

PREA Facility Audit Report: Final

Name of Facility: Ridge view Community Facility

Facility Type: Juvenile

Date Interim Report Submitted: 01/09/2017

Date Final Report Submitted: 07/12/2017

| 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: Kyle D. Barrington | Date of Signature: 07/12/2017 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------------------|
| Auditor name: | Barrington, Kyle |
| Address: | |
| Email: | Kyle.Barrington@Zajonc-Corp.com |
| Telephone number: | |
| Start Date of On-Site Audit: | 12/8/2016 |
| End Date of On-Site Audit: | 12/10/2016 |

| FACILITY INFORMATION | |
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| Facility name: | Ridge view Community Facility |
| Facility physical address: | 1726 Jerome Avenue, Yakima, Washington - 98902 |
| Facility Phone | |
| Facility mailing address: | |
| 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 type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/> |

| Primary Contact | | | |
|-----------------------|--------------------|--------------------------|---------------|
| Name: | LeeAnn Delk | Title: | Administrator |
| Email Address: | Delksl@dshs.wa.gov | Telephone Number: | 509-575-2736 |

| Warden/Superintendent | | | |
|-----------------------|--------------------|--------------------------|---------------|
| Name: | LeeAnn Delk | Title: | Administrator |
| Email Address: | Delksl@dshs.wa.gov | Telephone Number: | 509-575-2736 |

| Facility PREA Compliance Manager | | | |
|----------------------------------|-------------|-----------------------|--------------------|
| Name: | LeeAnn Delk | Email Address: | delksl@dshs.wa.gov |

| Facility Health Service Administrator | | | |
|---------------------------------------|--|--------------------------|--|
| Name: | | Title: | |
| Email Address: | | Telephone Number: | |

| Facility Characteristics | |
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| Designed facility capacity: | 16 |
| Current population of facility: | 12 |
| Age range of population: | 14-20 |
| Facility security level: | minimum |
| Resident custody level: | N/A |
| Number of staff currently employed at the facility who may have contact with residents: | 21 |

| AGENCY INFORMATION | |
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| Name of agency: | Rehabilitation Administration, Juvenile Rehabilitation |
| Governing authority or parent agency (if applicable): | Washington State Department of Social and Health Services |
| Physical Address: | 14th & Jefferson St, Olympia, Washington - 98504 |
| Mailing Address: | |
| Telephone number: | 360-902-8088 |

| Agency Chief Executive Officer Information: | | | |
|---|---------------------|--------------------------|---------------------|
| Name: | John Clayton | Title: | Assistant Secretary |
| Email Address: | ClaytJL@dshs.wa.gov | Telephone Number: | 360-902-7805 |

| Agency-Wide PREA Coordinator Information | | | |
|--|---------------|-----------------------|---------------------------|
| Name: | Eric Crawford | Email Address: | eric.crawford@dshs.wa.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.

Juvenile Rehabilitation (JR), hereinafter referred to as the Agency, requested a PREA Audit for the Ridgeview Community Facility (Facility) in the summer of 2016. The pre-audit work for each this facility began on October 3, 2016 and the onsite portion of the audit was conducted between December 8, 2016 and December 10, 2016.

In completing the PREA audit for Facility, this auditor reviewed the Facility's Pre-Audit Questionnaire, submitted using the online PREA Audit system, all related attachments, and utilized a Pre-Audit conference call with the Facility Director who was also the Facility's PREA Compliance Manager. During the onsite portion of the audit this Auditor interviewed the Director, who was also the Facility's PREA Compliance Manager, Human Resources staff assigned to the Facility, a volunteer, the staff who perform screening for risk of victimization and abusiveness, the designated staff member charged with monitoring retaliation, and intake staff. In addition, this auditor interviewed 11 randomly selected security staff and all 12 residents at the facility at the time of the audit. Aside from the interviews, this Auditor reviewed 21 employee files [selected using random sampling], reviewed sexual abuse investigation files, reviewed five volunteer and contractor files, reviewed 20 resident files, and read all the related PREA policies and procedures. Further, this Auditor used the Facility tour and interviews to determine if Facility's procedures were being implemented as written. In all, this Auditor spent a total of 48 hours, or six days, conducting and finalizing the Facility's audit.

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.

