

PREA Facility Audit Report: Final

Name of Facility: Caliente Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: 06/05/2017

Date Final Report Submitted: 07/04/2017

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Macilla (Kila) Jager | Date of Signature: 07/04/2017 |

| AUDITOR INFORMATION | |
|-------------------------------------|--------------------------|
| Auditor name: | Jager, Kila |
| Address: | |
| Email: | kilajager@preauditor.com |
| Telephone number: | |
| Start Date of On-Site Audit: | 03/28/17 |
| End Date of On-Site Audit: | 03/30/17 |

| FACILITY INFORMATION | |
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| Facility name: | Caliente Youth Center |
| Facility physical address: | 500 Youth Center Drive, Caliente, Nevada - 89008 |
| Facility Phone | 775-726-8200 |
| Facility mailing address: | 751 Ryland Street, Reno, Nevada - 89502 |
| The facility is: | <input type="radio"/> County <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit |
| Facility Type: | <input type="radio"/> Detention <input checked="" type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/> |

| Primary Contact | | | |
|-----------------------|--------------------|--------------------------|------------------|
| Name: | Jennifer Simeo | Title: | PREA Coordinator |
| Email Address: | jsimeo@dcfs.nv.gov | Telephone Number: | 775-687-2276 |

| Warden/Superintendent | | | |
|-----------------------|----------------------|--------------------------|----------------|
| Name: | Bruce Burgess | Title: | Superintendent |
| Email Address: | bburgess@dcfs.nv.gov | Telephone Number: | 775-726-8206 |

| Facility PREA Compliance Manager | | | |
|----------------------------------|---------------|-----------------------|---------------------|
| Name: | Justin Barrow | Email Address: | jbarrow@dcfs.nv.gov |

| Facility Health Service Administrator | | | |
|---------------------------------------|--------------------------|--------------------------|---------------------|
| Name: | Jacob Murphy | Title: | Director of Nursing |
| Email Address: | jacob.murphy@dcfs.nv.gov | Telephone Number: | 702-668-4747 |

| Facility Characteristics | |
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| Designed facility capacity: | 140 |
| Current population of facility: | 120 |
| Age range of population: | 12-19 |
| Facility security level: | Staff Secure Facility |
| Resident custody level: | Staff Secure Facility |
| Number of staff currently employed at the facility who may have contact with residents: | 86 |

| AGENCY INFORMATION | |
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| Name of agency: | Division of Child and Family Services- Juvenile Justice |
| Governing authority or parent agency (if applicable): | Department of Health and Human Services |
| Physical Address: | 560 Mill Street, Suite 250, Reno, Nevada - 89509 |
| Mailing Address: | |
| Telephone number: | 775-688-1421 |

| Agency Chief Executive Officer Information: | | | |
|---|--|--------------------------|--|
| Name: | | Title: | |
| Email Address: | | Telephone Number: | |

| Agency-Wide PREA Coordinator Information | | | |
|--|----------------|-----------------------|--------------------|
| Name: | Jennifer Simeo | Email Address: | jsimeo@dcfs.nv.gov |

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.

Six weeks before the site visit, a notice was posted and staff and residents educated about their right to contact this auditor confidentially. Audit instructions were sent, to Caliente Youth Center (CYC), and documentation requested for each standard and sub part. CYC and Nevada DCFS uploaded forms and submitted compliance documentation.

Prior to the site visit, written policies, procedures, and documentation, were reviewed, and additional documents requested. This auditor completed a compliance assessment of policy, procedure, and documentation, from uploaded documentation—submitted to the online audit confidential site provided by the Department of Justice.

A site visit was conducted on March 28-30, 2017. Following the entrance meeting, a comprehensive tour of the facility was provided--allowing for assessment of facility, posters, flyers, audit notice, staff/resident interactions, site evaluation, and dialog with staff and residents.

After completing the tour, interviews began and continued throughout the subsequent three days. Staff Interviewees were selected randomly, by this auditor--from schedules of staff members on duty, covering all shifts at Caliente Youth Center (CYC).

In addition, 17 specialty-staff-including the agency PREA Coordinator, facility PREA Compliance Manager, superintendent, management/supervisors, medical and mental health, intake, education, contractors, volunteers, an advocate, Human Resources, and hospital (SANE) staff, and others, were interviewed, according to the PREA audit guidelines.

Eleven Residents from all units were randomly selected, by this auditor, and interviewed from a list of all youth currently in the facility. A common theme, for residents, was more consistency in staff actions. There were no residents who identified as gay, lesbian, bisexual, transgender or intersex, and no youth with limited English proficiency or literacy skills at the time of the audit, to be interviewed.

The on-site portion of this audit allowed for review of additional documentation, practice, training, and culture at Caliente Youth Center (CYC).

CYC staff exhibited a high level of professionalism and care towards the residents of this facility, with a high standard for safety throughout the facility. Youth and staff declared that they felt safe at CYC.

Regarding the evaluation of Culture at CYC, noted differences between corrections and treatment dogma, at CYC, may be assisted by recommended culture training at the end of this summary. This training has been successful in creating a common basis towards a climate of safer reporting, and understanding of juveniles in confinement.

An Exit Meeting was held the final day of the audit and I complimented those present for the organization and enormous amount of work that has been done since the last audit. I remarked on the organization of the onsite audit process. Their work and effort made the process more straightforward and less problematic, and helped to ensure the audit went smoothly and no time was wasted.

Caliente received a synopsis of compliance, based on paperwork review, interviews, tour, and observation, with the caveat that this auditor still needed to complete the full evaluation, and interim or final audit document. This would include reviewing the Pre-Audit Questionnaire, the supporting documents, my observations from the facility tour, and information derived from interviews.

Following the, on-site visit, additional documentation was requested and provided. An extensive review of all information provided-including the site interviews, facility tour, observations, paperwork, documentation, and practice, was completed for this interim report.

