:30 am- 1:30 pm), 4 for swing shift (1:30 pm- 9:30 pm) and 3 for the night shift (9:30 pm-5:30 am), which exceeds the standard set forth by PREA, Arizona Office of the Courts (AOC) and Arizona Detention Standards. The agency has 63 cameras in the facility and is currently looking to update the camera system.</p> <p>115.313(b)--The agency does not deviate from the staffing plan. During the on-site visit, the logs were viewed and showed no deviation. Interviews with the PREA Coordinator demonstrated that the schedule was made daily to ensure the facility was in ratio according to PREA, AOC and Arizona Juvenile Standards.</p> <p>115.313(c)--Staffing Ratio Logs dated June 17th - Dec. 17th and Jan. 18th - June 18th demonstrate that the facility maintained a 1:8 ratio during waking hours and a 1:16 ratio during sleeping hours.</p> <p>115.313(d)--Interviews with the Agency Head, PREA Compliance Manager and PREA Coordinator were in agreement that they all met once a year to discuss staffing ratios. The last meeting occurred on 11/08/2017, which the auditor was given a copy of.</p> <p>115.313(e)--Interviews with the Agency Head, PREA Compliance Manager, PREA Coordinator and the Supervisor all showed that unannounced rounds are being completed monthly and documented according to the agency's policy.</p>

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.315(a)--Interviews with Random Sample of Staff concluded that cross gender strip searches and body cavity searches are not conducted by staff and would only be completed medical staff. The agency has not completed any strip searches or cavity searches, therefore there is no documentation.</p> <p>115.315(b)--Interviews with Random Sample of Staff concluded that cross gender searches are not conducted by staff and would only be done in exigent circumstances.</p> <p>115.315(c)--Interviews with Random Sample of Staff, Supervisors and the PREA Coordinator concluded that all cross-gender searches would be documented through an Incident Report.</p> <p>115.315(d)--PREA Policy sec. A 20.7 Viewing and Searches addresses allowing the residents privacy when they are showering, going to the restroom or dressing. It also addresses staff of the opposite gender being required to identify themselves when they walk on a unit. Interviews with residents confirmed that they are allowed privacy when using the restroom, showering or dressing. All residents stated that staff of the opposite gender identified themselves when they walked on the unit. Interviews with Random Sample of staff concluded that staff did not view youth while they were going to the restroom, showering or dressing. Staff stated they identified themselves if they walked on a unit with the opposite gender.</p> <p>115.315(e)--interviews with Random Samples of Staff concluded that searches would not be made to determine the genital status of the youth. If there were questions about the youth genital status that could not be determined through conversation, then only a medical staff had the ability to examine the resident.</p> <p>115.315(f)--The agency has provided training for the staff on how to conduct cross-gender searches, transgender searches and intersex searches. However, there were different understandings on how to physically conduct a correct, respectful search of a transgender resident.**</p> <p>Corrective Action Recommendation:</p> <ol style="list-style-type: none"> <li>1. Santa Cruz Detention Center should retrain its staff on how to properly conduct cross gender pat searches and searches of transgender and intersex residents. This can be accomplished by educating the agency's Training Facilitators on how to conduct a Universal Pat Search (training curriculum can be located on the PRC website}. Santa Cruz Detention Center could also contract with an agency that has certified Facilitators that specialize in teaching the correct method of conducting Universal Pat Searches.</li> </ol> <p>Corrective Action Completed:</p> <p>PREA Coordinator Alicia Valenzuela arranged a workshop to train the staff on cross gender pat searches. A roster was submitted that verified that the training had taken place on October 25, 2018. Follow up interviews were held by the Auditor on 12/10/2018 with Facility</p>

staff concerning the cross gender pat searches. All staff interviewed were able to articulate the policy, procedure and protocol for conducting a cross gender search.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.316(a)--PREA Policy section A 20.3 Resident Reporting, pages 9-10 addresses this provision. Interviews with the Agency Head, PREA Compliance Manager, PREA Coordinator and staff determined that all staff in the facility are bilingual and speak both English and Spanish. At the time of the audit the agency had one resident who could only speak Spanish, through interviews with the resident he stated that staff translated all information for him and he felt comfortable reporting PREA allegation to the staff and he was able to articulate how to report allegations of abuse. The resident stated he received PREA education in Spanish, he received a PREA pamphlet in Spanish and there were posters and hotline information in Spanish. During the facility tour, posters, hotline information, pamphlets and third party reporting information were seen in Spanish and English. Staff interviewed stated that they had access to a Language Line that they would use to find interpreters to communicate with residents who spoke other languages or to get interpreters for residents who may be hard of hearing or visually impaired. This was also communicated by the PREA Coordinator and PREA Compliance Manager.</p> <p>115.316(b)--The agency has a staff that are bilingual and can interpret for residents who are Spanish Speakers. The agency provides pamphlets, handbooks, Crisis information, PREA posters and all information regarding resident rights in Spanish. Interview with a resident with limited English proficiency concluded that he had PREA education and understood how to report sexual abuse and sexual harassment, he was able to talk to a lawyer or family member and he felt comfortable with the staff and was able to report to them if necessary.</p> <p>115.316(c)--Interviews with Random Sample of Staff, Resident with limited English proficiency, Residents and the PREA Coordinator concluded that residents are not used as interpreters. With the agency's staff being bilingual the use of resident interpreters would not be necessary. The agency's PREA Policy section A 20.3 Resident Reporting, page 10, paragraphs 1 and 2 prohibits the use of resident interpreters,</p>

115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1481 618">115.317(a)--PREA policy , sec A. 20.6 Hiring and Staffing, p. 16 Par. 2, #'s 1-3 addresses this provision. The agency also asks on its Detention Officer Applicant checklist if the applicant has engaged in sexual abuse in prison, jail, lock up, juvenile facility or other institutions, or if they have been convicted of such activity. Viewing the staff files showed that the agency performs thorough background checks and completes a Child Registry on all of its staff. Background checks are completed every 2 years, by running the driver's license and completing another Child Registry check.</p> <p data-bbox="252 667 1481 869">115.317(b)--PREA Policy Sec. A 20.6 Hiring and Staffing, p. 16-17 addresses this provisions by considering incidents of sexual abuse and sexual harassment before promoting staff, hiring new employees and contractors. Interviews with the Agency Head (Human Resources) confirmed that this information would be taken into consideration before promoting someone and before hiring someone.</p> <p data-bbox="252 925 1481 1037">115.317(c)--This provision is addressed in PREA Policy A 20.6 Hiring and Staffing, p 17, paragraph 1, #'s 1 and 2, the Detention Officer Checklist and the Arizona Department of Child Safety Direct Service Central Registry Clearance Form.</p> <p data-bbox="252 1093 1481 1205">115.317(d)--This provision is addressed in PREA Policy A 20.6 Hiring and Staffing, p 17, paragraph 1, #'s 1 and 2, the Detention Officer Checklist and the Arizona Department of Child Safety Direct Service Central Registry Clearance Form.</p> <p data-bbox="252 1261 1481 1462">115.317(e)--PREA Policy sec. A. 20.6 Hiring and Staffing, p. 17 paragraph 3 states that background check would be completed every 2 years on all staff. Interview with the Agency Heard (human Resources) confirmed that background checks are completed every 2 years, view of the staff files also confirmed that background check were completed every tow years and the child registry was completed.</p> <p data-bbox="252 1518 1481 1675">115.317(f)--A 20.6 Hiring and Staffing, p. 17, paragraph 4 and Detention Officer checklist addresses this standard. Interview with the Agency Heard (Human Resources) confirmed that it is the expectation for current employees and applicants to disclose all police contact they have had,</p> <p data-bbox="252 1731 1481 1843">115.317(g)--A 20.6 Hiring and Staffing, p. 17 paragraph 5 addresses this provision. The Detention Officer checklist also addresses this by stating misleading information will be grounds for disqualification.</p> <p data-bbox="252 1899 1481 2145">115.317(h)--Interview with the Agency Head who is the Administrator of Human Resources as it relates to hiring and background checks determined that there are no legal restrictions to provide information to another agency seeking a background check on a former employee. Therefore the agency would provide information to that agency concerning substantiated sexual abuse and sexual harassment charges. PREA policy , sec A. 20.6 Hiring and Staffing, p. 17 also addresses this provision.</p>

