

# PREA Facility Audit Report: Final

**Name of Facility:** Honor Farm

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 06/03/2017

**Date Final Report Submitted:** 06/20/2017

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"/>
<b>Auditor Full Name as Signed:</b> Carrie Carone	<b>Date of Signature:</b> 06/20/2017

AUDITOR INFORMATION	
<b>Auditor name:</b>	Carone, Carrie
<b>Address:</b>	
<b>Email:</b>	littlemscarone@gmail.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	02/26/2017
<b>End Date of On-Site Audit:</b>	02/28/2017

FACILITY INFORMATION	
<b>Facility name:</b>	Honor Farm
<b>Facility physical address:</b>	880 Oklahoma Avenue, San Luis Obispo, California - 93405
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Community Treatment Center <input type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correctional facility

Primary Contact			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility Director			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility PREA Compliance Manager			
<b>Name:</b>		<b>Email Address:</b>	

Facility Health Service Administrator			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility Characteristics			
<b>Designed facility capacity:</b>			
<b>Current population of facility:</b>			
<b>Age Range</b>	<i>Adults:</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
<b>Facility security level/resident custody levels:</b>			
<b>Number of staff currently employed at the facility who may have contact with residents:</b>			

AGENCY INFORMATION	
<b>Name of agency:</b>	San Luis Obispo County Sheriff's Department
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1585 Kansas Avenue, San Luis Obispo, California - 93405
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Aaron Spiller	<b>Email Address:</b>	aspiller@co.slo.ca.us



## AUDIT FINDINGS

### **Narrative:**

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

On February 26th, 2017, I conducted an on-site audit with San Luis Obispo County Sheriff's Office. Prior to the audit, I communicated with the PREA Coordinator and was given access to all the applicable and pertinent policies relevant to the Department of Justice PREA Standards. I spent several hours reviewing the documentation prior to the audit. After speaking with the agency, we determined three days would be needed to conduct the on-site audit of all the county facilities.

Once on-site, I conducted a tour of the facility and grounds at the Honor Farm. There are not many residents of the farm. The Honor Farm houses only male residents at the facility. All residents have been transferred from the main facility, which has the main booking area, then are transported to the Honor Farm within thirty days of arrest. Most residents only have a few months of time to serve, and none of the residents are considered "special handling." This is a minimum classification housing area.

The Honor Farm does not have any medical or mental health staff assigned there. However, the main jail is literally within walking distance of the main facility, so should any of the residents need assistance, staff can easily summon the appropriate help.

I conducted several interviews with residents from the facility. I interviewed no less than 4 residents. I was given a list of residents currently residing in the facility and I randomly picked residents to interview. During the interviews conducted, I asked them several questions about the agency's policies. I also asked questions specific to PREA. All the residents were aware of PREA, in fact, they said they were sick of the PREA videos. They were shown the PREA video several times during their incarceration. All the residents interviewed could tell me the toll-free number to call should they encounter any type of situation where they needed to notify staff or a third party of a PREA related incident.

I also conducted several random staff interviews within this facility as well. I interviewed no less than 1 staff member. I was given a list of the line staff that were currently working and I randomly picked staff to interview.

## 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 Honor Farm is a small facility. It only holds around 40 residents in total. The current population at the time of the audit was about 25 residents. The Honor Farm is considered a minimum classification facility which houses residents who work on the farm. There are several buildings with bunk areas. The residents have one area in each bunkhouse that serves as a restroom area. The restroom area has permanent privacy screens and permanent privacy fixtures so that residents cannot be viewed while using the facilities or when taking a shower. Since the Honor Farm is a low-level facility, residents are often out of the buildings for most of the day conducting different types of activities. There are several programs offered at the Honor Farm and residents are often allowed an ample amount of recreation time.

The staffing levels are adequate for the number of residents housed at The Honor Farm.

## 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	40
<b>Number of standards not met:</b>	1

Number of Standards Exceeded- 0

Number of Standards Met- 40

Number of Standards Not Met- 1

During a review of the agency's policies and procedures there was one standard that was not met. Standard 115.217 (f) states the agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Currently the agency does not have a policy in place to address ensuring that prior to any promotion, candidates be asked about any previous sexual abuse or harassment. This includes all allegations, no matter the outcome. The agency was not aware of this requirement. After conversations with upper management staff as well as the background unit, they came up with a plan of correction to ensure this was added to their current policy.

I suggested they use a basic form prior to promotion of any employees, wherein it asks the employee to disclose any allegation of sexual abuse or sexual misconduct, no matter the outcome, if they may have had contact with residents during their current or past employment.

The agency agreed to remedy this policy immediately, as I had to disclose a corrective action was needed.