An interim report was sent to Caliente Youth Center (CYC) that included an evaluation and rating of each standard and sub part of that standard. It also included minimal corrective action.

A final report, after a very short corrective action period, was sent to CYC documenting compliance with the National PREA Standards.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the type of the facility, 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.

Caliente Youth Center (CYC), a staff-secure facility located in Caliente, Nevada, has been in place for over 50 years.

It is composed of 14, buildings—including 7-single cell housing units-four male units and three females. Caliente's resident capacity is 140 and serves youth ages of 12-19.

On ground, the Lincoln County School District, operates school programs that offer required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities. Programs include national certification programs in Hospitality and Hotel Managerial Services, Welding, Computer/Microsoft, as well as education in Culinary Arts, Career and Technical Certification, Graphic Design, Textiles, Computer Technology, Laser and Printing Technology, Small Engine Repair, Construction Trades, Horticulture, Welding, and Woodwork.

Youth at CYC are provided medical care by on-duty nursing staff and a local Physician.

To ensure youth are safely supervised and rehabilitated, training staff at each youth center is a high priority. CYC schedules up to 160-hours of competency-based training for all new employees within their first year of employment and for all staff to attend forty hours of training annually CYC is currently funded at a 1:10 and 1:20 ratio for waking hours, with a current budget request that would decrease this ratio to 1:8 and 1:16.

CYC currently has 86 staff, and 24 County Bastion High School staff, 11 buildings, 7 housing units that are single-cell housing units, and 0 segregation cells.

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.

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| Number of standards exceeded: | 3 |
| Number of standards met: | 36 |
| Number of standards not met: | 0 |
| Number of Standards Not Applicable: (The total number of standards that were audited at the agency level) | 4 |

During corrective action, Caliente completed the staffing plan review and update to bring it into compliance. A thorough review was done and it included all requirements.

Because of the outstanding commitment to safety Caliente Youth Center and Nevada DCFS demonstrates, this auditor also makes the following recommendations:

1. Housing units have doors that are inside the bathrooms. They lead into a hall and then a door outside. A significant blind spot and high-risk area, and some housing units have an additional door that leads into another area, before the alarmed door to the outside of the building. The outside door is alarmed; however, the inside door is not. These doors must be unlocked for a fire exit. It is the recommendation of this auditor that this area is addressed, to ensure there are no blind spots and areas of significant risk of a sexual abuse incident taking place.
2. Caliente does not have monitoring technology. Working towards adding monitoring technology to this facility would enhance the safety and security of youth and staff, regarding sexual abuse incidents occurring, and in investigation documentation.
3. Connectivity--Caliente experiences issues with connectivity that jeopardizes safety and security of both youth and staff. Radio use is affected, as well as internet connectivity. Often staff must sign off computers to enable the superintendent or upper level staff to have internet connection. Monitoring technology cannot put in place until this connectivity issue is addressed. In addition, because The Rape Crisis Center is over two hours away, lack of connectivity is at issue with resident's ability to talk to advocates by video conference.
4. Staffing--In October 2017, the staffing ratio of 1:8 and 1:16 becomes law. Currently Caliente is at 1:10 and 1:20. Classrooms do not have staff or monitoring technology, and as teachers do not have the same training as staff, they cannot count in the staffing ratio. Before October 2017, ratio changes should be made, increasing staffing to comply with the staffing ratios-- not by whole facility, but by each area youth occupy.

5. Culture Change Staff Training: a facility-wide culture training be considered. Recommendations included adolescent brain development, responsibility of staff when it comes to assisting youth during this final phase of brain development, juvenile reactions to trauma that differ from adults, and treatment culture vs corrections- when working with juveniles in confinement

Caliente Youth Center (CYC) is distinguished by forward movement and determination to become PREA compliant. Concluding, in this final report, that work by Caliente Youth Center, Parent agency Nevada Department of Child and Family Services (DCFS), and through review of policy/procedure, documentation, interviews, practice, and culture, the hard work has paid off.

Due to dedicated work of the DCFS PREA Coordinator Jennifer Simeo, tireless work of Caliente's PREA Compliance Manager Justin Barrow, oversight and commitment by Superintendent Bruce Burgess, dedicated Caliente Youth Center staff, and the State of Nevada's solid support, compliance was attained quickly, bringing the one standard that was determined out of compliance, in the interim report, into compliance.

Caliente Youth Center (CYC) is certified 100% compliant with the national PREA Standards.

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.

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| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Caliente complies with standard 115.311.</p> <p>Page 1 of the Nevada DCFS agency's PREA Policy states that The Nevada Division of Child and Family Services (DCFS) has zero tolerance towards all forms of sexual abuse and sexual harassment of youth under supervision or in custody.</p> <p>The facility, Caliente Youth Center (CYC), institutes a facility Standard Operating Procedure (SOP) 300.09 Prison Rape Elimination Act, that outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>Page 3-4 of Caliente's SOP and page 4-5 of the Nevada DCFS PREA Policy included required definitions of prohibited behaviors regarding sexual abuse and sexual harassment; page 4 of DCFS PREA Policy and page 18 of CYC SOP include the appropriate sanctions required by the PREA standards. Included in the SOP and DCFS PREA policy are agency strategies and responses to reduce and prevent sexual abuse and sexual harassment.</p> <p>DCFS employs an agency PREA Coordinator, and Caliente Youth Center has a designated PREA Compliance Manager. The included organizational chart demonstrates the PCM reports to the Assistant Superintendent. Interviews with the PREA Coordinator, PREA compliance Manager, and Superintendent confirm they have the time and authority required by this standard.</p> |

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| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Caliente does not contract for confinement of residents DSFS, the parent agency complied with this standard in the DCFS Agency PREA Audit.</p> |