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.318(a)--NA, The agency has not required another facility or made structural changes in its current facility.</p> <p>115.318(b)--The agency is currently working on updating its current camera system. The purpose is for improved, updated technology, more cameras and targeting blind spots.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.321(a)--The agency is responsible for conducting administrative investigations and all criminal investigations are conducted by the Nogales Police Department. interviews with Staff who act as First Responders, Random Sample of Staff, the Agency Head, PREA Compliance Manager, PREA Coordinator and Medical Staff concluded that the agency has a coordinated plan to investigate allegations of sexual abuse, whether administrative or criminal, and are aware of the steps to follow for preserving evidence and ensuring medical and advocacy help is given to the victim. PREA Policy sec A 20.11 Agency and Staff Response to Resident Reports, pages 25-26 lists the investigative protocol to follow for incidents of sexual abuse.</p> <p>115.321(b)--This protocol is appropriate for residents and assures that victims will get the necessary level of care. The victim will receive medical care including a forensic exam if necessary by qualified medical staff, the victim will receive a victims advocate (NurseWise) Each step of the process will be explained to the victim in a manner in which the resident understands. All mental and medical health care will be done at no cost to the victim. PREA Policy section A 20'14 Medical and Mental Health Care pages 30-31.</p> <p>115.321(c)--The Registered Nurse at the facility is not trained or qualified to conduct forensic exams. The facility does not employ SAFE or SANE's so all forensic exams will be conducted at Tucson Medical Center at no cost to the victim, PREA Policy A 20.14 Medical and Mental Health Care lists protocol for medical and mental health services for the victim and states their will be no financial cost to the victim.</p> <p>115.321(d)--Santa Cruz County Detention Center has an MOU with Community Health Associates to provide services. The agency uses Southern Arizona Center against Sexual Abuse, NurseWise, Mariposa Clinic and Tucson Medical Center to provide medical, mental health and advocacy services for its residents</p> <p>115.321(e)--As document in PREA Policy A 20.14 Medical and Mental Health Care and through interviews with Medical staff, the PREA Coordinator, Supervisor and Random Sample of staff, the agency will provide the resident with an advocate to accompany him or her to provide support during the forensic exam and interview process.</p> <p>115.321(f)--Nogales Police Department is responsible for conducting criminal investigations. Interviews with the Agency Head, PREA Compliance Manager and PREA Coordinator stated that the expectation is that the investigating agency (Nogales Police Department) will not charge the victim for any medical or advocacy services. Santa Cruz Detention Center's PREA Policy section A 20.14 Medical and Mental Health Care, p. 31 # 5-11. #11 states that the Agency Head will make the lead investigator aware of this provision and ask them to follow it.**</p> <p>115.321(g)--Not required to audit this provision.</p> <p>115.321(h)--The Registered Nurse at Santa Cruz County Detention Center is not qualified or</p>

trained to complete forensic exams. All incidents requiring a forensic exam or extensive medical treatment will be sent to Tucson Medical Center.

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.322(a)-During interview with the Agency Head it was determined that all allegations of sexual abuse and sexual harassment would be taken seriously and given to the appropriate authority to be investigated. If the allegations are criminal the investigation would be completed by Nogales Police Department. Administrative investigations will be completed by the PREA Compliance Manager. PREA Policy section A 20.3 Resident Reporting , page 10, paragraph 4 states that all criminal and administrative investigation is completed on all allegation of sexual abuse and harassment. The agency has not had any criminal or administrative investigations in the last 12 months.</p> <p>115.322(b)--PREA Policy section A 20.3 Resident Reporting , page 10 states that allegations of sexual abuse and sexual harassment would be referred to Nogales Police Department for criminal investigation. The auditor looked on the agency's website and it lists allegations of sexual abuse and harassment. Santa Cruz County Detention Center has a link to its PREA policy on its website, which allows the public to view its investigation procedure.</p> <p>115.322(c)--The agency's website shows that criminal investigations are conducted by the Nogales Police Department and administrative investigations are conducted by the Santa Cruz Detention Center.**</p> <p>115.322(d) Not Required.</p> <p>115.322(e) Not Required.</p>

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.331(a)--PREA Policy sec, A 20.8 Staff, Volunteer and Contractor Training pages 19-20. and the Lesson Plan for Addressing Sexual Misconduct in Detention both address this provision. Interviews with the staff showed that all staff were aware of the zero tolerance policy. Staff receive live classroom style training yearly. This training includes how to detect, respond and prevent sexual abuse and harassment, how to avoid inappropriate relationships with youth and how to communicate with the LGBTI community . All staff knew the applicable age of consent</p> <p>115.331(b)--PREA Policy sec, A 20.8 Staff, Volunteer and Contractor Training, p. 20 addresses this standard. Interviews with Random Sample of Staff and the PREA Coordinator determined that staff are trained on how to be respectful, thoughtful and professional with youth that are part of the LGBTI community,</p> <p>115.331(c)--Through interviews with Random Sample of Staff and the PREA Coordinator, it was determined that the staff are trained on a yearly basis and receive notification of any changes in the PREA policy and standards. The agency submitted PREA Training Logs to demonstrate and acknowledge that staff receive PREA training. During the onsite visit I was able to view the staff files that showed documentation of PREA training.</p> <p>115.331(d)--The agency has a Training Sign in Sheet that documents the topic of Training, date of training and the length of training. The staff is required to sign the sheet stating that they have attended the training and understand the subject and will use it when appropriate.</p>