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

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



<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1460 660">Facility PREA Policy 612 was developed in 2015 and updated in 2017. This policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the San Luis Obispo County Honor Farm facility which it directly operates. The policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It also includes a list of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="252 705 1404 784">The agency employs an upper level, agency wide PREA Coordinator. The position of the PREA Coordinator is in the organizational chart submitted by the facility.</p> <p data-bbox="252 840 1428 996">The auditor could verify that the Detentions and Corrections Sergeant serves as the PREA Coordinator, and is responsible for the implementation of efforts to comply with the PREA standards. The PREA Coordinator reports directly to the facility's Division Director. The job description is located on the Pima County Superior Court's website.</p> <p data-bbox="252 1052 1460 1131">During interview, the PREA Coordinator confirmed that he has sufficient time and authority to oversee agency efforts to comply with the PREA standards.</p> <p data-bbox="252 1187 1476 1220">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p data-bbox="252 1417 901 1451"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1496 526 1529"><b>Auditor Discussion</b></p> <p data-bbox="252 1574 1460 1653">This agency does not currently contract with outside entities at this time, therefore it complies in all material ways with the standard for the relevant review period.</p>

115.213	<b>Supervision and monitoring</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1461 488">The agency submitted “San Luis Obispo County Honor Farm Facility Staffing Plan” that contains information on the facility design, resident population, staffing positions and daily assignments, staff to youth ratios, staff supervision of residents, staff training and equipment, resident education and programs, and staffing plan review.</p> <p data-bbox="252 539 1461 701">Staffing plan review section states the plan will be reviewed whenever necessary, but no less frequency than once per year. The review process will assess and determine whether adjustments are needed to this plan for compliance with PREA standards 115.313 (a) 1-11. The facility staffing plan indicates that the facility maintains staff ratios.</p> <p data-bbox="252 752 1461 871">The staffing plan specifies that the PREA Coordinator and facility management will review the staffing plan, staffing patterns, the deployment of monitoring technology, and the allocation of resources needed to commit to the staffing plan to ensure compliance with the staffing plan.</p> <p data-bbox="252 922 1477 1173">The facility submitted their current staffing plan for review. During an interview with the agency leadership the auditor was able to confirm the agency completes an annual review of their staffing plan. The Captain of the Detentions and Corrections division stated that when assessing adequate staffing levels and the need for video monitoring, the facility staffing plan will consider: local and state standards, PREA standards, school activity, and staffing patterns. In addition, shift reports will be used to check for compliance with the staffing plan.</p> <p data-bbox="252 1225 1477 1344">The Captain and Lieutenant stated that supervisors send both an email out to management to document when the facility is unable to meet the requirements of the staffing plan. Additionally, the supervisors also document the lack of staffing on their end of shift report.</p> <p data-bbox="252 1395 1477 1514">The Captain stated that the agency utilizes intermittent, on-call correctional officers in order to meet the staffing plan and remain in compliance with ratio. An on-call list is maintained and managed by detention administration.</p> <p data-bbox="252 1565 1477 1727">According to the PREA Coordinator, the facility’s PREA policy addresses how to conduct PREA unannounced rounds and that supervisors conduct unannounced rounds of residents once per shift. As the staffing plan is in its early implementation phase, it is recommended that the facility re-assess the staffing plan a minimum of every 12 months and re-evaluate as needed.</p> <p data-bbox="252 1778 1477 1984">Interviews with two supervisors confirmed unannounced rounds are documented once per shift. Additionally, an end of shift report was submitted which confirmed unannounced rounds were being conducted. Spot checks were also conducted at the facility utilizing the end of shift report documents. The auditor also confirmed during the review of these end of shift reports, the unannounced rounds were being conducted as stated.</p> <p data-bbox="252 2036 1477 2069">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>



115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility policy Searches 507 states all searches shall be conducted by personnel of the same sex as the youth being searched. This policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches be documented. No documentation of cross-gender searches are available as they have not conducted any cross-gender searches in the past 12 months.</p> <p>Facility policy Inmate Safety Checks 508 states that enables residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia.</p> <p>Facility PREA- Zero Tolerance Policy 612 prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the residents genital status. Staff stated that they are aware of the facility's policy that prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the residents genital status. At time of audit, the facility did not have any transgender residents to interview.</p> <p>There are no logs of cross-gender pat down searches to review.</p> <p>During the tour of the facility, the auditor observed that there was one resident shower in each building unit. All showers are single use only. There are two toilets in the bathroom area as well. Resident showers have permanent shower curtains concealing residents from observers. Only a residents head and feet can be observed. Each toilet has a permanent wall so they may have privacy utilizing the toilet.</p> <p>The facility requires all officers to announce their presence in dorms of the opposite gender- not only when residents are in the shower, or while changing but also during every shift change and routine cell check. Additionally, they also give residents time to cover up or get out of the shower to ensure compliance with this standard.</p> <p>This was confirmed during random resident interviews. All residents interviewed confirmed that announcements were being made several times during the day to ensure compliance.</p> <p>During random staff interviews, all staff stated that they are restricted from conducting cross-gender strip or visual body cavity searches and that it must be an exigent circumstance and approved by a direct Supervisor.</p> <p>All staff is trained on how to conduct a search on transgender and intersex residents in a professional and respectful manner. This was confirmed by the random staff interviews conducted. They are initially trained in the academy and given additional training every two years during Continued Professional Training courses.</p> <p>Staff reported that they are prohibited from conducting cross-gender searches. Also, in the</p>

last 12 months there have been zero cross-gender strip or cross gender visual body cavity searches that did not involve exigent circumstances or were performed by non-medical staff. The PREA Coordinator stated that the facility does not permit cross-gender pat down searches of residents absent exigent circumstances and that there have been zero cross-gender pat down searches of residents and zero cross-gender pat down searches of residents that did not involve exigent circumstances.