The Ridgeview Community Facility (Ridgeview) is a single building property with one "out" building. The single out building is a storage shed located beside the main facility. The main building is a single-story structure with 8 double occupancy rooms. The main floor is divided into two housing units that correspond to the two residential hallways. Of the 8 rooms, 3 are located in a "small hallway" and the remaining 5 bedrooms are located in a separate "long" hallway.

Ridgeview has a designed capacity of 16. The facility is designed to house residents aged 14 to 20. The facility's security level is rated as a "minimum" and the resident custody levels range is considered "minimum" per interviews with JR staff. Ridgeview is not considered a "secure" facility as residents are expected, and required, to leave the facility and take part in community activities (e.g., school, work, volunteer, etc.). As of October 2016, the facility was authorized to employ up to 21 staff members. All staff are considered 'security' staff for the purpose of the staff-to-resident ratio as defined by PREA. The facility has multiple security cameras located in and around the facility but none of the cameras are located in the resident's bedroom or shower/toileting areas. Educational services are provided at an onsite classroom. After classes, the residents are encouraged to find employment within the community. . Due to this, the facility is not considered a "secure" facility per PREA requirements.

Medical care is provided off-site at local area medical clinics and hospitals. Mental health services are provided by off-site counselors and therapists.

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: | 35 |
| Number of standards not met: | 0 |
| Number of Standards Not Applicable: (The total number of standards that were audited at the agency level) | 5 |

At the conclusion of this audit process, it was found that the Facility was making great strides at implementing and improving its policies and procedures related to PREA compliance. There are 43 PREA Standards that specifically apply to the Facility. Of these 43 PREA Standards, the following determinations were made: The Facility exceeded requirements on three standard (115.331, 115.333, and 115.365); was determined to not meet requirements on two standards (115.317 and 115.341); was determined that five standards were not applicable and/or were Agency specific standards (115.312, 115.387, 115.388, 115.389, and 115.403); and it was determined the Facility meet requirements on the remaining 33 standards.

To address the issues related to the PREA Standards that "Did Not Meet" requirements the Facility, in collaboration with this Auditor, developed a Corrective Action Plan [CAP]. The Facility entered into a CAP period on January 9, 2017 and the CAP period will end on or before July 8, 2017. As part of the CAP, the Facility is tasked with ensuring that all staff, contractors, and new hires have a criminal history background check that includes a check against a national crime records database; and staff who conduct risk screening utilize the information in the Medical Data Sheet-Long Form (or other process to identify 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) to reduce the risk of sexual abuse by or upon a resident.

The facility formally exited the corrective action plan period on July 6, 2017 after completing the following tasks: (1) Ensuring that all staff, contractors, and new hires have a criminal history background check that includes a check against a national crime records database; and (2) Training staff who conduct risk screening to utilize the information in the Medical Data Sheet-Long Form (or other process to identify 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) to reduce the risk of sexual abuse by or upon a residents. Thus, the facility is determined to meet all applicable PREA standards.

| Standards |
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| <p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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) |
| <p>Auditor Discussion Instructions</p> <p>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.</p> |

| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>A review of the relevant policies and procedures, the Pre-Audit Questionnaire, as well as interviews with the Agency Head, PREA Coordinator (called the PREA Administrator), the Facility Superintendent, who is also the Facility’s PREA Compliance Manager, confirmed that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, that the agency has a written policy that outlines the agency’s approach to preventing, detecting, and responding to such conduct, that the agency does employ or designate an upper-level, agency-wide PREA coordinator (called the PREA Administrator) who does have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities, and that the facility has designated a PREA compliance manager who reports that they have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. Thus, it was determined that the facility meets this standard.</p> |

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| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Audited at Agency Level |
| | Auditor Discussion |
| | Interviews with the Agency Head, PREA Coordinator (called PREA Administrator), and the Facility Director supported the agency’s contention that the agency does not contract for the confinement of its residents with private agencies or other entities, including other government agencies. Thus, this standard is considered to be “not applicable.” |

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| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | A review of the facility’s staffing plan and interviews with the PREA Administrator, the Facility Superintendent, who is also the Facility’s PREA Compliance Manager, noted that a staffing plan has been created; that deviations from the staffing plan are documented, when necessary; that the staffing plan is reviewed annually. As this facility is considered not to be a “secure” facility as defined by PREA, unannounced rounds are not required. Thus, it was determined that the facility meets this standard. |