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| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Caliente Complies with this standard</p> <p>Part A—Caliente reviewed the current staffing plan and updated it to bring it into compliance with this standard. a thorough review was done and the new staffing pan meets this standards requirements</p> <p>Part B—Caliente exceeds this standard, as they track ratios and deviance every shift, not just when deviance from the staffing plan occurs. Caliente has a form used to document staffing ratio and any deviance. li is used every shift. Included in this audit are samples of those reports</p> <p>Part C—NA until 9/2017; however, CYC tracks staffing ratio every shift. Current ratio is 1:10 and 1:20 and they are working towards 1:8 and 1:16</p> <p>Part D—An annual review was conducted and the staffing pan was updated and is currently compliant with this standard</p> <p>Part E—Exceed: Page 6 of Caliente's SOP required unannounced rounds one time a week and on all shifts, and prohibits staff from alerting other staff. Documentation of those rounds is included in this audit. Review of those logs finds they exceed documentation requirements in frequency and completeness of information.</p> <p>Interviews confirm that there is a staffing plan that was developed for Caliente (included in this audit documentation. The staffing plan is being reviewed after the initial visit and will be updated for compliance. The PREA Compliance Manager affirmed that deviation forms are used for all shifts, to track staffing ratio, reason for deviance, and what was done to bring the facility back up to compliance. (Deviation tracking forms are included in this audit and were observed by this auditor.) In addition, that unannounced rounds are conducted every day, randomly, documented, and without notice to staff.</p> <p>During corrective action the staffing plan was reviewed and updated to bring it into compliance with this standard. Review of the staffing plan, and phone interviews confirm that the current plan is compliant with this standard. and addresses all required items.</p> |

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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.315—Compliant—Meets this standard</p> <p>Part A: Compliant: Caliente’s SOP, page 6-7, complies by requiring strip searches or visual body cavity searches to only be completed by medical personal. No cross-gender strip searches or body cavity searches have been done in the last 12 months.</p> <p>Part B: Compliant: CYC SOP, on page 6-7 prohibits cross gender searches, except in exigent circumstances.</p> <p>Part C: Compliant: CYC SOP, page 6-7 requires all cross-gender searches to be documented and justified. Included in documentation of this audit is the form to be used to document any cross-gender searches conducted. None have been conducted in the last 12 months</p> <p>Part D: Compliant: CYC SOP, on page 7, enable residents to shower, perform bodily functions, and change clothes, without a staff of the opposite sex viewing; and, requires staff of the opposite gender to announce their presence when entering resident housing.</p> <p>Part E: Compliant: CYC SOP, on page 9, prohibits staff from searching or physically examining residents to determine genital status.</p> <p>Part F: Compliant: All staff are trained using NIC cross gender online training, as a group, to comply with this standard. Included in documentation are signed training acknowledgements of understanding of training, as well as writing out the main points—individually.</p> <p>All 11 random residents interviewed stated that no cross gender searches are done ever, and, 9 out of 11 stated that staff of an opposite gender announce themselves when coming onto the unit.</p> <p>All staff interviewed, stated that no cross-gender searches are done, and, all but one of the staff interviewed stated that staff announce themselves when entering a unit that is opposite gender than themselves. All staff, but two, said they had been trained on cross-gender searches, but stated they had never done one.</p> |

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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.316 Compliant</p> <p>A--PREA 101 training assists staff in understanding the issues residents have when disabled, or challenged by language hearing, site, mental challenges, developmental challenges...(slide 64-70)</p> <p>PREA policy, on page 9/10, confirms that residents will receive PREA education through written, verbal, and visual platforms and age appropriate.</p> <p>The youth orientation form is included in this audit and is reviewed orally with each resident, and resident and staff initial each item to indicate presentation and understanding.</p> <p>B--Documentation of a Language Link contact is in place. PREA educational in Spanish includes: PREA video, posters, and education pamphlet. PREA policy addresses the necessary compliance to ensure all residents understand PREA education, including limited English.</p> <p>C--Agency PREA policy prohibits the use of resident interpreters, page 10, except in limited circumstances allowed by the PREA standards. The facility has a form that must be filled out if a resident interpreter is used. Resident interpreters were not used in the last 12 months</p> |

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | This standard is met on the DCFS agency audit |

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | There have been no upgrades to the facility or video monitoring since August 2012 |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.321 Compliant</p> <p>A--Page 15/16 of DCFS PREA policy covers the agency responsibility to conduct administrative investigations only. Caliente Lincoln Sheriff's Department conducts criminal investigations. Included in documentation is the MOU between Caliente and the Sheriff's Department. --Page 18 of the PREA policy and page 15 of the Facilities SOP</p> <p>B--Caliente Sheriff's Department follow a uniform investigative procedure based on VOWA.</p> <p>C- The CYC SOP, on page 8, requires Caliente to offer Forensic medical exams to sexual abuse victims These exams would be conducted at Grover C Dills Medical Center. CYC SOP requires, on page 8, the forensic exams to be offered at no cost, and by medical SAFE or SANE professionals.</p> <p>d--d1 and 2-- CYC SOP, on page 8, complies with the requirement of offering a victim advocate to a sexual assault victim. Grove C Dills contacts the rape crisis center and documents contact and offering of this service.</p> <p>d3--Page 8 of the PREA SOP designates mental health staff, with specialized training (documented in this audit documentation) as available to assist sexual assault victims in the case a rape crisis advocate is not available No medical forensic exams have been conducted in the last 12 months</p> <p>e--Page 8 of CYC SOP complies in policy and procedure. They provide a Rape Crisis Flyer with contact information and have all requirements to provide the victim advocate to any victim of sexual abuse in CYC.</p> <p>f--MOU with Caliente Lincoln Sheriff's Department Dills complies with requirements to follow the requirements of paragraphs §115.321 (a) through (e) of the standards.</p> <p>h--Training Certificates for mental health staff are included in this audit documentation</p> |