Prior to the tour of the facility, the auditor was given the agency's PREA policy addressing the responsibility of staff of the opposite gender to announce their presence when entering an area where residents are dressing, showering, etc. This is required by this standard, and based on this evidence, the facility is in compliance with standard 115.315.

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility PREA Policy 612 prohibits the use of resident interpreters. The policy outlines procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The facility has a Limited English Proficient (LEP) plan to address the limited English population, primarily Spanish. The plan details services provided to include court interpreters, recruiting and hiring bilingual staff, telephone interpreters that are available 24/7, I Speak cards, video remote interpretation services, translation technology, and Spanish-English signage, informational brochures, and handbooks. If a resident with a disability is unable to read the posters or pamphlets, a non-resident interpreter is also available by phone. There are also PREA videos shown on the resident television several times a week. Additionally, they even have the PREA pamphlet available in both English and Spanish.</p> <p>Staff report that they utilize the county/court interpreters as needed. According to the corrections Lieutenant, the agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Through the random sample of staff interviews conducted, staff does not utilize other inmates for any type of interpretation where PREA is involved. The staff understands PREA is confidential and utilizing another inmate would violate the right for a victim to have confidentiality. There were no cases that an extended delay in obtaining another interpreter compromised the resident’s safety, the performance of first response duties under 115.364, or the investigation of the resident’s allegations.</p> <p>At time of audit there were no residents with disabilities detained, therefore no interviews could be conducted.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>During an interview with a deputy in the Backgrounds and recruiting Unit, the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of a contractor, that may have contact with residents. The policy states that material omissions regarding misconduct or the provision of materially false information shall be grounds for termination. The policy also addresses that unless prohibited by law, the facility shall 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.</p> <p>San Luis Obispo County Recruitment and Selection 1000 as well as Hiring and Termination Processes 1001, requires the agency before it hires any new employees who may have contact with residents, to (1) conduct a criminal background record check; (2) consult with a child abuse registry; and (3) make best efforts to contact all prior institutional employers to information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p>The facility prohibits hiring any contractor or volunteer who may have contact with residents, who:</p> <ol style="list-style-type: none"> <li>1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;</li> <li>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</li> <li>3. Has been civilly or administratively adjudicated to have engaged in the activity described above.</li> </ol> <p>Documentation of personnel files support that this is completed annually for all contractors and volunteers. Through the review of personnel files, the auditor verified that the child abuse registry check is being conducted. Background checks and child abuse registry checks were also reviewed for all contractors and volunteers on an annual basis. According to the Backgrounds staff, files are maintained by the Human Resources Department. Upon a signed release of information, the facility will provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee.</p> <p>The agency also states in their Recruitment and Selection 1000 as well as Hiring and Termination Processes 1001 that any employee who has contact with another law enforcement agency report it as soon as possible to the on-duty watch commander. This ensures the agency gains knowledge of any employee misconduct while off-duty. The agency currently does not have a policy in place to conduct criminal background checks on current employees every five years. We discussed this at length. The agency understands the need for such policy.</p>

Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to missing information from policies regarding background checks and the hiring and promoting of employees every five-years. This auditor has recommended the following corrective action item to be completed within six months.

**CORRECTIVE ACTION NEEDED:**

1. The facility must revise their background investigation policy and practice to include a step for insuring criminal background checks are completed for current employees no less than every five years.

Facility will submit a revised practice to meet this standard. This standard must be met within 6 months.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the facility tour, the auditor observed the video surveillance system in the master control room area. A tour of facility indicated that there are no major areas within the facility that residents have access to that are not under video surveillance or direct supervision by staff.</p> <p>The facility's management recently spent a substantial amount of money on new video surveillance systems to assist and improve upon their current staffing plan. The upgrade to newer technology and addition of new cameras specifically addressed the PREA standards allowing for the maximum safety of residents.</p> <p>According to the corrections Lieutenant, the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. According to the corrections Lieutenant, the facility uses upgraded camera systems to enhance the protection of residents from incidents of sexual abuse by avoiding blind spots and using the playback feature on video surveillance.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>