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.332(a)--The agency provided training logs that demonstrate contractors and volunteers are required to take PREA training and they must sign the training sheet to show that they have received the training. PREA Policy sec.A 20.6 Hiring and Staffing, p. 20 last paragraph addresses this provision.</p> <p>115.332(b)--The agency has demonstrated through policy, training material and contact sheets that they require staff, volunteers, contractors and other staff that have contact with the youth to take PREA training and acknowledge that they understand what they have been taught. PREA Policy section A 20.6 Hiring and Staffing, p. 20 last paragraph addresses this provision.</p> <p>115.332(c)--The contractors and volunteers are required to sign Training Logs that confirm that they have taken the required PREA training and they understand the information that there were given and they know how to appropriately apply the information they received.</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.333(a)--PREA Policy section A 20.9, Resident Education p, 22, states the agency will provide PREA education, which includes its Zero Tolerance Policy and reporting, to all residents upon intake. Interviews with Residents, Staff, and the PREA Coordinator confirmed this,</p> <p>115.333(b)--PREA Policy section A 20.9, Resident Education p, 22 states that residents will receive comprehensive PREA education within 10 days. Interviews with Residents showed that PREA education was given during the intake process which is above the PREA requirement of 10 days.</p> <p>115.333(c)--Interviews with residents and Random Sample of Staff confirmed that residents are given PREA education during the intake process. Staff stated that all residents receive education even those residents coming from another facility.</p> <p>115.333(d)--The agency provides all of its PREA education in Spanish and English; this includes pamphlets, posters and verbal education. Most of the staff at the facility are bi-lingual (Spanish and English) and are able to interpret for residents who are not proficient in English. Residents interviewed stated that they are able to receive information in Spanish and an interview with a resident who had limited English proficiency stated the staff gave him PREA education in Spanish. Staff interviewed stated that they had access to a Language Line if they needed interpretation for other languages or for youth who were hearing or visually impaired.</p> <p>115.333(e)--The residents are required to sign a copy of the Housing Rules which confirms that the residents has received PREA education and understands it.</p> <p>115.333(f)--Santa Cruz County has PREA education material such as posters, handbooks and pamphlets throughout its facility. posters are located in the hallways, in the public lobby, classrooms, intake area and pods. All residents interviewed stated that they are given a handbook on PREA information that they are required to keep in their rooms,</p>

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.334(a)--PREA Policy section A 20.12 Investigations states that the agency will be responsible for conducting administrative investigations only. Interview with the PREA Compliance Manager confirmed that he is responsible for administrative investigations and he has taken and passed sexual abuse investigative courses through the PREA Resource Center. One of the courses completed was "Investigating Sexual Abuse in Confinement Setting".</p> <p>115.334(b)--The agency has a policy to address this standard, PREA Policy section A 20.12 Investigations. Interview with the PREA Compliance Manager showed that he had an understanding of Miranda and Garrity rights and he took training on how to investigate abuse in confinement settings.</p> <p>115.334(c)--The PREA Compliance Manager gave the auditor certificates of completion for all of the classes that were taken.</p>

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.335(a)--Interviews with medical and mental health staff confirmed that they are required to take PREA training. Training Logs were provided to show documentation that PREA training was taken and understood. The agency's PREA Policy section A 20.8 Staff, Volunteer and Contractor Training p, 21 paragraphs 8 addresses this provision,</p> <p>115.335(b) N/A, the medical staff does not conduct forensic exams for the agency. The agency has an MOU with an outside agency to conduct forensic exams.</p> <p>115.335(c)--Medical and Mental Health sign a Training Log Sheet that shows they have had comprehensive PREA training and understand how to address sexual abuse and harassment.</p> <p>115.335(d)--The agency's PREA Policy section A 20.8 Staff, Volunteer and Contractor Training pages 19-22 addresses this provision, Interview with the Mental and medical health staff confirmed that they are required to take comprehensive PREA training.</p>

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.341(a)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and abusiveness addresses this provision. Staff responsible for screening stated that a Screening Instrument was given during intake to determine if a resident was at risk for sexual abuse. Residents interviewed stated they were given a screening too during intake. Interview with residents, staff and the PREA Coordinator determined that the PREA Coordinator provided follow-up PREA education for the residents 1-2 times per month.</p> <p>115.341(b)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and abusiveness p. 23 addresses this provision. Santa Cruz Detention Center screening tool "Screening for Risk of Sexual Victimization and Abusiveness."</p> <p>115.341(c)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and abusiveness p. 23 addresses this provision. Staff responsible for intake stated that this tool is given to all residents upon intake to determine the appropriate placement for the resident concerning housing, education, recreation and safety and security concerns,</p> <p>115.341(d)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and abusiveness p. 23 addresses this provision. Staff interviewed including medical staff stated that this information is gathered during screening, past history with the resident, files and court information.</p> <p>115.341(e)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and abusiveness p. 23 addresses this provision. Interviews with staff, medical staff and the PREA Coordinator stated that information is given on a need to know basis for the safety of the resident and the safety and security of the facility,</p>

115.342	<b>Placement of residents</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1474 528">115.342(a)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and /abusiveness p. 23-25 addresses this provision. Interviews with staff and the PREA Coordinator determined that information gathered from the Risk Assessment Tool is used to determine the housing assignment for the resident and program and education assignments,</p> <p data-bbox="252 584 1485 831">115,342(b)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and abusiveness p. 24 addresses this provision. Residents are only placed isolation as a last result, There has not been any residents placed in isolation within the last 12 months. Residents interviewed stated that they have not been placed in isolation for any PREA related safety concerns, Interviews with staff, medical staff and the PREA Coordinator stated that there hasn't been any residents placed on isolation,</p> <p data-bbox="252 887 1449 1088">115,342(c)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and abusiveness p. 24 addresses this provision. Intake Staff and the PREA Coordinator stated during interviews that residents from the LGBTI community would not be considered to be sexually abusive based on their status nor would they be placed on certain units based on their identification or status.</p> <p data-bbox="252 1144 1477 1301">115,342(d)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and abusiveness p. 23-24 addresses this provision. Interview with the PREA Coordinator and staff confirmed that housing assignments for residents who identified with the LGBTI community would be determined on a case by case basis.</p> <p data-bbox="252 1357 1453 1559">115.342(e)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and abusiveness p. 25 addresses this provision. Interview with the PREA Coordinator and PREA Compliance Manager determined that housing ad programming assignment for transgender residents would be assessed at least twice a year or as often as necessary,</p> <p data-bbox="252 1615 1465 1771">115.342(f)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and abusiveness p. 25 addresses this provision. Interviews with staff and the PREA Coordinator determined that the views of transgender youth is taken into consideration when determining placement.</p> <p data-bbox="252 1827 1422 1939">115.342(g)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and abusiveness p. 25 addresses this provision. Staff interviewed stated that transgender and intersex residents to shower separately.</p> <p data-bbox="252 1995 1417 2107">115.342(h)--There have been no residents held in isolation in the past 12 months and the agency does not keep residents in isolation per Arizona Office of the Courts (AOC) and Arizona juvenile Detention Standards .</p>