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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>A review of relevant policies and procedures, as well as, interviews with the Facility Superintendent, who is also the Facility's PREA Compliance Manager, 11 randomly selected security staff, and interviews with all 12 residents at the facility at the time of the PREA audit, supported the facility's contention that facility staff do not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners; facility staff do not conduct cross-gender pat-down searches except in exigent circumstances; that facility staff document all cross-gender strip searches and cross-gender visual body cavity searches and that staff document all cross-gender pat-down searches of female residents; that the facility does 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. Further, it was determined that the facility's policies and procedures does require staff of the opposite gender to announce their presence when entering an resident housing unit and that the facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. It was also determined that if the resident's genital status is unknown, it may be determined 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. However, four (4) of the 11 interviews of security staff (36.4%) could not recall being provided training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Thus, the facility is determined to not meet this standard.</p> <p>To address this finding the following Corrective Action Plan is presented: (1) Train staff, especially any staff who have not completed Community Safety Training, on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs; and (2) Submit evidence to this auditor that staff attended and understood this training.</p> <p>FINAL DETERMINATION: On January 4, 2017, this Auditor received confirmation that all staff completed a training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Thus, the facility is now considered to meet this standard.</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>A review of relevant policies and procedures, as well as, interviews with the staff responsible for intake, the staff responsible for PREA Education, the facility's PREA Compliance Manager, and interviews with all 12 residents at the facility at the time of the PREA audit, supported the facility's contention that facility staff 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; that the facility staff 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, including steps to provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary; and the facility does not rely 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 §115.64, or the investigation of the resident's allegations. Thus, the facility is determined to meet this standard.</p> |

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| 115.317 | Hiring and promotion decisions |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 1646"> A review of relevant policies and procedures, a review of 10 randomly selected staff files, as well as, interviews with Human Resource Staff supported the agency’s contention that the agency does not hire or promote anyone who may have contact with residents and does not enlist the services of any contractor who may have contact with residents, who has engaged in sexual misconduct [e.g., (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section]; that staff 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; that Human Resource staff, before hiring new employees who may have contact with residents, conduct the required background checks [e.g., (1) Perform a criminal background records check; and (2) 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]; that Human Resource staff also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents; that Human Resource staff 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; that Human Resource Staff ask all applicants and employees who may have contact with residents directly about previous sexual misconduct, described above, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Agency policy and procedure also imposes upon employees a continuing affirmative duty to disclose any such misconduct and these same policies and procedures note that material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination. However, there was no evidence that the agency’s background check included a review of national crime databases (e.g., Federal Bureau of Investigations, etc.), thus it was determined that the facility did not meet this standard. </p> <p data-bbox="252 1691 1452 1937"> Based on this finding, the following Corrective Action Plan was implemented: (1) Ensure that all criminal background checks related to PREA include a check against national crime databases (e.g., Federal Bureau of Investigations, etc.): (2) Submit evidence to this auditor that criminal record checks include a check against at least one national database; and (3) Submit evidence to this Auditor of a criminal background check that was run against the national database. </p> <p data-bbox="252 1993 1468 2072"> The facility completed all corrective action plan items related to this standard on July 6, 2017. Thus, the facility is determined to meet standard. </p> |

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Interviews with the Facility Superintendent, who is also the Facility’s PREA Compliance Manager, and observations during the facility tour confirmed that the facility has not designed or acquired any new facility and is not currently planning any substantial expansion or modification of existing facilities. However, the facility did install an expanded electronic surveillance system, specifically, 10 new cameras in areas that were identified as blind spots. It was determined that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency did consider how such technology may enhance the agency’s ability to protect residents from sexual abuse. Thus, the facility is determined to meet this standard.</p> |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Reviews of applicable policies and procedures and reviews of completed investigations, interviews with the Facility Superintendent, who is also the Facility’s PREA Compliance Manager, and with local area hospital staff, as well as, interviews with agency/facility investigators, supported the contention that the facility does not conduct sexual abuse investigations. Those investigations are all referred out to Child Protective Services and/or local law enforcement. Documentation was provided that Child Protective Services and local law enforcement were asked to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions and that the protocol be developmentally appropriate for youth and, as appropriate, shall be 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 and/or Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011. Interviews with staff supported the agency’s contention that all residents who experience sexual abuse will be provided access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. In the event that a SAFEs or SANEs cannot be made available, the examination would be performed by other qualified medical practitioners. The facility has documented its efforts to provide SAFEs or SANEs and this was verified via a phone call with the local area hospital identified in the facility’s Coordinated Response Plan. The facility does attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency will make available, to provide these services, a qualified staff member from a community-based organization or a qualified agency staff member. The facility has documented efforts to secure services from rape crisis centers. Further, as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Thus, the facility is determined to meet this standard.</p> |