115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency’s policy on PREA Policy 612 states that forensic medical exams are free and that the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person, or by other means.</p> <p>A Memorandum of Understanding (MOU) is in place with Respect Inspire Support Empower (RISE) San Luis Obispo and the San Luis Obispo County Sheriff’s Office that documents efforts to provide to provide victim advocacy services. The MOU also states that all resident victims of sexual abuse have access to forensic medical exams and the MOU delineates responsibilities of outside medical and mental health practitioners. According to information contained in the MOU, the agency (who has experienced detectives conducting all of the correctional investigations) has requested that the responsible party for conducting administrative or criminal investigations follow requirements contained in 115.321 (a) through (e) and that if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, and referrals.</p> <p>The auditor reviewed training curriculum and documentation of training received that verifies the PREA Coordinator has been sufficiently trained to conduct administrative investigations. The facility follows a uniform evidence protocol for administrative investigations that maximizes the potential for obtaining usable physical evidence. The protocol is based on the DOJ Office on Violence Against Women published protocol.</p> <p>According to the PREA Coordinator, if needed, Internal Affairs is designated the internal investigative staff of staff is the alleged suspect. The response time to initiate an investigation following an allegation of sexual abuse or sexual harassment is immediate. Once an allegation is made, first line staff notifies a supervisor. The supervisor then reports it to the PREA Coordinator. In turn, the PREA Coordinator gathers the facts, reviews video, if applicable, and notifies the San Luis Obispo County Sheriff’s Detectives. According to the PREA Coordinator, anonymous and third-party reports are not handled differently and that third-party reports are also investigated thoroughly and objectively. The PREA Coordinator only conducts non-criminal internal investigations. All other investigations are referred to the Detectives for investigation.</p> <p>The PREA Coordinator reports that he is responsible for conducting administrative non-criminal sexual abuse investigations (including resident on resident sexual abuse and staff sexual misconduct). San Luis Obispo County Sheriff’s Office Detectives have the responsibility of conducting criminal sexual abuse investigations. The PREA Coordinator also stated that they offer to all residents who experience sexual abuse access to forensic medical examinations and that forensic medical examinations are offered without cost to the victim. Examinations are conducted by Sexual Assault Forensic Examiners (SAFE’s) or Sexual Assault Nurse Examiners (SANE’s). The PREA Coordinator also stated that during the past 12 months, zero forensic medical exams have been conducted.</p>

All random corrections staff that were interviewed reported they are responsible for conducting first responder duties prior to turning it over to a supervisor. Additionally, all staff interviewed reported that they have had training in this area. According to staff interviewed, all employees who are considered first responders, have completed a 2-hour training course from the National Institute of Corrections (NIC) on how to complete asexual assault investigation in custodial settings.

During an interview with the Assistant Director of RISE it was stated that the protocol is based on the most recent edition of the DOJ's Office on Violence Against Women's publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The corrections Lieutenant stated that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

At time of audit, there were no residents who reported sexual abuse to interview.

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

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy 612 requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. This policy describes the process of referrals of allegations of sexual abuse or sexual harassment for a criminal investigation and it is published on the agency's website. The policy states that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>The PREA Coordinator reported that they document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The auditor was able to review samples of documentation of reports, including investigative findings. The PREA Coordinator also reported that in the past 12 months they received 3 allegations of sexual harassment. Zero of which resulted in an administrative or criminal investigation. According to the PREA Coordinator, Sergeants conduct the initial investigation by collecting the facts and reviewing video. San Luis Obispo County Sheriff's Office detectives conduct all criminal investigations. A thorough explanation of the referral process can be found in standards 115.321 and 115.371.</p> <p>According to the PREA Coordinator, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. The Corrections Lieutenant is designated to ensure that all investigations are completed and stated that an MOU with the facility, advocacy center, and the Sheriff's department will be followed.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.231	<b>Employee training</b>
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1437 405">The agency policy PREA Training 302 outlines staff training requirements, to include PREA training.</p> <p data-bbox="252 454 1409 533">The agency trains all employees at the facility who may have contact with inmates on the following-</p> <ul data-bbox="252 582 1485 1171" style="list-style-type: none"> <li>• On the agency's zero-tolerance policy for sexual abuse and sexual harassment</li> <li>• On how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures</li> <li>• On the right of residents to be free from sexual abuse and sexual harassment</li> <li>• On the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment</li> <li>• On the dynamics of sexual abuse and sexual harassment in confinement</li> <li>• On the common reactions of sexual abuse and sexual harassment victims</li> <li>• On how to detect and respond to signs of threatened and actual sexual abuse</li> <li>• On how to avoid inappropriate relationships with residents</li> <li>• On how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents</li> <li>• On how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities</li> </ul> <p data-bbox="252 1227 1485 1518">All training is tailored to the gender of the residents residing in the facility. Employees who are assigned in units opposite their own gender are given additional training. Employees receive PREA training on an annual basis. The PREA Coordinator also reported that between training, the agency provides employees who may have contact with residents receive refresher training annually. Between trainings, all employees receive refresher information about current policies in musters. This was confirmed by the various random staff interviews conducted during the audit.</p> <p data-bbox="252 1570 1469 1648">The agency also confirms that all employees have received training on PREA as well as the agency's most current PREA policies via the computer which requires an electronic signature.</p> <p data-bbox="252 1697 1477 1731">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All volunteers and contractors who have contact with Residents are given PREA training per PREA Training Policy 302. The training records of contractors and volunteers were reviewed to assure compliance with training requirements. The agency maintains signed acknowledgement forms confirming that volunteers and contractors understand the training they have received. These are maintained in the PREA Coordinator's office.</p> <p>According to the volunteers and contractors interviewed, they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents to include identifying red flags through a PREA orientation training that included a PowerPoint, video, and handouts. They were also asked to sign an acknowledgement form to verify their understanding and compliance with PREA. They stated that they are invited to attend staff PREA training that is held annually. The volunteers and contractors interviewed have a very good understanding of PREA and their role in reporting. All volunteers and contractors receive a very similar version of the sworn staff PREA training.</p> <p>Based on the evidence discussed, the facility has exceeded compliance with this standard.</p>