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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>A—DCFS Agency Policy, Page 18-22, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All reports are included in this audit documentation. Referral to law enforcement for determination and permission to conduct an administrative investigation was followed in all cases where the allegation involved possible criminal activity. Police report included in documentation</p> <p>B-- DCFS Agency Policy is compliant with requirements that allegations are referred to law enforcement for criminal behavior. The policy is published on the agency's website.</p> |

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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.331 Compliant</p> <p>A--Included in the documentation is the PREA 101 training and on slide 5, the training addresses zero tolerance policy. On page 10-12 in the Nevada DCFS PREA policy that includes requirements for training to address zero tolerance and all training requirements of this standard. PREA 101 curriculum includes all required training. Also staff are required to take the online NIC training "Your Role Responding to Sexual Abuse.</p> <p>b--PREA 101 does not address the gender of the youth in the facility when training staff, however the NIC training does address this topic and is compliant</p> <p>C. Page 19 states that employees receive refresher training annually. Training Log and statements of understanding, as well as interviews confirm the PREA 101 refresher training yearly, as well as the SOP policy and procedure training. Included is a log of training and refreshers for all employees, contractors, and volunteers.</p> <p>d--Included in this audit are samples of staff acknowledgement forms that reiterate what the PREA policy says and that they understand this policy. Page 11/12 of the Nevada DCFS PREA policy complies with the requirements of documenting understanding of training by staff</p> |

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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.332 compliant</p> <p>A--Included in this audit is the PREA 101 training that contractors receive. CYC SOP, on page 21</p> <p>b--CYC SOP complies with this requirement on page 21. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents, and page 19 complies with the requirement about zero tolerance and reporting</p> <p>c--Signed statements of understanding for contractors are included and compliant with this standard</p> |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.333 Compliant</p> <p>A--Nevada DCFS PREA policy, page 9/10 and CYC SOP both address resident training and include all required elements of zero tolerance and how to report at intake. Included is the Intake orientation form that staff go over with youth point by point and both initial it to reflect understanding.</p> <p>B--Included is a log of all residents, date of orientation and comprehensive education, and resident signed disclosure forms indicating resident understanding. It is very complete and samples of the orientation and signed statements of understanding are included.</p> <p>C-- Page 9 of the uploaded Nevada DCFS PREA policy requires all youth entering the facility to have the required orientation and 10 day follow-up training, --page 21 CYC SOP --“ Every youth must go through the PREA orientation every time he/she is detained, regardless of being previously detained and previously completing the PREA orientation"</p> <p>D--Page 13 and 21 of the CYC SOP Caliente Youth Center will take reasonable steps to ensure accessibility to an interpreter for youth who are Limited English Proficient (LEP). Caliente Youth Center prohibits the use of youth as interpreters, except for limited circumstances and if approved by the Shift Supervisor. If limited circumstances occur and a youth interpreter is used, it will be documented on the Limited Circumstances for Resident Interpreters form." Included in this audit is a contract with language link--phone interpreters. For those with disabilities ". Youth who have disabilities (including, for example youth who are deaf, or hard of hearing, blind or have low vision, or who have intellectual, psychiatric or speech disabilities) will have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to include: a.Ensuring effective communication with youth who are deaf or hard of hearing by providing interpreters, closed captioning and written materials. Ensuring that written materials and verbal education is provided in formats and methods that ensure effective communication with youth with disabilities such as intellectual disabilities, limited readings skills, blind or low vision. "</p> <p>Resident education materials are available in English and Spanish. Policy and SOP include commitment to providing materials or interpreters that are necessary for residents with disabilities, including intellectual disabilities, limited readings skills, blind or low vision, hearing impaired, deaf, and limited English ability. Orientation materials are read to resident and understanding is acknowledged by resident. If accommodations are necessary to accomplish that, Nevada Agency DCFS has given the facility permission to attain those services needed.</p> <p>e--Youth statements of acknowledgement and understanding samples are included in this audit. A log was uploaded to this audit that shows date or orientation training and 10 day follow-up training</p> <p>f--PREA brochures and posters uploaded to this audit and complies with the requirements</p> |

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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>A--Included are NIC Certificates for investigator training completed, DOC investigators training, PREA policy, page 12, requiring investigators training and CYC SOP, page 20 requiring investigators training. NIC training is: http://nicic.gov/library/028054 and http://nicic.gov/training/nicwbt97</p> <p>This training meets the requirements of this standard</p> <p>B--Training certificates and curriculum included in this audit</p> <p>C--not required</p> |

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| 115.335 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.335 Compliant</p> <p>a--Nevada DCFS policy, page 12, required mental health and medical staff to take PREA 101 training</p> <p>b--no forensic examinations done by CYC</p> <p>c--Included in audit documentation of this audit are certificates for medical and mental health staff at CYC and all completed the specialized training</p> <p>d--need NIC certificates and/or PREA 101 training records for mental health and medical staff</p> |

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.341 Compliant</p> <p>a--PREA Policy, page 13/14 requires residents to be screened upon admission. Policy is included in this audit and complies with this standard part. Page 9 of the CYC SOP requires residents be screened within 72 hours of intake. A tracking log that includes all residents is included in this audit that shows when they were screened for risk. Page 9 of the CYC SOP required residents to be reassessed periodically</p> <p>b--The risk assessment is uploaded into this audit and is an objective instrument used for every assessment</p> <p>c--All 11 requirements are a part of the risk assessment at CYC.</p> <p>d--interviews with random youth, and screening staff, confirm the risk assessment is completed. The assessment includes medical and mental health screenings, and review all relevant records.</p> <p>e—Interview with random staff, and specialty staff, confirm that thee risk assessment and responses is only shared with those with the need to know , and not exploited</p> |