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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>A review of policies and procedures and via interviews with the Facility Superintendent, who is also the facility's PREA Compliance Manager, the facility's investigator supported the facility's contention that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and that the facility does have in place a policy 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 (e.g., Child Protective Services and/or local law enforcement), unless the allegation does not involve potentially criminal behavior. It should be noted that this Auditor could not examine a completed sexual abuse or sexual harassment investigation as the facility had no allegations of sexual abuse or sexual harassment during the time period under review for this PREA Audit. The agency does publish such policy on its website (at https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance on December 3, 2016) and as a separate entity is responsible for conducting criminal investigations, the publication does describe the responsibilities of both the agency and the investigating entity. Thus, the facility is determined to meet this standard.</p> |

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| 115.331 | Employee training |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>In a review of 10 randomly selected staff files, interviews with the facility's PREA Compliance Manager, and interviews with 11 randomly selected security staff determined that the agency does train all employees who may have contact with residents on 11 required topics related to this PREA standard and that such training is tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. Further, it was determined that employees do receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. A review of the 10 randomly selected staff files confirmed that all current employees have received the required PREA education training within the past year and that refresher training and refresher information is also provided to employees every other year. The facility's PREA Compliance Manager documents, through employee signature or electronic verification, that employees understand the training they have received. Further, the agency requires that all new hires completed a PREA training prior to their first contact with any resident and then these same staff are required to complete an online training class specific to the PREA standards. This online class includes an exam at the end that each employee must pass. Further, the agency provides instructor led classes for each new hire related to PREA. Thus, it was determined that the agency and facility exceed this standard.</p> |

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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In a review of six randomly selected volunteer files and five randomly selected contractor files and via interviews with the facility's PREA Compliance Manager and interviews with volunteers and contractors it was determined that the agency does ensure 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 and that 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. Interviews with volunteers and contractors confirmed that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed how to report such incidents. Further, a review of the volunteer and contractors training files confirmed that the facility staff maintain documentation confirming that volunteers and contractors understood the training they have received. Further, the agency requires that all volunteers and contractors complete PREA training prior to their first contact with any resident. Thus, it was determined that the agency and facility meet this standard.</p> |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>This auditor reviewed policies and procedures, reviewed 18 client records, interviews with all 12 residents at the facility at the time of the PREA audit, and interviewed the facility's PREA Compliance Manager and staff responsible for ensuring that residents receive their PREA Information and PREA Education to help determine a compliance level for this standard. Based on this work, it was determined that during the intake process, residents do receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. It was also found that 100.0% of all resident records reviewed, that residents were provided with PREA Education within the required 10 days of intake. When PREA Education is provided it is comprehensive and age-appropriate and it does cover residents' rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This education is in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills and the facility does maintain documentation of resident participation in these education sessions. It was also determined that the facility does ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. Based on the fact that residents are provided with individualized PREA Information and PREA Education, and that this instruction is tailored to the unique needs of each resident, via individualized conversations, it was determined that the facility exceeds this standard.</p> |

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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>This auditor reviewed related policies and procedures, reviewed one (1) investigative staff training file, and interviewed the facility investigator. It was found that, in addition to the general training provided to all employees pursuant to § 115.331, the facility ensures that its investigators have received training in conducting such investigations in confinement settings and that the trainings received by the investigators included techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. It was also found that the facility does maintain documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. Thus, it was determined that the facility meets this standard.</p> |

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| 115.335 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>This auditor reviewed related policies and procedures and interviewed the Facility Superintendent and 11 randomly selected security staff. Based on these efforts it was determined that the facility does not hire or contract with mental health or medical staff. All mental health and medical services are provided offsite. Based on this it was determined that this standard is not applicable to this facility.</p> |