115.233	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy 602 governs PREA education and states that resident education materials are available in English and Spanish and new residents receive a PREA orientation that is provided within the first week of detainment.</p> <p>All residents are given information at intake regarding PREA. All the residents I interviewed at this facility confirmed they received PREA information. PREA education pamphlets are provided to all inmates regardless of their disability or if they are limited English proficient.</p> <p>The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The agency does an excellent job with this. During random resident interviews, the residents basically aware of what PREA was. They stated PREA posters and pamphlets were everywhere, along with the PREA video that is continually showed on the television. All residents interviewed were also aware (to the point where they could recite from memory) the extension number which they could call if they wanted to speak to a confidential counselor regarding a PREA incident. PREA posters were posted in every housing unit and were prominently displayed.</p> <p>Intake staff stated that a booklet is given to residents to review and it is available in English and Spanish during intake and that comprehensive education begins at time of intake with a review of the PREA handbook. Additionally, all residents are given a review of PREA information in the form of a video which is played twice a week in the bunk areas.</p>

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1412 403">PREA Training policy 302 governs the training of all investigative staff for the purposes of PREA.</p> <p data-bbox="252 459 1484 616">All agency investigators are trained in conducting sexual abuse investigations in confinement settings. I confirmed they have all taken the National Institute of Corrections courses for sexual assault investigations in confinement. Their training certificates were made available for my viewing.</p> <p data-bbox="252 672 1460 828">The specialized training includes techniques for interviewing sexual abuse victims, property Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="252 884 1452 963">The detectives have also received POST certified training courses which specialize in sexual abuse and sexual assault.</p>

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p data-bbox="252 1162 901 1196"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1240 526 1274"><b>Auditor Discussion</b></p> <p data-bbox="252 1319 1460 1397">Agency PREA Policy 602 refers to the training of medical and mental health practitioners who work regularly in its facilities.</p> <p data-bbox="252 1453 1444 1568">The auditor verified documentation (signed rosters) showing that medical and mental health practitioners have been trained in zero tolerance and first responder duties. Medical staff is not trained to conduct forensic examinations.</p> <p data-bbox="252 1624 1412 1738">The PREA Coordinator reported that all medical and mental health care practitioners who work regularly at this facility received the training required by agency policy. Medical and mental health staff stated during interview that they received training.</p> <p data-bbox="252 1794 1460 1908">Facility medical staff reported that medical staff at this facility does not conduct forensic medical exams and that a Memorandum of Understanding has been developed with the local county hospital to provide forensic medical exams by SAFE/SANE examiners.</p> <p data-bbox="252 1964 1476 1998">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The agency has a policy that requires screening or re-screening of all residents upon admission or transfer to another facility. All residents screened or re-screened are asked questions to determine their risk of sexual abuse or sexual abusiveness toward other residents. Although the standard states that residents must be screened within 72 hours of intake, classification staff interviews determined that most residents are screened within 1-2 hours of intake.</p> <p>Random staff interviews determined all residents were initially screened at the main Facility before being transferred out to other facilities within the agency. All PREA screening assessments were conducted using an objective screening instrument. The screening instrument contains the following information:</p> <ul style="list-style-type: none"> <li>• Any gender nonconforming appearance or manner</li> <li>• Current charges and offense history</li> <li>• Age</li> <li>• Physical size and stature</li> <li>• Level of emotional or cognitive development</li> <li>• Mental illness and mental disabilities</li> <li>• Residents own perception of vulnerability</li> <li>• Specific information that may indicate a heightened need for supervision, safety precautions, or separation.</li> <li>• Prior sexual victimization or abusiveness</li> <li>• Intellectual or developmental disabilities</li> <li>• Physical disabilities</li> </ul> <p>The agency's classification form contains all the PREA criteria questions.</p> <p>I conducted random classification staff interviews which confirmed the facility thoroughly screens all residents and asks all above PREA criteria questions. Classification deputies walked me through their screening process and through our conversation it was determined most residents are reassessed often to determine their risk of victimization or abusiveness based upon either a request, or additional information received by the facility since the initial intake screening. Residents are reassessed within the 30-day required period. Classification confirmed that all screening forms are confidential. Only authorized staff can view screening forms.</p> <p>Residents are also reassessed when warranted due to a referral, request, incident of sexual abuse, another incident which requires an additional reassessment, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.</p> <p>The agency's policy regarding the classification of residents prohibit any type of discipline for residents who refuse to answer or disclose complete information relating or regarding the following-</p>