115.342(I)--The agency's PREA policy section A 20.10 Screening for Risk of Sexual Victimization and /abusiveness p. 24 addresses this provision.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.351(a)--During the onsite visit, the auditor noticed PREA posters in the hallways, the classrooms, the living units and the intake area. There were also hotline numbers in each living unit, the hallways, classrooms and the intake area. When interviewing the residents they mentioned that PREA information was located on the units and hallways and they were also given a pamphlet to take to their rooms that had PREA information. Residents also disclosed that they are able to report abuse or harassment verbally to a staff, that could tell a parent or lawyer and all residents stated that they could call a hotline number or they could write a grievance. During interviews with staff it was reported that residents are able to make reports verbally, call a hotline number, report to family members or file a grievance. The staff stated that the youth were able to make phone calls to report abuse at any time. The staff would dial the number for the youth and then give the youth privacy to report.</p> <p>115.351(b)--Residents interviewed stated that they are able to make reports of sexual abuse or sexual harassment to other agencies by phoning them if they are uncomfortable talking with facility staff or they can report the abuse to a parent, guardian or a lawyer. The agency's policy also states that residents are able to request an in person meeting with another agency by phone or in writing PREA Policy section A. 20.3 Resident Reporting.</p> <p>115.351(c)---Interviews with staff and residents confirmed that residents are able to make reports verbally, in writing, anonymously and through a third party. The agency does have a grievance policy and form that is in English and Spanish.</p> <p>115.351(d)--Through interviews with the residents and the PREA Coordinator it was determined that it is the expectation that staff provide pencil and paper to the residents so they can write a grievance or allow them to use the phone to call a hotline number to report abuse.</p> <p>115.351(e)--Through interviews with the Random Sample of Staff, PREA Coordinator, PREA Compliance Manager and the Agency Head it was determined that staff can report sexual abuse and sexual harassment of residents by privately speaking with the PREA Coordinator, PREA Compliance Manager or Agency Head they can write an anonymous note to the PREA Coordinator PREA Compliance Manager or Agency Head or they can call one of the hotlines numbers listed throughout the facility. The agency policy states that any staff that has knowledge of sexual abuse or sexual harassment will report it by phone and/or in person and follow it up by a written report. PREA Policy section A 20.1 Policy Organization p. 2</p>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.352(a)--The agency PREA policy section A 20.3 Resident Reporting pages 10-11 addresses the process for residents to file a grievance for sexual abuse. Interviews with residents, Random Sample of Staff and PREA Coordinator determined that residents know that a grievance process in place for them to use if they need to file a sexual abuse complaint.</p> <p>115.352(b) The agency's Juvenile Rights Policy section D 5.11states: When a juvenile files a grievance involving physical or sexual abuse allegations, the S.C.C.J.D.C. shall: a) Not have a time limit on when a juvenile may submit a grievance; b) Not require a juvenile to use an informal grievance process to attempt to resolve with staff the alleged incident of abuse,</p> <p>115.352(c)--. A 20.3 Resident Reporting p. 11, #9. the agency's policy states that the resident who alleges abuse does not have to submit it the staff who is the subject of the complaint. Interviews with residents concluded that the resident would give the complaint to the PREA Coordinator.</p> <p>115.352(d)--A 20.3 Resident Reporting p. 11 # 1. The agency will issue a final decision of the merit of a grievance alleging sexual abuse within 90 days. This was confirmed during the interview with the PREA Compliance Manager. There have not been any grievances filed in the last 12 month alleging sexual abuse.</p> <p>115.352(e)--A 20.3 Resident Reporting, p. 12, #5, #6, #7, #13 and Policy II D 5 Juvenile Rights addresses the grievance policy for residents. Residents have the right to file a grievance , use third party reporters or can decline assistance. Residents interviewed stated that they could have a family member or lawyer file a grievance on their behalf. The juvenile Rights gives a detailed protocol on how to effectively address allegations.</p> <p>115.352(f)--PREA Policy section A 20.3 Resident Reporting, p. 11, #10 and #11.The agency has a procedure in place to protect residents who report that they are in imminent danger. The procedure follows the PREA standard guidelines of 48 hours to respond and 5 days to give a decision following the allegations. Interviews with Staff, PREA Coordinator and PREA Compliance Manager concluded that the agency had a procedure in place to address residents who felt they were in imminent danger.</p> <p>115.352(g)--A 20.3 Resident Reporting, p. 12, #12 addresses residents who file grievances in bad faith that resulted in discipline. Interview with the PREA Coordinator concluded that residents are only disciplined if they file a grievance in bad faith. The agency has a PREA binder where documentation would be kept, The agency has not had any grievances filed in bad faith.</p>

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.353(a)--PREA Policy section A 20.3 Resident Reporting, pages 8-12 addresses this provision. The agency has NurseWise, a crisis hotline operated by the regional behavioral health authority for Santa Cruz County and other hotlines numbers available for residents to call for support, These numbers are listed in PREA pamphlets and on posters throughout the facility.</p> <p>115.353(b)--Residents interviewed stated that they were aware that information would be shared if they disclosed information that they were being harmed or were not safe. Interviews with staff and Mental and Medical staff stated that they informed residents that they would be obligated to report information that disclosed the resident was in danger or being abused,</p> <p>115,353(c)--The agency has an agreement with Nursewise and Mariposa Clinic.</p> <p>115.353(d)--Interviews with residents, staff and the PREA Coordinator determined that residents have reasonable and confidential to their attorneys, parents or legal guardians. During the onsite visit the auditor was able to see the visiting area for the attorneys and noted that the room was confidential so the resident was able to talk to their attorney's in confidence. Staff were posted outside of the room for security but were not able to listen to the conversation. PREA Policy section A 20.3 Resident Reporting, pages 8-12 addresses this provision.</p>

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.354(a) The agency has listed in its Juvenile Rights policy the procedure for a parent or guardian to file a grievance on behalf of a resident. The agency lists in its PREA Policy the rights of the resident to have someone file a grievance on his behalf. The agency has a Third Party Reporting pamphlet that is located in the public lobby along with reporting forms that informs the public how to report sexual abuse allegations to the facility. There are also Crisis Hotline Numbers posted in the public lobby, the family and legal visiting areas and throughout the facility. Third Party Reporting information and Crisis Hotline information is written in English and Spanish. PREA information is also posted on the agency's website along with the agency's phone number and the PREA Coordinator's name. The public is also able to request to speak to the PREA Coordinator or a supervisor in person to report an allegation of sexual abuse.</p>

115.361	<b>Staff and agency reporting duties</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1458 488">115.361(a)--PREA Policy section A 20.1 Policy organization, p, 2 Paragraph 4 and section. A 20.5 Protection from Retaliation addresses this provision, Staff interviewed stated they are required to immediately report allegations of sexual abuse and sexual harassment, Reports must be completed by the end of their shift.</p> <p data-bbox="252 539 1458 701">115.361(b)--PREA Policy section A 20.4 Staff and Agency Reporting p. 12 and 13 addresses this provision. Interviews with staff, medical and mental health staff, PREA Coordinator and PREA Compliance manager confirmed that all staff are mandatory Reporters. ARS 13-3620 also addresses mandatory reporting for the State of Arizona.</p> <p data-bbox="252 752 1410 913">115.361(c)--PREA Policy section A 20.4 Staff and Agency Reporting p. 12 addresses this provision. Interviews with staff, medical and mental health staff, PREA Coordinator acknowledged that information is only to be shared at the extent necessary to keep the resident safe and ensure the safety and security of the facility.</p> <p data-bbox="252 965 1485 1261">115.361(d)--Interview with medical staff determined that medical staff are mandatory reporters and are required to report all allegations and suspicions of sexual abuse and sexual harassment, Medical staff also stated that residents are informed that they have a duty to report, therefore their conversations may not be confidential. Residents interviewed also stated that they were aware that medical staff would report information to get the resident help if they thought they were being harmed. The agency addresses this provision in PREA Policy, sec A 20.4 Staff and Agency Reporting p. 13 paragraph 3.</p> <p data-bbox="252 1312 1481 1608">115.361(e)--During interviews with the PREA Coordinator, PREA Compliance Manager and the Agency Head it was determined that the PREA Coordinator will notify the Agency Head and PREA Compliance Manager of all allegations of sexual abuse and sexual harassment, It will also be the responsibility of the PREA Coordinator to notify the parent or guardian, the caseworker, attorney or guardian ad litem. The Nogales Police department will only be notified if the allegations are criminal; the PREA Compliance Manager will conduct all Administrative Investigations. PREA Policy, sec A 20.4 Staff and Agency Reporting p. 13,**(14 days).</p> <p data-bbox="252 1659 1485 1821">**This provision meets the standards. It was determined through discussions with the PRC that the agency does not have to use the exact language of "14 days" to be in compliance with this provision. The agency's language that it will "immediately" notify meets and exceeds the expectation of the standard.</p> <p data-bbox="252 1872 1401 2033">115.361(f)--PREA Policy section A 20.4 Staff and Agency Reporting p,13, paragraph 6 addresses this provision, Interviews with residents, staff, PREA Coordinator and PREA Compliance manager stated that all allegations of sexual abuse and sexual harassment, including reports from third parties would be taken seriously and investigated.</p> <p data-bbox="252 2085 724 2119">Corrective Action Recommendation:</p>