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>This auditor reviewed related policies and procedures, reviewed 18 resident records, and interviewed facility staff responsible for conducting a risk screening and interviewed all 12 residents at the facility at the time of the PREA audit. Based on these efforts it was determined that the facility, within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, obtains and uses information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The assessment is conducted using an objective screening instrument that includes 10 of the 11 pieces of required information per this PREA standard. The information is ascertained through conversations with the resident during the intake process and via medical and mental health screenings and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files. The facility has 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. The facility is not considering whether “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.” Though this question is asked of the resident at the larger institutions and this information is captured on the resident’s Health Survey-Long Form, it is not made available to the person responsible for risk screening at the facility. Thus, the facility is determined not to meet this standard.</p> <p>Based on this finding, the following Corrective Action Plan is presented: (1) Revise the facility’s procedure to document how the staff responsible for risk screening are provided with information obtained via the Health Survey-Long Form, as it relates to PREA (Gender/Sexual Health); (2) Train staff responsible for risk screening on how they are to use this additional information and how they are to document that they used this information as part of the risk screening; and (3) Submit completed SAVY’s that document this revised procedure is in effect and working.</p> <p>The facility completed all corrective action plan items related to this standard on June 13, 2017. Specifically, the facility was able to complete the following: (1) Revised the facility’s procedure to document how the staff responsible for risk screening are provided with information obtained via the Health Survey-Long Form, as it relates to PREA (Gender/Sexual Health); (2) Trained staff responsible for risk screening on how they are to use this additional information and how they are to document that they used this information as part of the risk screening; and (3) Submitted complete SAVY’s that document this revised procedure is in effect and working. Thus, the facility is determined to meet standard.</p> |

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>This auditor reviewed related policies and procedures, reviewed 18 resident records, and interviewed facility staff responsible for conducting a risk screening and staff responsible for placement decisions. Based on these efforts it was determined that the facility does use all information obtained pursuant to § 115.341 to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Further, it was determined that the facility never places a resident in isolation for their own protection but that if it needed to do so it would be 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. It was also determined that lesbian, gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The facility does consider, on a case-by-case basis of any resident, whether a placement would ensure the residents health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident is reassessed at least twice each year to review any threats to safety experienced by the resident. Transgender or intersex resident's own views with respect to his or her own safety is given serious consideration and all residents are given the opportunity to shower separately from other residents, via private showers. Based on these factors, it was determined that the facility meets standard.</p> |

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>This auditor reviewed related policies and procedures, toured the facility, interviewed 11 randomly selected security staff, interviewed the Facility Superintendent, and interviewed all 12 residents at the facility at the time of the PREA audit. Based on these efforts it was determined that the facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. It was further determined that the facility also provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials [i.e., Child Protective Services] and that this agency does allow the resident to remain anonymous upon request. It was also determined that residents are never detained solely for civil immigration. Interviews with randomly selected staff indicated that staff are required to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. A tour of the facility noted that the facility does provide residents with access to tools necessary to make a written report and that the facility does provide a method for staff to privately report sexual abuse and sexual harassment of residents. Based on these factors, it was determined that the facility meets standard.</p> |

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Based on interviews with the Agency Head and the Facility Director and via email exchanges with the State Attorney General's Office it was determined that this standard is not applicable.</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>This auditor reviewed related policies and procedures, interviewed 11 randomly selected security staff, interviewed the PREA Administrator and Facility Director, and interviewed all 12 residents at the facility at the time of the PREA audit. Based on these efforts it was determined that the facility provides 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. It was also determined that the facility does enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible and that the facility informs residents, prior to giving them access, of the extent to which such communications are being monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The agency has attempted to enter into a memoranda of understanding with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency maintains documentation showing attempts to enter into such agreements. Interviews with staff and residents also support the contention that the facility does provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. It was also determined that the facility never houses residents solely for civil immigration purposes. Based on these findings it was determined that the facility meets standard.</p> |