- Whether the resident has a mental, physical, or developmental disability
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Whether the resident has previously experienced sexual victimization
- The residents own perception of vulnerability

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

115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy 602 states that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The policy also discusses reassessment for transgender and intersex residents and that the facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.</p> <p>The facility was unable to provide documentation of reassessment for transgender and intersex residents, or housing assignments of LGBTI residents as the facility has not yet detained a LBGTQ resident.</p> <p>It was observed during the tour of the facility that there were no residents being held in isolation. During the tour, the auditor was able to observe single shower use. Showers have hard doors and residents head and feet are visible for safety precautions.</p> <p>The PREA Coordinator reports that they prohibit placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. He also reported that they prohibit considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The PREA Coordinator reported that zero residents have been held in isolation and that in the past 12 months, zero residents have been placed in isolation. The PREA Coordinator reported that the facility uses information from the risk screening required by 115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>The agency’s classification unit confirmed they use all intake screening forms to assist in the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive to inform housing assignments, bed assignments, work assignments, education assignments, and program assignments. The facility makes individualized determinations about how to ensure the safety of each resident.</p> <p>When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency’s classification unit confirmed each resident is looked at on a case-by-case basis. An interview is conducted by classification and the transgender’s feelings and wishes are also utilized in the determination of placement. Additionally, classification strongly considers whether a placement would ensure the residents health and safety, and whether a placement would present management or security problems. I was very impressed with this agency’s classification screening. They have their own computer program which is geared specifically towards classification and PREA. They could add into the program, all the PREA questions and requirements. Therefore, they keep detailed reports of every resident in the facility, how they answered the PREA questions upon initial intake, and when and where</p>

their follow-ups were conducted. This is especially helpful for residents who are at risk for victimization. This ensures they get their follow-up interviews in a timely fashion.

There were no Transgender/intersex residents, no LGBTI residents, and no residents placed in isolation to interview.

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

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the tour, the auditor observed the multiple ways of reporting. Residents can write a grievance and place in the grievance boxes located in the housing units, or place a note in the medical box located in each housing unit. Residents are able to request a phone call to a third party. Additionally, residents can notify a third party during established visitation hours.</p> <p>Random resident interviews confirmed inmates can utilize the phone in the day room area to contact a third-party crisis center by dialing the confidential PREA designated phone line. They can call friends or family outside of the jail who can then report any incidents to staff. They can write a confidential note to the housing unit deputy. They can contact a deputy, medical, or mental health staff who can then report the incident for them. They can write confidentially, and through the mail to report the incident as well.</p> <p>The agency has a PREA policy which requires all staff members to immediately report any allegations of sexual abuse and harassment to their supervisors. Random line staff interviews confirmed the staff was very aware that inmates could report any allegation of sexual abuse or harassment and that staff was required to immediately notify their supervisor of the incident to initiate the investigative process. They also know they must accept all reports coming from third parties as well and can report confidentially themselves if they are in a situation where they feel they need to.</p> <p>Training curriculum was reviewed and contains procedures for staff to privately report sexual abuse and sexual harassment of residents by reporting directly to the PREA Coordinator.</p> <p>The Corrections Lieutenant stated that they do not have a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security due to the facility not housing such residents. However, the policy regarding Inmate Rules and Regulations Handbook 506 also contains information on civil immigration purposes and consular notifications.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.252	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1468 571">Agency policy, PREA 602, permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filling requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. The agency policy requires that if the resident declines to have third party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.</p> <p data-bbox="252 616 1484 784">The resident handbook contains information on how to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred and how to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.</p> <p data-bbox="252 828 1476 1086">The PREA Coordinator reports that in the last 12 months, there have been zero grievances filed alleging sexual abuse, zero grievances alleging sexual abuse filed by residents in which the resident declined third-party assistance containing documentation of the resident's decision to decline, zero emergency grievances filed in the past 12 months, and zero resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.</p> <p data-bbox="252 1131 1476 1164">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1460 616">The Honor Farm provides residents with access to outside victim advocate support services related to sexual abuse. The residents can use a pre-designated direct line in the day room area of the jail with no charge. Random resident interviews confirmed that the facility enables reasonable communication between residents and with as much confidentiality as possible. The facility does inform residents prior to allowing 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.</p> <p data-bbox="252 660 1428 784">The agency has an MOU with community service providers that can provide residents with confidential emotional support services related to sexual abuse. The agency has an understanding with San Luis Obispo’s RISE. RISE is the rape crisis center in the area.</p> <p data-bbox="252 828 1484 952">Five residents were interviewed and all five were aware of the advocacy services, the meaning of the PREA posters and their right to call or write to the advocacy center. They were all able to recite the toll-free number in which to reach advocacy services from their living area.</p> <p data-bbox="252 996 1476 1041">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