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.342 Compliant</p> <p>A-Sample of risk assessments are included in this audit, both boys and girls. The tracking log is included that shows when youth were assessed. Log lists youth who disclosed previous abuse and follow up by mental health within 14 days. CYC SOP page 9, complies with the requirements of this standard in use of screening information. Log included in this audit shows how placement was affected by risk assessment</p> <p>b--CYC SOP, page 10, complies with the restrictions to only place residents in isolation as a last resort and only until an alternative means can be arranged. This SOP also requires residents placed in isolation to have access to educational programming, special education, and large muscle exercise.</p> <p>c--CAP SOP, page 9, prohibits placing LGBTI residents in a particular housing, bed, or other assignment solely on the basis of such identification</p> <p>CYC has placed 0 residents in isolation for risk of sexual abuse in the last 12 months</p> <p>d--CYC SOP, page 9, makes housing and program assignments for LGBTI residents on a case by case basis</p> <p>e—Staff interviews confirm that transgender and intersex youth would be reassessed, for risk, a minimum of twice a year.</p> <p>f—Interviews with screening staff confirm that transgender or intersex residents own view of their safety is given serious consideration.</p> <p>g--CYC SOP states that transgender and intersex residents will have the opportunity to shower separately. PREA 101 training for staff also trains staff on this standard</p> <p>h--0 residents that were at risk for victimization were held in isolation in the last 12 months</p> <p>i--CYC SOP states residents in isolation for risk of sexual victimization will be reassessed every 7 days and exceeds PREA standards</p> |

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.351 Exceeds</p> <p>a--Page 14/15 of Agency PREA policy meet the standards requirement for multiple reporting sources. Posters and flyers have information for reporting grievance, letter to PREA Coordinator, staff, mental health or medical, sexual assault hotline, clergy, volunteer, contractor,</p> <p>b--CYC and Nevada DCFS provides an outside reporting line at 211. The MOU is included in this audit</p> <p>c--The Nevada DCFS PREA Policy, on page 15, mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Page 12 CYC SOP states that Staff are required to document verbal reports immediately</p> <p>d---Page 11 of the CYC SOP states that All youth will have access to the tools necessary to make a written report</p> <p>Youth can write a letter to the PREA Coordinator at 751 Ryland Street Reno, NV 89502 or any abuse oriented organization, including the local Rape Crisis Center at 801 S. Rancho Drive, Suite B-2 Las Vegas, NV 89106. Staff must not unseal any correspondence to the PREA Coordinator or abuse oriented organization. This correspondence is to be mailed without disturbance. Further, this mail may be sent without a return address</p> <p>f--Page 15 of the agency PREA policy states that staff must report immediately to supervisor, PREA Coordinator, superintendent, Deputy Administrator or PREA online form</p> |

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.352--Compliant</p> <p>N/A The agency does not have a grievance policy or procedure to address sexual abuse. If a grievance is determined to be abuse, it is no longer treated as a youth grievance, and policy and procedure for PREA and allegations of abuse will be followed</p> |

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| 115.353 | Resident access to outside confidential support services and legal representation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.353 Compliant</p> <p>A--The CYC SOP states that the contact mailing address and phone number for a victim advocacy group are available within the facility and the youth handbook Included in this audit is the flyer posted on each unit for the Rape Crisis Center--pone and address of the Rape Crisis Center The youth handbook is also included in this audit documentation and on page 4 has phone numbers of national hotlines. .. The youth handbook is also included and on page 4 has numbers youth can call --including national hotline</p> <p>B--Page 12 of the CYC SOP confirms that Caliente staff will inform youth to what extent communication to outside sources will be monitored. the SOP states that mail to these sources will not be read or opened.</p> <p>C--Included in this audit is an unsigned MOU with the Rape Crisis Center. Also included is email communication back and forth from the facility to the Rape Crisis Center attempting to get a MOU signed. so far this has not been successful. this auditor talked to Danielle, at the Rape Crisis Center and she confirmed that her agency would provide the residents of Caliente emotional support services related to sexual abuse and is committed to working with the facility to get a MOU signed.</p> <p>D--Page 12 of CYC SOP covers the requirement that residents receive confidential access to their attorney, parents/legal guardians,</p> |

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.353--Compliant</p> <p>a-1--Page 11/12 of the CYC SOP states the multiple ways it provides for third part reporting. of the CYC SOP states the multiple ways it provides for third part reporting. These include direct to staff, written to staff, direct to superintendent, calling PREA Coordinator, DCFS website, call 211</p> <p>a2--The PREA brochure and Parent packet contain information about third party reporting</p> |

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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.361--Compliant</p> <p>a--Page 15 and 17 of the agency (DCFS) PREA policy requires staff to report immediately, knowledge, suspicion, or information received about sexual abuse or sexual harassment. a2-- Page 5 of the PREA policy requires staff to report immediately any retaliation against residents and staff who reported such an incident. The PCM tracks retaliation tracking (upload tracing sheet with allegations or form that tracks retaliation harassment that happened in a facility. a3--page 12 of the DCFS Agency PREA policy, requires staff to report any staff neglect or violations that may contribute to an incident or retaliation.</p> <p>b--Page 15 of DCFS Agency PREA policy, requires staff to comply with all mandatory child abuse reporting laws</p> <p>c--Page 15 of DCFS Agency PREA Policy covers the confidentiality required by this standard</p> <p>d-- PREA Policy 300.09, page 15, Section B (1) and page 17, Section C (1) and Caliente Youth Center SOP, page 13, Section T (2)</p> <p>e—0 reports received that had to be reported to another facility</p> <p>f--Page 18 complies with the requirement for the superintendent to report to investigators, any allegation of sexual abuse or sexual harassment (paperwork compliant)</p> |

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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.362--Compliant</p> <p>a1--Page 12-13 of CYC SOP does cover this standard requirement</p> <p>a2--There have not been any times in the last 12 months that the agency has determined hat a resident is in substantial risk of sexual abuse. Policy is compliant</p> <p>a3--no designation of youth subject to imminent sexual abuse in the past 12 months</p> <p>a-4 NA as there have been no designation of imminent risk of sexual abuse</p> |