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Based on interviews with the PREA Administrator and reviewing the agency's website, it was determined that the agency has established a method to receive third-party reports of sexual abuse and sexual harassment via email and phone numbers and does publically distribute information on how to report sexual abuse and sexual harassment on behalf of a resident. Specifically, the JRA website, at https://www.dshs.wa.gov/jjra/juvenile-rehabilitation/prison-rape-elimination-act-compliance notes that anyone, who suspects sexual abuse or sexual harassment has happened at a JRA facility is free to contact the facility or report to CPS and law enforcement. Thus, it was determined that the facility meet this standard.</p> |

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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>This auditor reviewed related policies and procedures, interviewed 11 randomly selected security staff, interviewed the Facility Director, and the facility's PREA Administrator. Based on these efforts it was determined the facility does 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It was determined that the facility staff are required to comply with any applicable mandatory child abuse reporting laws and, apart from reporting to designated supervisors or officials and designated State or local services agencies, staff are 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. Medical and mental health practitioners were not interviewed as the facility does provide onsite medical or mental health services. The Facility Director noted that upon receiving any allegation of sexual abuse, she, or her designee, promptly reports the allegation to the appropriate agency office and 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, and/or to the appropriate guardian. The Facility Director also noted that she, or her designee, would also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation and that she would report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Based on these data, it was determined that the facility meets this standard.</p> |

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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Based on a review of relevant policies and procedures, interviews with 11 randomly selected security staff and interviews with all 12 residents at the facility at the time of the PREA audit, it was determined that when facility staff learn that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. Thus, the facility is determined to meet this standard.</p> |

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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Based on a review of relevant policies and procedures and an interview with the Facility Director it was determined that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and would also notify the appropriate investigative agency. The Facility Director noted that such notification would be provided as soon as possible, but no later than 24 hours after receiving the allegation and that she would document that she provided such notification. The Facility Director noted that if she received such a report she would ensure that the allegation is investigated in accordance with these standards. Thus, the facility is determined to meet this standard.</p> |

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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Based on a review of relevant policies and procedures and via interviews with 11 randomly selected staff members it was determined that upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. Further, it was determined that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then the staff would notify security staff. Thus, the facility is determined to meet this standard.</p> |

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Based on a review of the facility's Coordinate Response Plan and via interviews with 11 randomly selected security staff members, it was determined that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. As the Coordinated Response Plan acts as a step-by-step method of addressing a potentially stressful event and as the Coordinated Response Plan also acts as a check-off sheet for all staff involved, it is considered a best practice and thus, the facility is determined to exceed 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 |
| | <p>Based on interviews with the Agency Head, the Facility Director and the PREA Administrator, it was determined that the agency had entered into a new collective bargaining agreement since the completion of the last PREA Audit. However, it was determined that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf entered into or renewed any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Thus, the facility is determined to meet this standard.</p> |

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| 115.367 | Agency protection against retaliation |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 996">Based on a review of relevant policies and procedures, interviews with 11 randomly selected staff members and an interview with staff responsible for monitoring retaliation it was determined that the facility has 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 and has designated specific staff members or departments that are charged with monitoring retaliation. Further, it was determined that the facility does employ multiple protection measures, such as housing changes or transfers for resident abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations and that these protective measures are in place for at least 90 days following a report of sexual abuse. In the case of residents, such monitoring does include periodic status checks. Interviews with staff responsible for monitoring retaliation noted that if any other individual who cooperates with an investigation expresses a fear of retaliation, the facility and/or agency would take appropriate measures to protect that individual against retaliation. Based on these findings, it is determined that the facility meets this standard.</p> |

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| 115.368 | Post-allegation protective custody |
| | <p data-bbox="252 1205 901 1238">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1283 526 1317">Auditor Discussion</p> <p data-bbox="252 1361 1428 1608">Based on a review of policies and procedures, interviews with staff responsible for housing assignments, and interviews with the Facility Director, who is also the facility's PREA Compliance Manager, supported the facility's contention that the facility does not use segregated housing to protect a resident who is alleged to have suffered sexual abuse but would rather move the alleged perpetrator rather than the alleged victim. Based on these findings, it is determined that the facility meets this standard.</p> |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Based on a review of relevant policies and procedures and interviews with facility investigators, it was determined that when the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the facility uses investigators, or if the investigation is conducted by an outside entity, the facility requests that investigators assigned to the investigation, receive special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Investigators, as appropriate, do gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. The facility does not terminate an investigation solely because the source of the allegation recants the allegation and when the quality of evidence appears to support criminal prosecution, the investigators refer the investigation to an entity with the legal authority to conduct compelled interviews. Investigators noted that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. Facility staff noted that they would never require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Investigators noted that all investigations would be documented and reports are filed. In determining compliance with this standard, this Auditor had to rely on interviews as there were no allegations of sexual abuse or sexual abuse during the time period covered by this PREA Audit. Thus, the facility is determined to meet this standard.</p> |