<b>115.254</b>	<b>Third party reporting</b>
	<p data-bbox="252 1243 901 1276"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1321 526 1355"><b>Auditor Discussion</b></p> <p data-bbox="252 1400 1484 1601">The agency’s PREA Policy 602 outlines the protocol for maintaining and responding to reports made via email or phone. The PREA pamphlet displayed in the public lobby and visitation area gives the public information on how to complete a Third Party Report alleging suspected abuse or harassment. The auditor was able to easily locate the pamphlet in the lobby and follow the instructions on how to properly report an incident.</p> <p data-bbox="252 1646 1460 1814">As previously stated, the agency has several ways to accept third-party reporting of any allegations of sexual abuse or sexual harassment. The agency lists their PREA policy of zero tolerance on their agency website. There are also PREA brochures in the visiting lobby and public lobby of each facility.</p> <p data-bbox="252 1859 1460 1982">The agency also posts a copy of their “zero-tolerance” policy on the agency website. I confirmed the agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p data-bbox="252 2027 1476 2072">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>



115.261	<b>Staff and agency reporting duties</b>
	<p data-bbox="252 168 893 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 518 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 571">Agency PREA Policy 602 requires all staff to report all suspected and alleged incidents of misconduct. The policy allows 24 hours for such incidents to be reported. Section II Mandatory Reporting states there will be disciplinary actions up to and including termination for anyone who retaliates against a youth or staff for reporting an incident of sexual harassment or abuse. The policy also states that personnel are prohibited from discussing the incident with anyone other than those who need to know.</p> <p data-bbox="252 616 1085 660">The agency requires all staff to report immediately the following-</p> <ul data-bbox="252 705 1476 952" style="list-style-type: none"> <li>• Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the facility.</li> <li>• Retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment.</li> <li>• Any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.</li> </ul> <p data-bbox="252 1008 1484 1344">During random staff interviews, I confirmed that staff is required to keep all matters of reporting sexual abuse or sexual harassment confidential. Staff always refrains 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. The random staff interviews also confirmed that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. All staff also stated that they received PREA training as required in 115.331 a through k.</p> <p data-bbox="252 1400 1444 1601">During the random medical and mental health staff interviews, I confirmed all medical and mental health practitioners are required to report sexual abuse. They are also required to inform residents of the duty to report, and the limitations of confidentiality, at the initiation of services. All staff also stated that they received PREA training as required in 115.331 a through k.</p> <p data-bbox="252 1657 1460 1736">The PREA brochure addresses reporting allegations of sexual abuse and sexual harassment including Third Party Reporting and anonymous reporting to the facility.</p> <p data-bbox="252 1780 1452 1859">Employee training records were reviewed to verify staff received PREA training. Rosters and signed acknowledgement forms were reviewed.</p> <p data-bbox="252 1915 1452 2072">If the alleged victim is under the age of 18 or considered a vulnerable adult, the agency reports the allegation to the designated state or local services agency under applicable mandatory reporting laws. This facility does not house residents under the age of 18, so this section is non-applicable.</p> <p data-bbox="252 2128 1476 2161">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>



<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency PREA Policy 602 discusses the written procedure for reporting and protecting a resident who is at substantial risk of imminent sexual abuse.</p> <p>Through my interviews with the classification unit, I could confirm that when a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The classification unit will immediately separate the resident from whatever potential harm they may be subject to.</p> <p>Then through extensive interviews with the resident, they will determine the best course of action to take to protect the inmate, including transfer to another facility where the resident can have better protection.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During my interview with the PREA Coordinator, I confirmed that upon receiving an allegation to which a resident was sexually abused while confined at another facility, the head of the facility that received the allegation will notify the supervisor of the agency where the alleged abuse occurred. This is mandated to occur within 72 hours of being notified of the allegation. The agency shall document the report, and document that it has provided such notification. This is also mandated in the agency's PREA Policy 602.</p>