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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.363--Compliant</p> <p>a-1--Page16/17 of the CYC SOP requires the superintendent, upon receiving an allegation of sexual abuse at another facility, to notify the head of the other facility. a2--page 17 CYC SOP requires the superintendent notify the appropriate investigative agency</p> <p>a3--there have been 0 incidents of an allegation received about a resident being sexually abused at another facility.</p> <p>b1--Page 17 of the CYC SOP requires the superintendent notify the head of the facility that the allegation is made about within 72 hours</p> <p>d1--Page 17 of the CYC SOP complies with requiring all allegations received from other agencies or facilities are investigated</p> <p>c1--page 17 of the CYC SOP requires documentation of making the required report to the other facility within 72 hour notification.</p> <p>There have been no allegations of sexual abuse in the last 12 months</p> <p>d2--There have been no allegations received that happened at another facility in the past 12 months</p> |

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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>A1--CYC uses the agency Coordinated response plan, configured for Caliente Youth Center-- that is included in audit documentation and is in compliance with this part of the standard. A2-- Page 3 of the coordinated response, complies with requiring the first staff to separate the alleged victim and alleged perpetrator. Also, page 14 and 17 of the CYC SOP. a3--page 2 of the Coordinated Response plan requires first responding staff to preserve the scene and preserve evidence. a4--The Coordinated plan complies with the requirement--on page 3. a5-- page 3 of DCFS Coordinated plan. a-6—In the last 12 months, 8 allegations of sexual abuse have been received. a7—8 of these allegations, the first responding staff separated the youth. A8—5 of the above allegations, 5 of them had staff notifications in a time period that allowed for physical evidence collection.</p> <p>A9—0 of the above allegations had no physical evidence to collect. A10—0 had first responder request that alleged victim not take any actions that could destroy physical evidence—there was no physical evidence to destroy. A11—0 allegations where staff had to ensure alleged abuser did not destroy physical evidence</p> <p>B1--The Coordinated Plan requires all staff to request that alleged victim not any actions that could destroy physical evidence.</p> <p>B2—The Coordinated Plan requires all staff responding to notify appropriate staff. CYC SOP, on page 17 also requires this, as well as DCFS PREA policy, page 16.</p> <p>B3-5: no incidents</p> |

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.361--Compliant</p> <p>a1--CYC has a coordinated plan that includes all standard requirements The agency has a general plan, and Caliente has personalized it to the requirements of this facility and it is compliant with this standard</p> |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Nevada is a right to work state N/A |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.367--Compliant</p> <p>A1—DCFS has PREA Policy 300.09. On page 5, the policy lays out how they will protect residents and youth from retaliation. Attachment O is used to do 30,60,90-day retaliation tracking. A2—On page 5 of DCFS PREA policy, it designates the PREA Compliance Manager to monitor possible retaliation tracking. At CYC, it is Justin Barrow</p> <p>b--Policy compliant—PREA Policy 300.09, page 14</p> <p>c4—page 14 of CYC SOP requires the facility to continue monitoring beyond 90 days if there is a need. Need to see tracking form and documentation of this—if there is any. c2—agency policy states that they would continue for an additional 90 days, if needed. C3—Page 14-15 of the CYC SOP complies with policy/procedure to protect youth and staff, from retaliation, and monitoring requirements that can go beyond 90 days, if needed. C1—page 14 /15 of the CYC SOP, monitors conduct or treatment, of residents who reported sexual abuse and residents who were reported to have suffered sexual abuse. C5—there were no incidents of retaliation in the past 12 months. Staff interviews confirm training and understanding of this requirement.</p> <p>d--Periodic status checks of residents who have reported or have been the victims of alleged sexual abuse are required and interviews confirm staff tasked with this requirement understand and have a tracking form to document it</p> <p>e--Page 14 CYC SOP covers protection of any individual that expresses fear of retaliation and steps to protect such individual</p> |

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.368--Compliant</p> <p>a1--Page 10 of CYC SOP complies with the requirements of this standard-this covers the requirement that residents can only be placed in isolation as a last resort. a2—Page 10 of the CYC SOP also requires that residents who are placed in isolation, due to alleging they suffered from sexual abuse, have access to all educational, programming, special education services, and daily large-muscle exercise. a3 Zero residents have been placed in isolation, for alleging they suffered from sexual abuse or denied required services. a4—zero residents placed in isolation for alleging sexual abuse, and denied large muscle exercise, special education, or required education in the last 12 months. a5—residents spent 0 time in isolation to protect them from sexual victimization. a6—There were zero files to review as no residents were held in isolation when alleging they were sexually abused. a7—no resident held in isolation for alleged being sexually abused, procedure states they will have required reviews that meet the standard timelines</p> <p>No isolation placements in the last 12 months</p> |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.371 Compliant</p> <p>a-- DCFS PREA policy, page 18-19 is the agency policy addressing administrative and criminal investigations. CYC SOP, page 15-16 is the facility procedure/policy on handling investigations at the facility</p> <p>b—Additional investigative training taken and the agency is coordinating another training to ensure all investigators are on the same page and administrative investigations are consistent.</p> <p>c—Review of latest investigations confirms that all requirements are a part of the investigative report.</p> <p>D1--Page 16 of CYC SOP complies with this standard</p> <p>e—It is now the standard for Caliente to refer all sexual allegations to law enforcement and wait until they respond before starting an administrative investigation to ensure any criminal investigation is not compromised.</p> <p>f—Credibility assessment has been added to the investigative form and is currently being done on all investigations.</p> <p>g—Current investigative reports include assessing if staff actions contributed to the incident and are documented in the investigative report form.</p> <p>h--Law Enforcement sends reports</p> <p>I1--Page 17 of the CYC SOP complies with this standard. Investigations included, with this audit, include law enforcement investigations, determination reports or emails</p> <p>I2—zero allegations referred by law enforcement for prosecution in the last 12 months</p> <p>j--The CYC SOP meets this standard, and agency DCFS PREA –page 21</p> <p>k--An investigation is not terminated based on the abuser or victim leaving the facility CYC SOP and DCFS PREA Policy</p> <p>l--N/A</p> <p>m--CYC SOP complies with this standard of cooperating with law enforcement and remaining informed of progress</p> <p>Included in the audit documentation is the investigative report update and the credibility assessment update</p> |