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.362 (a)-- The agency addresses youth that are in imminent risk for sexual abuse in its PREA Policy. Section A 20.11 Agency and Staff Response to Resident Reports, states that when the department learns prior to, during of after the intake process that a residents is subject a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>Interviews with staff, Agency Head, PREA Compliance Manager and PREA Coordinator determined that if it is known that a resident is in imminent danger or risk for sexual abuse or sexual harassment, measures would be taken to protect the resident from harm. This could include moving the resident to another unit, changing the resident's schedule and being more vigilant when monitoring the resident.</p> <p>Interviews with the residents also determined that the residents are aware that they could tell a staff or the PREA Coordinator if they felt they were in danger and they would take care of it.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.363(a) The agency has in its PREA Policy, section A 20.4 Staff and Agency Reporting that the agency will upon receiving an allegation that a resident was sexually abused while confined at another facility will notify that facility. The allegation will be reported by the Agency head of Santa Cruz Detention Center to the Head of the other agency. Interviews with the Agency Head and PREA Coordinator determined that the PREA Coordinator will give any reports of a resident being abused at another facility to the Agency Head so he could notify the other facility of the abuse.</p> <p>115.363(b) The agency has in its PREA Policy, section A 20.4 Staff and Agency Reporting that notification will be completed within 72 hours. Interviews with the Agency Head and PREA Coordinator confirm that notification will be as soon as possible, but no more than 72 hours after receiving the allegation.</p> <p>115.363(c) The agency is required by its PREA Policy to document any notifications of sexual abuse given to another facility. Interviews with the PREA Coordinator and Agency head determined that the expectation would be to document the notification and place the notification in an appropriate binder.</p> <p>115.363(d) the agency has in its policy that the expectation is for the agency receiving the notification of sexual abuse at is facility to conduct an appropriate investigation following PREA standards. Interviews with the Agency Head determined that the expectation would be for the receiving agency to conduct an appropriate investigation. At the time of the audit, Santa Cruz Detention Center has not received any allegations of abuse involving another facility.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.364(a) The agency has first responder duties listed in its PREA Policy, A 20.11 Agency and Staff Response to Resident Reports. The agency has not had any incidents of sexual abuse at its facility. This was confirmed through interviews with the residents and staff, there were no Residents who Reported a Sexual Abuse while in the facility. While interviewing the staff, they did not report having to respond to a sexual assault or witnessing sexual abuse. However all staff verbalized the action they would take if they were to be a first responder to an incident. Staff stated they would separated the victim and the abuser, preserve the crime scene, they were able to state how they would preserve the crime scene when asked by the auditor. Staff listed they would not destroy physical evidence by letting the victim or abuser change clothing, brush teeth etc., The staff also stated they would get medical help for the victim, notify the PREA Coordinator and contract Nogales Police Department. There are no Incident Reports or Police Reports indicating any abuse in the facility.</p> <p>115.364(b) It was determined through interviews with medical staff that if an incident took place they would instruct the alleged victim not to take any actions that would destroy evidence. Interviews with staff determined they would take over first responder duties when notified of the incident.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.365(a) The agency has an institutional plan to coordinate actions for an incident of sexual abuse. When interviewing the Agency Head, PREA Compliance Manager, PREA Coordinator. Supervisor, Medical Staff and Random Sample of Staff, the agency has in place to notify the PREA Coordinator, PREA Compliance Manager and Agency Head when an incident occurs, the Nurse on Duty will be notified to administer initial aide to the resident but the resident will be sent to Tucson Medical Center for a forensic exam. The Nogales police department will be notified to conduct a criminal exam.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The agency does not have collective bargaining. This provision does not apply.



<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.367(a)--PREA Policy section A 20.5 Protection from Retaliation pages 14-15 addresses this provision. Interviews with the PREA Coordinator and PREA Compliance Manager determined that they would be responsible for monitoring retaliation.</p> <p>115.367(b)--PREA Policy section A 20.5 Protection from Retaliation pages 14, paragraphs 3 and 4 addresses this provision. Interviews with the PREA Compliance Manager and PREA Coordinator confirmed that multiple protective measures would be used to protect staff and residents who report sexual abuse or sexual harassment.</p> <p>115.367(c)--PREA Policy section A 20.5 Protection from Retaliation pages 14-15, paragraphs 1-4 addresses this provision. Interviews with the PREA Compliance Manager and PREA Coordinator confirmed that monitoring will occur at least every 90 days.</p> <p>115.367(d)--PREA Policy section A 20.5 Protection from Retaliation pages 14-15, paragraphs 1-4 addresses this provision. Interviews with staff, the PREA Compliance manager&lt; PREA Coordinator and medical staff determined that residents would receive periodic status checks.</p> <p>115.367(e)--Interviews with the PREA Compliance Manager and PREA Coordinator determined that steps would be taken to protect anyone who is in fear of retaliation. This would include pod and programming changes for residents and assignment changes for staff. PREA Policy section A 20.5 Protection from Retaliation page, 14 paragraph's 3 and 4 addresses this provision.</p> <p>115.367(f)--The auditor is not required to audit this provision.</p>