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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Based on a review of relevant policies and procedures and an interview with facility investigator, it was determined that the facility investigator was aware of what evidence standard should be used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Based on these findings it was determined that the facility did meet this standard.</p> |

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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Based on a review of relevant policies and procedures and interviews with facility investigator it was determined that following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency would inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. It was determined that when the agency does not conduct the investigation, it does request the relevant information from the investigative agency in order to inform the resident. Agency policy does require that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency will subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Based on these findings it was determined that the facility did meet this standard.</p> |

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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Based on a review of relevant policies and procedures, interviews with the Facility Director, who is also the facility's PREA Compliance Manager, it was determined that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. It was found that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) is 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. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Based on these findings, it was determined that the facility does meet this standard.</p> |

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| 115.377 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Based on a review of relevant policies and procedures, interviews with the Facility Director, who is also the facility's PREA Compliance Manager, and an interview with the administrative staff responsible for monitoring contractors and volunteers, it was determined that any contractor or volunteer who engages in sexual abuse would be prohibited from contact with residents and would be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Further, the facility would take appropriate remedial measures and would prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Based on these findings, it was determined that the facility does meet this standard. |

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Based on a review of relevant policies and procedures, interviews with the Facility Director, who is also the facility's PREA Compliance Manager, it was determined the facility is compliant with all the required elements of this standard. |

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Based on a review of relevant policies and procedures, interviews with the Facility Director, who is also the facility's PREA Compliance Manager,, a review of 18 resident records, and an interview with the staff responsible for risk screening, it was determined that if the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the facility staff ensures that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. It was determined that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Based on these findings, it is determined that the facility does meet this standard. |

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Based on a review of relevant policies and procedures, interviews with the Facility Director, who is also the facility's PREA Compliance Manager, and interviews with 11 randomly selected security staff, it was determined that resident victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which would be determined by medical and mental health practitioners according to their professional judgment. Facility staff noted that as no qualified medical or mental health practitioners are on duty, the staff first responders would take preliminary steps to protect the victim pursuant to § 115.362 and would immediately notify the appropriate medical and mental health practitioners. Facility staff noted that resident victims of sexual abuse while incarcerated would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and treatment services would be 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. Based on these findings, it was determined that the facility meets this standard. |

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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 |
| | Based on a review of relevant policies and procedures it was determined the facility is compliant with all the required elements of this standard. |

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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Based on a review of relevant policies and procedures and interviews with the Facility Director, who is also the facility investigator, it was determined that the facility would conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. As the facility did not have any sexual abuse allegations during the timeframe of this PREA audit, this Auditor could not review any sexual abuse incident reports. However, based on the interviews and review of policies and procedures it was determined that the facility meets this standard. |

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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 |
| | The Facility staff ensured that this Auditor was able to review all areas of the Facility, was permitted to request and receive copies of any relevant documents (including electronically stored information), permitted to conduct private interviews with residents, and via interviews with residents this Auditor was able to determine that residents were permitted to send confidential information or correspondence to this Auditor in the same manner as if they were communicating with legal counsel. |

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

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| 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 | |
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| | 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 | |
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| | 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) | na |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | na |
| | 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) | na |

| 115.315 (a) | Limits to cross-gender viewing and searches | |
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| | 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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? | no |
| | 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? | no |

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| 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 |

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| | 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 |

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

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| 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.) | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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 |

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

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|--------------------|---|-----|
| 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 |

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| 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.) | yes |

| 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 |

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| 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 |

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|--------------------|--|-----|
| 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 |

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

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

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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 |

| | | |
|--------------------|--|-----|
| 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 |

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

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

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

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

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

| | | |
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| 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 |

| | | |
|--------------------|---|-----|
| 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 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| 115.382 (c) | Access to emergency medical and mental health services | |
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| | 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 |