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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>A1—Page 20 of the DCFS PREA policy complies with this standard Interviews and review of investigations confirm this is the standard used by Caliente</p> |

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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>A1—Page 20 of DCFS PREA policy complies with this standard and included in this audit documentation is both policy and notification form used. Also, included in this audit are notification forms used at the conclusion of investigations, signed by youth and staff</p> <p>A2—8 investigations were conducted</p> <p>A3—Latest investigations have notification form , Great progress to compliance since last audit</p> <p>B1— Caliente requests reports from law enforcement and works closely to ensure investigations occur</p> <p>B2—1 investigation was completed by law enforcement and is included in audit documentation</p> <p>B3—The residents were notified on the one investigation completed by law enforcement</p> <p>C1--DCFS policy complies with this standard and the notification form has this information on it</p> <p>C2—There have been no founded or unsubstantiated investigation of sexual abuse, by staff, in the last 12 months (reviewed all investigations and allegations)</p> <p>C3—N/A</p> <p>D1-CYC uses the Notification of Investigation form for this notification. Included in this audit documentation</p> <p>E1—reviewed notification form included in this audit. Compliant with this standard Page 20 of the DCFS PREA policy compliant</p> <p>E2—3 notifications in the last 12 months—included in this audit documentation</p> <p>E3—3 notifications were documented and reviewed as part of this audit</p> <p>F--DCFS PREA Policy complies with this standard of the agency’s obligation to report terminates if resident is released from the agency’s custody</p> |

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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.376--Compliant</p> <p>A1—Page 18 of CYC SOP states this in procedure/policy.</p> <p>B1—In the last 12 months, 0 staff have violated agency sexual abuse or sexual harassment policies</p> <p>B2—0 staff terminated or resigned prior to termination, for violating agency policy on sexual abuse or sexual harassment</p> <p>C1—the disciplinary sanction for staff are on Page 18 of the CYC SOP and comply with this standard. The CYC SOP is part of this audit documentation</p> <p>C2—0 staff in the last 12 months, have been disciplined for violation of the agency sexual harassment or sexual abuse policies</p> |

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| 115.377 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.377--Compliant</p> <p>A1—DCFS PREA Policy page 23. Complies with this standard. Any contractor or volunteer who engages in sexual abuse or sexual harassment will be reported to law enforcement and to relevant licensing bodies</p> <p>A2—page 23 of the DCFS PREA policy complies with this standard. Prohibited contact with resident (contractor or volunteer)</p> <p>A3 --0 volunteers and contractors referred to law enforcement in the last 12 months</p> <p>A4—0 contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents</p> <p>B1-Page 4 of The CYC SOP complies with this part of the standard. Facility takes remedial measures and considers whether to prohibit further contact with residents by contractor or volunteer</p> <p>Interviews confirmed that any contractor or volunteer who violated sexual abuse policies would be prevented from contact and referred for prosecution. also confirmed that they would be prevented from access to facility during investigation and an assessment would be conducted after investigation completed</p> |

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.378--Compliant</p> <p>A1—Page 18 of CYC SOP complies with this standard requiring disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.</p> <p>A2—Page 18 of CYC SOP requires a disciplinary process before disciplinary sanctions for residents following a criminal finding of guilt of resident-on resident sexual abuse.</p> <p>A3—o administrative findings of resident-on resident sexual abuse in the last 12 months</p> <p>b1--Page 18 of the CYC SOP complies with this standard, residents in isolation have daily large muscle exercise education programming and special education services</p> <p>b2—Page 18 of CYC SOP complies with this standard—isolation of residents for disciplinary sanction for resident-on-resident sexual abuse receive daily visits from a medical or mental health clinician policy is compliant. Interviews with Mental health and medical staff confirm Caliente complies with this standard</p> <p>b3—page 18 of CYC SOP resident isolation have access to other programs and work opportunities, to the extent possible</p> <p>b4—o residents placed in isolation for disciplinary sanction for resident-on-resident sexual abuse</p> <p>b5—0 0 residents on disciplinary isolation denied services</p> <p>b6—0 denied access to other programs and work opportunities</p> <p>c--Page 18 of CYC SOP complies with this standard—mental illness or disability considered before sanction imposed</p> <p>D1—Page 4 of CYC SOP complies with the policy requirement of this standard. Interviews with the superintendent and upper level staff confirm that a resident’s mental disabilities or mental illness is considered when sanction, if any, imposed.</p> <p>D2—CYC does not require offending resident to participate in therapy/’counseling to address abuse as condition of access to any rewards based behavior of behavior incentives. Interviews confirm.</p> <p>D3—Residents get access to general education and programming—Interviews with superintendent and upper level staff confirm this.</p> <p>F1—page 23 of DCFS PREA policy complies with this standard (prohibits disciplinary action for a report of sexual abuse made in good faith</p> <p>E1—page 18 of CYC SOP is compliant with this standard</p> <p>G1—Page 5 of DCFS PREA policy complies with this standard</p> <p>G2—page 5 of DCFS PREA policy complies with this standard</p> |