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.368(a)--The agency does not use extended isolation as a practice, in compliance with standards set forth by the Arizona Office of the Courts (AOC) and Arizona Detention Services. The agency has not had any residents in isolation within the last 12 months. Residents interviews stated that they have not been in isolation. One resident interviewed stated he was in isolation for one hour or less for behavior issues, but not for any PREA related issues. Interviews with staff and the PREA Coordinator determined that isolation could be used as a last resort but would only be considered in extreme cases where the resident may be in imminent danger. During the interviews it was also determined that the agency would consider moving the resident to another pod, changing the residents schedule and being more diligent in monitoring the youth as options before they considered isolation.</p> <p>Even though the agency does not use isolation, it addresses this provision in its PREA Policy section A 20.9 Resident Education p.24.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.371(a)--PREA Policy section A. 20.3 Resident Reporting, p. 9, paragraph 3 and section 20.12 Investigations, p. 26 paragraph 1 and page 2, #7 addresses this provisions, Interview with the PREA Compliance Manager and PREA Coordinator determined that all investigations would be completed thoroughly and objectively and that all third party and anonymous reports would be investigated.</p> <p>112.371(b)--Interview with the PREA Coordinator determined that the agency will investigate administrative allegations, criminal allegations will be completed by Nogales Police Department. PREA Policy section A. 20.3 Resident Reporting, p. 10, paragraph 5 addresses this provision. The PREA Compliance Manager has completed the following course: Investigating Sexual Abuse in a Confinement Setting.</p> <p>115.371(c)--PREA Policy section 20.12 Investigations, p.27, #14 addresses this provision. Interview with the PREA Compliance Manager determined that the agency would cooperate with the investigating agency to ensure that DNA and all physical evidence was gathered, they had access to interview witnesses, abusers and victims and they had access to any necessary reports.</p> <p>115.371(d)--PREA Policy section 20.12 Investigations, p.27, # 17 addresses this provision, Interview with the PREA Compliance Manager determined that an investigation would continue even if the person making the allegation recants.</p> <p>115.371(e)--PREA Policy section 20.12 Investigations, p.27, #18 addresses this provision, Interviews with the Agency Head and PREA Compliance Manager determined that they would consult with their attorneys before conducting an interview if the evidence appear to be criminal.</p> <p>115.371(f)--PREA Policy section 20.12 Investigations, p.27, #'s 15 and 16. Interviews with the Agency Head and PREA Compliance Manager determined that polygraphs are not given to residents and that the credibility of an alleged victim or witness is not determined by their status as a resident or staff.</p> <p>115.371(g)--PREA Policy section 20.12 Investigations, p.26, paragraph 2 , page 27, #19 addresses this provision. Interviews with the Agency Head, PREA Compliance manager and PREA Coordinator determined that information gathered in administrative investigations would be used to determine if staff actions contributed to the incident or if there were other factors that may have caused the incident. All reports would be documented.</p> <p>115.371(h)--PREA Policy section 20.12 Investigations, p.27, #20 addresses this provision. Interview with the PREA Compliance Manager determined that they would request to receive a copy of the written report from the investigating agency.</p> <p>115.371(l)--PREA Policy section 20.12 Investigations, p.28, #21 addresses this provision.</p>

Interviews with the Agency Head and the PREA Compliance manager determined that any conduct that appeared to be criminal would be referred to for prosecution.

115.371(j)--PREA Policy section 20.12 Investigations, p.28, #25 addresses this provision, Interview with the Agency Head and PREA Compliance manager confirmed that this information would be kept as long as necessary.

115.371(k)--PREA Policy section 20.12 Investigations, p. 28, #24 addresses this provision. Interviews with the Agency Head, PREA Compliance Manager and PREA Coordinator determined that an investigation would continue regardless of the departure of the abuser or the victim from employment or control of the facility.

115.371(l)--The auditor is not required to audit this provision.

115.371(m)-- PREA Policy section 20.12 Investigations, p.27, #13 addresses this provision. Interviews with the Agency Head and PREA Compliance Manager determined that the agency would cooperate with the investigation and keep in contact with the investigating agency to stay informed of the status of the investigation.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.372(a)--PREA Policy section 20.12 Investigations, p.28, #23 addresses this provision. Interview with the PREA Compliance Manager confirmed that a preponderance of the evidence is the standard it would in determining if allegation of sexual abuse or sexual harassment are substantiated.

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>115.373(a)--PREA Policy section 20.12 Investigations, p.28, #31 addresses this provision. Interview with the PREA Compliance Manager and PREA Coordinator confirmed that the resident would be informed on whether the allegation was substantiated, unsubstantiated or unfounded,</p> <p>115.373(b)--PREA Policy section 20.12 Investigations, p.28, #32 addresses this provision. Interviews with the Agency Head and the PREA Compliance Manager determined that the outside agency would be contacted for a status report of the investigation.</p> <p>115.373(c)--PREA Policy section 20.12 Investigations, pages 28-28, #33. Interviews with the PREA Compliance manger and PREA Coordinator confirmed that notification of the status of the staff member would be given to the resident.</p> <p>115.373(d)--PREA Policy section 20.12 Investigations, p.29, #34 addresses this provision. Interviews with the PREA Compliance Manager and PREA Coordinator confirmed that the victim will be notified of the status of the abuser.</p> <p>115.373(e)--PREA Policy section 20.12 Investigations, p.29, #35 addresses this provision. Interview with the PREA Coordinator determined that notification and attempted notification would be documented. The PREA Coordinator showed the Auditor the agency' PREA Compliance Binder where this documentation would be stored.</p> <p>115.373(f)--The auditor is not required to audit this provision.</p>

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency states in its PREA Policy that staff are subject to disciplinary action including termination for violating the agency's sexual abuse and sexual harassment policy. The PREA Policy also states that any disciplinary action taken will be commensurate with the nature and circumstances of the abuse committed. The agency will not discontinue investigations due to the resignation and termination of the employee who is subject of the investigation.</p> <p>Through interviews with the PREA Coordinator, PREA Compliance Manager and Agency Head, it was determined that disciplinary actions would be taken for those staff who violate the agency's sexual abuse and sexual harassment policies. It was also determined through interviews that all criminal investigations would be completed by the Nogales Police Department and a staff who was terminated or resigned would continue to be investigated.</p> <p>Staff files were reviewed and there were no disciplinary action or investigations in the files for sexual abuse or sexual harassment. Background checks are completed for all staff every two years. During interviews with residents, random samples of staff, intake staff, supervisors, the PREA Coordinator, PREA Compliance Manager and Agency Head is was determined that there were zero investigations or disciplinary actions taken for sexual abuse or sexual harassment within the last 12 months.</p> <p>115.376(a) PREA Policy A 20.13 Staff and Resident Discipline. #1 states that staff will receive disciplinary action up to and including termination for violating department sexual abuse and harassment policies. Interviews with the PREA Coordinator, PREA Compliance Manager and Agency Head determined that staff will receive disciplinary sanctions for violating sexual harassment and sexual abuse policies.</p> <p>115.376(b) PREA Policy A 20.13 Staff and Resident Discipline. #2 policy states that termination shall be the presumptive disciplinary action for staff who engage in sexual abuse.</p> <p>115.376(c) PREA Policy A 20.13 Staff and Resident Discipline #8 states that any disciplinary actions shall be commensurate with nature of the abuse committed and comparable to those with similar histories.</p> <p>115.376(d) PREA Policy A 20.13 Staff and Resident Discipline #4 states that terminations and resignations of staff who violate the agency's sexual abuse and sexual harassment policy will not stop the agency from reporting the violation to the Nogales Police Department. The agency had zero investigations for sexual abuse or sexual harassment within the last 12 months. This was determined through interviews and review of files.</p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.377(a)--PREA Policy section, A 20.13 Staff and Resident Discipline, p. 29, #5 addresses this provision. Interview with the Agency Head and PREA Compliance Manager determined that Volunteers will be reported to law enforcement for engaging in sexual abuse. The same reporting and investigative procedure that is used for detention staff would be followed for volunteers. Back ground checks, including Child Registry Checks are completed on everyone who works in the facility and anything negative discovered in a background could exclude that person from being hired to work with residents,</p> <p>115.377)b)--PREA Policy section, A 20.13 Staff and Resident Discipline, p. 29, #6 addresses this standard. Interview with the Agency Head and PREA Compliance and policy. This action would include termination of services.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.378(a)--PREA policy section A 20.13 Staff and Resident Discipline, page 29, #7 addresses this standard. Interview with the PREA Coordinator determined that residents may be subject to disciplinary following an administrative investigation where the allegations were substantiated.</p> <p>115.378(b)--PREA policy section A 20.13 Staff and Resident Discipline, page 30, #8 and #9, addresses this provision. Interviews with staff, the PREA Compliance Manager and PREA Coordinator concluded that in the event a resident was disciplined, the resident would still receive large muscle exercise, educational and programming services and daily visits from medical or mental health staff. The PREA Compliance Manager stated that any discipline would be determined by the nature and circumstances of the abuse committed and the disciplinary history of the resident would be included.</p> <p>115.378(c)--PREA policy section A 20.13 Staff and Resident Discipline, page 30, #10 addresses this provision. Interview with the PREA Compliance Manager stated that the residents mental health would be considered when determining disciplinary actions.</p> <p>115.378(d)--PREA policy section A 20.13 Staff and Resident Discipline, page 30, #'s 11 and 12 addresses this provision. Interview with the PREA Compliance Manager and PREA Coordinator determined that the agency would offer mental health services to the resident. Interview with the Medical staff stated that therapy would be offered through NurseWise, Mariposa Clinic and Tucson Medical Center.</p> <p>115.378(e)--PREA policy section A 20.13 Staff and Resident Discipline, page 30, #13 addresses this provision. Interview with the PREA Compliance Manager stated that a resident may be disciplined for non-consensual contact with a staff member. The staff member may choose to press charges or choose to be reassigned to another job assignment. There have not been any allegations of any sexual misconduct involving youth and staff.**</p> <p>115.378(f)--PREA policy section A 20.13 Staff and Resident Discipline, page 30, #14 addresses this provision. Interviews with the PREA Compliance Manager and PREA Coordinator confirmed that reports made In good faith would not be considered false reporting.</p> <p>115.378(g)--PREA policy section A 20.13 Staff and Resident Discipline, page 30, #15 addresses this provision. Interviews with PREA Compliance Manager and PREA Coordinator determined that the facility does not allow sexual relationships between residents even those that are considered mutual. The agency's PREA Pamphlet also states that romantic relationships between residents is not allowed.</p>

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.381(a)--PREA Policy section A 20..9 Resident Education, page 23, paragraph 6 addresses this provision. Documentation submitted of a resident stating he was almost sexually abused before he was detained. The resident made the statement on 6/22/2018 and was seen by medical staff on 7/06/18, which is within the 14 day time frame. The medical staff have a computerized system that they use to track medical treatment for residents.</p> <p>115.381(b)--PREA Policy section A 20..9 Resident Education, page 23 paragraph 7 addresses this provision. There have not been any residents screened within the last 12 months that perpetrated abused.</p> <p>115.381(c)--PREA Policy section A 20..9 Resident Education, page 24 paragraph 1 addresses this provision. interviews with Medical and Mental Health staff, Random Sample of staff and the PREA Coordinator determined that any information given concerning sexual victimization or abuse would be limited and only given for safety and security reasons, medial and mental health treatment and housing assignments.</p> <p>115.381(d)--PREA Policy section A 20..9 Resident Education, page 23, paragraph 2 addresses this situation. All residents are under the age of 18 so consent is not required.</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.382(a)-- PREA Policy section A 20.14 Medical and Mental Health Care p. 30, #'s 1-4 address this provision. Interviews with Medical and Mental Health staff stated that the resident would receive immediate emergency health. The youth would go to Mariposa Clinic or Tucson Medical Center. The Nurses do not provide forensic exams so any resident that needs a forensic exam would go to Tucson Medical Center. The Nursing staff have not had to refer a resident to a medical facility for a forensic exam. None of the residents interviewed stated that they had reported sexual abuse.</p> <p>115.382(b)--PREA Policy section A 20.14 Medical and Mental Health Care p. 30, # 3 addresses this provision. Staff interviewed stated that if not a qualified nurse available they would call 911 for assistance. Staff stated that they would take preliminary precautions to protect the victim and would immediately notify the PREA Coordinator of the incident. **</p> <p>115.382(c)--PREA Policy section A 20.14 Medical and Mental Health Care page 30, #4 addresses this provision. Medical Staff interviewed stated that they would immediately give the victim information and access to emergency contraception and treatment of sexually transmitted diseases. The resident would be immediately sent to Mariposa Clinic.</p> <p>115.382(d)--PREA Policy section A 20.14 Medical and Mental Health Care p. 31, # 6 addresses this provision. Medical Staff, the Agency Head, PREA Compliance Manager and PREA Coordinator all stated that the victim would receive medical treatment at no financial cost to the resident . Whether the abuser is named or not is irrelevant.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.383(a)--PREA Policy section A 20.14 Medical and Mental Health Care page 32, #17 addresses this provision. Talking with youth indicated they understood that they would be offered medical services even if they were hurt at another facility. Interviews with Medical and Mental Health Staff acknowledged that they are required to provide residents with treatment once they entered the facility regardless of where the incident took place. The Agency Head, PREA Compliance Manager and PREA Coordinator also understood they were obligated to provide services for all residents once they entered the facility.</p> <p>115.383(b)--PREA Policy section A 20.14 Medical and Mental Health Care page 32, #18 addresses this provision. Interviews with Medical and Mental Health staff determined that follow up Care would be offered at Mariposa Clinic or through NurseWise or Tucson Medical Center if necessary,</p> <p>115.383(c)--PREA Policy section A 20.14 Medical and Mental Health Care, page 32, #19 addresses this provision. Interviews with the Medical and Mental health stated that the care residents receive is consistent with the level of care offered in the community.</p> <p>115.383(d)--PREA Policy section A 20.14 Medical and Mental Health Care, page 32, #21 addresses this provision. Interview with Medical staff stated that medical staff at the facility would offer a pregnancy test, however further treatment would be completed at Mariposa Clinic.</p> <p>115.383(e)--PREA Policy section A 20.14 Medical and Mental Health Care, page 32, #21 addresses this provision. Interview with Medical staff stated that medical staff at the facility would offer information and timely access to all pregnancy related medical services. The resident would be taken to Mariposa Clinic for treatment.</p> <p>115.383(f)--PREA Policy section A 20.14 Medical and Mental Health Care, page 32, #22 addresses this provision. Interview with Medical staff stated victims would be treated at Mariposa Clinic for sexually transmitted infections.</p> <p>115.383(g)--PREA Policy section A 20.14 Medical and Mental Health Care, page 32, #23 addresses this provision. Interviews with Medical and Mental Health staff, the Agency Head, PREA Compliance Manager and PREA Coordinator all acknowledged there will be no financial cost to the victim for medical services even if the abuser is not named.</p> <p>115.383(h)--PREA Policy section A 20.14 Medical and Mental Health Care page 32 #20 addresses this provision. Interview with Medical and Mental Health staff stated that they would do an evaluation on all residents accused of abuse and recommend treatment for that resident. However there have been no residents with a history of abuse or who have allegations of abusing another resident.</p>