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.381--Compliant</p> <p>A1—page 10 of CYC SOP complies with the policy/'procedure requirement. Documentation is included in this audit (tracking log of youth education, assessments and previous abuse. A2—documentation included in this audit complies with this standard—tracking log. A3—100% of residents who disclosed were offered medical or mental health services—documentation provided. A4—medical and mental health maintain secondary materials—included is documentation are secondary notes kept</p> <p>B1—Page 10 of CYC SOP is compliant with this standard—perpetrated and offered a follow-up meeting. B2—Tracking log is included in this audit documentation that shows compliance with this requirement. B3—tracking log shows 100% compliance with this requirement</p> <p>C1—Page 10/11 of the CYC SOP complies with the requirements of this standard—information strictly limited to medical and mental health practitioners. C2—N/A</p> <p>D1--Page 11 pf the CYC SOP complies with this standard with policy/procedure. Interviews with medical and mental health staff confirm the requirements of this standard are met.</p> |

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.382 compliant</p> <p>A1—page 8 of CYC SOP is compliant with this standard—requiring victims of sexual abuse unimpeded access to emergency services. A2—page 8 CYC SOP is compliant—nature and scope of services determined by professional practitioners. A3—page 8 CYC SOP—no such services has been needed and so there is no documentation</p> <p>Interviewed mental health and medical staff, they were clear that residents who reported sexual abuse were given immediate services, transported to hospital, if appropriate, and given mental health check-ins and services.</p> <p>B--Staff are trained and this is in policy/procedure, and in the facility coordinated plan—documentation included. staff interviews confirmed training and articulated process.</p> <p>C1—page 8 of the CYC Sop complies with this standard. The hospital provides these services</p> <p>d--Page 8 of CYC SOP state treatment services are provided to every victim without financial cost—whether the victim names the abuser or not and is compliant with this standard</p> |

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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.383--Compliant</p> <p>A1--Page 8 of the CYC SOP is compliant in policy/procedure with this standard—offers medical and mental health and treatment for sexual abuse victims</p> <p>B-Complies with the requirement of follow up services, treatment plans and continued care—CYC SOP—page 8</p> <p>Interviews with mental health staff and medical staff confirmed that residents get counseling, follow-up medical services and records that assist in ensuring residents continue to get services if transferred or released from custody.</p> <p>C-Medical and mental health services consistent with community SOP is compliant—will interview to determine practice</p> <p>D1—page 8 of CYC SOP states female victims of sexual abuse will be offered pregnancy tests</p> <p>E1--Page 8 CYC SOP—timely access to all lawful pregnancy related medical facilities-- compliant</p> <p>Page 8 CYC SOP—tests for sexually transmitted disease—compliant</p> <p>G1--Page 8 CYC SOP-- no cost services provided—even if victim does not name abuser</p> <p>H1--Page 10 CYC SOP—mental health evaluation of every known resident-on-resident abuser within 60 days of learning of such abuse history and offer treatment when deemed appropriate —compliant</p> <p>Documentation included of log tracking these services and medical and mental health staff interviewed demonstrated secondary information and PREA Compliance Manager included the tracking log as documentation of services.</p> |

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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.386--Compliant</p> <p>A1—page 18-10 of CYC SOP--facility conducts a sexual incident review at the conclusion of every sexual abuse investigation—unless unfounded—policy compliant and reviews are conducted. Interviews confirmed</p> <p>A2—3 investigations alleging sexual abuse conducted at this facility within the last 12 months reviewed show a progression to full compliance for this standard.</p> <p>B1—Page 18-19 of CYC SOP complies in policy/procedure—conducts a review within 30 days —interviews confirm</p> <p>Interviewed superintendent, PREA Compliance Manager, and members of the incident review team. They were well trained and knowledgeable about conducting an incident review and both reporting and documenting action taken or why no action taken. The team contained upper level management, medical, mental health and the PREA Compliance Manager.</p> <p>B2—1 incident occurred that was followed up with an incident review in 30 days. This process has improved and is now compliant since the last audit</p> <p>C1—Page 18-19 is compliant with the sexual incident review team being upper level management with input from medical or mental health. Interviews confirm.</p> <p>D1—PREA annual report is attached 206 and compliant with requirements of this standard. Included in documentation</p> <p>E1—facility implements recommendations or documents the reason for not doing so. The reviews included in each category and reason for implementing or why not.</p> |

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| 115.387 | Data collection |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| 115.388 | Data review for corrective action |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.401---compliant</p> <p>H--Full access to all areas was given to this auditor, without exception</p> <p>I--Caliente provided this auditor with copies of all requested documentation</p> <p>M—This auditor had free reign to conduct interviews with anyone in the facility, and designate the random staff and youth to be interviewed.</p> <p>N—Notices were posted, youth and staff were aware that they could send confidential correspondence to this auditor, in the same manner as if they were communicating with legal counsel</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
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Appendix: Provision Findings

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

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

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

| 115.313 (a) | Supervision and monitoring | |
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| | Does the agency ensure that each facility has developed a staffing plan | yes |

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| | that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | |
| | 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 | yes |

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| | placement of supervisory staff? | |
| | 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 |

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

| | | |
|--------------------|--|----|
| 115.313 (c) | Supervision and monitoring | |
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | na |
| | 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.) | na |
| | 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.) | na |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | na |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | no |

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

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

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

| 115.315 (b) | Limits to cross-gender viewing and searches | |
|-------------|---|-----|
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? (N/A for facilities with less than 50 inmates) | yes |

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

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

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

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

| | | |
|--------------------|---|-----|
| 115.316 (a) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |

| | | |
|--|--|-----|
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |

| 115.316 (b) | Residents with disabilities and residents who are limited English proficient | |
|--------------------|---|-----|
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| 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 |

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

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

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

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

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

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

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|--------------------|---|-----|
| 115.333 (e) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| 115.352 (b) | Exhaustion of administrative remedies | |
|-------------|---|----|
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | 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.) | na |

| 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.) | na |
| | 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.) | na |

| 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.) | na |
| | 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.) | na |
| | 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.) | na |

| 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.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |

| 115.352 (f) | Exhaustion of administrative remedies | |
|-------------|---|----|
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| 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 |

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| 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 |

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

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