<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.386 (a)--The agency has not had an administrative or criminal investigation for sexual abuse in its facility. Interview with the Agency Head, PREA Compliance Manager and PREA Coordinator determined that the agency would conduct an Sexual Abuse Incident Review at the conclusion of the investigation.</p> <p>115.386(b)--Through interviews with the Agency Head, PREA Compliance Manager and PREA Coordinator, it was determined that according to the agency's PREA Policy and in compliance with PREA standards, a Sexual Abuse incident Review would be conducted within 30 days of an incident. The agency has not had a sexual abuse incident in its facility.</p> <p>115.386(c)--The Sexual Abuse Incident Review (SAIR)Team consists of the Agency Head, PREA Compliance Manager and the PREA Coordinator. The Agency has not had a sexual abuse incident at its facility where it has been necessary to convene a SAIR Team. However, interviews and communications with the Agency Head and the PREA Coordinator determined that input and meetings with supervisors, line staff and medical and mental health staff would be included in all Sexual Abuse Incident Reviews. PREA Policy section A 20.15 Data Collection and Review p. 32, #2.</p> <p>115.386(d)--The agency has in policy A 20.15 Data Collection and Review, that it will take into consideration whether the agency's practices contributed to an incident, if the layout of the facility, physical barriers, lack of staff video monitor or specific characteristics about the victim or the abuser contributed to an incident. The agency has not had an incident so there is no paperwork to view.</p> <p>115.386(e)--Interviews with the Agency Head, PREA Compliance manager and PREA Coordinator concluded that the agency would implement the recommendations for improvement that came from the SAIR team to prevent sexual abuse in its facility. If the agency was unable to abide by the recommendation it would document the reason why.</p>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.387(a)--The agency's PREA Policy, section A 20.15 p. 33, # 8 addresses this provision. The agency also lists in its policy the information that would be required under the SSV Form given by the Department of Justice. The information is gathered by the SAIR team that is comprised of the Agency Head, PREA Compliance Manager and PREA Coordinator.</p> <p>115.387(b)--The agency's PREA Policy, section A 20.15 p. 33 #9 addresses this provision. Interview with the PREA Coordinator provided information that the agency has a PREA information binder that is used to store and collect information related to sexual abuse and sexual harassment. The agency has not had any instances of sexual abuse or sexual harassment.</p> <p>115.387(c)--The agency's PREA Policy, section A 20.15 p. 33, # 8 addresses this provision. The agency also lists in its policy the information that would be required under the SSV Form given by the Department of Justice. The information is gathered by the SAIR team that is comprised of the Agency Head, PREA Compliance Manager and PREA Coordinator.</p> <p>115.387(d)--The agency's PREA Policy, section A 20.15 p. 33, #10 addresses this provision. The agency maintains information collected from allegations, investigations and information collected by the Sexual Abuse Incident Review Team which is comprised of the Agency Head, the PREA Compliance Manager and the PREA Coordinator. I (auditor) was able to review where this information is stored.</p> <p>115.387(e)--NA, the agency does not contract for the confinement of its residents.</p> <p>115.387(f)--The agency's PREA Policy, section A 20.15 p. 33, #11 addresses this provision. The agency has not been requested to provide this information to the Department of Justice, but has in its policy that it is required to if asked.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.388(a)--The Agency's PREA Policy, Sec. A 20.15 Data Collection and Review p. 33, #12 addresses this issue. The agency has on its website detailed information concerning its Zero Tolerance Policy, staff education, methods used to detect and prevent sexual abuse and harassment and their response to sexual abuse. Interviews with the Agency Head PREA Compliance Manager and PREA Coordinator determined that they meet on a regular basis to ensure the training of staff and the education youth, identifying problem areas and addressing them with a corrective action plan and abiding by standards put in place by PREA Standards and the Department of Justice.</p> <p>115.388(b)--The Agency's PREA Policy, Sec. A 20.15 Data Collection and Review p. 33, #13 addresses this provision. The agency has on its website comparison reports from 2010-2017.</p> <p>115.388(c)--Interviews with the Agency Head, PREA Compliance Manager and PREA Coordinator determined that the agency's annual report is published on its website at the approval of the Agency Head. The Agency's PREA Policy, Sec. A 20.15 Data Collection and Review p. 33 #14 addresses this provision,</p> <p>115.388(d)--The Agency's PREA Policy, Sec. A 20.15 Data Collection and Review p. 33 #15 addresses this provision. Interview with the PREA Coordinator determined that all information that would cause a safety and security risk to the facility would be redacted.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.389(a)--The Agency's PREA Policy, Sec. A 20.15 Data Collection and Review p.33, #16 addresses this provision. Interviews with the PREA Coordinator and PREA Compliance Manager determined that Sexual Abuse Data would be retained in a locked file cabinet for at least 10 years or however long it is necessary.</p> <p>115.389(b)--The agency makes all aggregated sexual abuse data available on its website. The Agency's PREA Policy, Sec. A 20.15 Data Collection and Review p. 33, #17 also addresses this provision.</p> <p>115.389(c)--The Agency's PREA Policy, Sec. A 20.15 Data Collection and Review p. 33, #17 addresses this provision. The agency does not have any personal identifiers on its website.</p> <p>115.389(d)--The Agency's PREA Policy, Sec. A 20.15 Data Collection and Review p. 33, #16 addresses this provision. Interview with the PREA Coordinator confirmed that data would be stored in folders in a locked cabinet. The PREA Coordinator showed me the cabinet and stated that the key was only available to the Agency Head, the PREA Compliance Manager and the PREA Coordinator.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401(a)--The agency has only one facility, the agency had an audit completed during the first audit cycle. The audit took place December 10th - 11th , 2015. The Corrective Action Plan was completed on May 11. 2016. The final report was completed on June 8, 2016.</p> <p>115.401(b)--The agency has only one facility, the agency had an audit completed during the third year of the first audit cycle. The agency's 2nd audit is being completed during the third year of the current audit cycle.</p> <p>115.401(h)--The auditor had access to all areas of the facility and was able to observe the daily routines of the facility. The auditor was able to walk through the facility with and without an escort to make notes of the facility layout and determine if there were issues such as blind spots and safety concerns.</p> <p>115,401(l)--The auditor had access to both paper and electronic documents.</p> <p>115.401(m)--The auditor was given access to a room in the school area so interviews with staff, residents and medical staff could be conducted in private. During resident interviews, staff were positioned outside of the room so they could not hear the resident's responses. The only exception to this was the resident who had limited English proficiency and a translator was required.</p> <p>115.401(n)--Residents had the opportunity to talk to the auditor in private, so any confidential information could have been disclosed to the auditor. There was no confidential information disclosed to the auditor.</p> <p>During the tour of the facility, the auditor noted that the Audit Notices were posted throughout the facility, in the schools and on the living units. Residents interviewed were aware that I was there to ask them about PREA, Residents interviewed also related my visit to the facility with the PREA Notices. Residents interviewed appeared to be comfortable talking with the auditor, residents did not disclose any information concerning sexual abuse or sexual harassment.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor was not able to find the Santa Cruz Detention Center's previous Audit Report published on its website.</p> <p>The agency does not meet this standard:</p> <p>115.403 - Audit contents and findings</p> <p>Corrective Action Recommendation:</p> <p>1. The agency will publish on its website, its previous Audit Report that was completed during the previous 3 year audit cycle.</p> <p>**The Agency has completed this corrective action. The agency has given the auditor a copy of its previous Audit Report and has posted the Audit Report on the its webpage where it is accessible to the public. The auditor has viewed the agency's webpage and was able to easily access and read the Audit Report.</p>

## Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	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)	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

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

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

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

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

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

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

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

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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