115.264	<b>Staff first responder duties</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1426 450">PREA Policy 602, lists the procedures on how to respond to allegations of sexual abuse or harassment. The policy states that anyone receiving an allegation or sexual abuse or harassment or witnessing sexual abuse or harassment is considered a First Responder.</p> <p data-bbox="252 499 1374 577">Upon learning an allegation that a resident was sexually abused, the first security staff member to respond to the report is required to-</p> <ul data-bbox="252 627 1481 1088" style="list-style-type: none"> <li>• Separate the alleged victim and abuser</li> <li>• Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence</li> <li>• Request that the alleged victim not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a period that still allows for the collection of physical evidence.</li> <li>• Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a period that still allows or the collection of physical evidence.</li> </ul> <p data-bbox="252 1137 1461 1261">Per the PREA policy, the first responding staff member is required to request that the alleged victim not take any actions that could destroy physical evidence, and then they are to immediately notify a supervisor so the investigation can be initiated.</p> <p data-bbox="252 1310 1445 1344">No residents who reported sexual abuse were detained, therefore unable to be interviewed.</p> <p data-bbox="252 1393 1461 1561">The first line staff did a great job during the interviews of outlining their agency's PREA policy as well as first responder investigative measures. They should be commended for their hard work at ensuring their staff not only have the required training but that they also thoroughly understand what they were learning about.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy 602, Investigation Process outlines the Agency’s institutional plan that coordinates the actions that will be taken in response to an incident of sexual abuse. The Investigation Process defines who the First Responder is and the responsibilities of the First Responder. Expectations include preserving the crime scene, separating the alleged victim and alleged abuser, preserving physical evidence, contacting the Shift Supervisor or designee and Mental and Medical Health Services.</p> <p>The Shift Supervisor has specific duties listed such as notifying the Corrections Lieutenant, the PREA Coordinator and Detectives Bureau. The Shift Supervisor will then begin the investigation process.</p> <p>The PREA Coordinator stated that in response to an incident of sexual abuse, the facility’s plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership would be to preserve any evidence, and that in unison, everyone would play their parts in the process.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency and any other governmental entities responsible for collective bargaining on the agency’s behalf are 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.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency’s PREA Policy 602 protects all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PREA Coordinator as well as the shift supervisors are responsible with monitoring retaliation.</p> <p>According to the Corrections Lieutenant, residents and staff are protected from retaliation for sexual abuse or sexual harassment allegations by separation and monitoring behaviors. If an individual who cooperates with an investigation expresses fear of retaliation, the agency will take immediate protective measures, such as separating one from another, relocating staff, and monitoring behaviors frequently.</p> <p>The PREA Coordinator stated that for allegations of sexual abuse or sexual harassment, the measures the facility would take to protect residents and staff from retaliation would be to move units, check in regularly and document. The agency would also review files and staff assignments, as well as monitor and take appropriate personnel actions. The PREA Coordinator stated that if the facility suspects retaliation, that they would take appropriate steps, such as placing an employee on administrative leave, or re-assigning them to a different work location. The PREA Coordinator also stated that for allegations of sexual abuse or sexual harassment, the measures the facility would take to protect residents and staff from retaliation would be to move units, check in regularly and document. The agency would also review files and staff assignments, as well as monitor and take appropriate personnel actions. The PREA Coordinator also stated that if the facility suspects retaliation, that they would take appropriate steps, such as placing an employee on administrative leave, or re-assigning them to a different work location.</p> <p>According to interviews with staff charged with monitoring retaliation, staffs role in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations is to assure fairness in that no punitive action will be taken and to provide oversight. Measures that staff would take to protect those residents and staff from retaliation would include reading the file and incident reports, observing to ensure staff and residents are not treated poorly, and to watch the natural flow. The staff charged with monitoring retaliation maintains daily contact with residents who have reported sexual abuse. According to interviews with staff charged with monitoring retaliation, staff looks at privileges being taken away from residents, residents being sent to their rooms, resident performance and discipline issued to detect possible retaliation. The designated staff will monitor as long as it takes or until the threat is over.</p> <p>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, I confirmed the agency does the following-</p> <ul style="list-style-type: none"> <li>• Monitors 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</li> </ul>

- 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
- Acts promptly to remedy any such retaliation
- Monitor any resident disciplinary reports
- Monitor any resident housing changes
- Monitor resident program changes
- Monitor negative performance reviews of staff
- Monitor any reassignment of staff

Additionally, the agency will continue to monitor, if needed, past the 90 days of the initial monitoring indicates a continual need of the resident to be closely watched. The monitoring also includes status checks. Most of the monitoring is done by the classification unit, but the shift supervisors also help with monitoring the resident daily. If anyone who is a part of the investigation expresses a fear of retaliation, the agency takes all appropriate measures to protect that party against retaliation.

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

115.271	Criminal and administrative agency investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>PREA Policy 602 discusses the use of segregated housing and the requirement to use isolation or segregation per guidelines of 115.342.</p> <p>The PREA Coordinator stated that no isolation is used.</p> <p>Medical and mental health staff report that isolation of residents has never been used in the facility.</p> <p>No residents in isolation were available to interview; however during random interviews with residents, all five residents stated that they have never been held in isolation for any reason.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy 602 states that the agency shall impose no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>According to investigative staff, the internal investigator is the PREA Coordinator. The PREA Coordinator stated that the standard of evidence required substantiating allegations of sexual abuse or sexual harassment is determined by the San Luis Obispo County Sheriff's Office detectives. A thorough explanation of the referral process and standard of evidence can be found in standards 115.321 and 115.371.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.273	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>In speaking with the investigations detective, we discussed possible case outcomes. Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, the agency informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>In our discussion regarding 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, I confirmed the agency subsequently informs the resident whenever:</p> <ul style="list-style-type: none"> <li>• The staff member is no longer posted within the resident’s unit.</li> <li>• The staff member is no longer employed at the facility.</li> <li>• The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility.</li> <li>• The agency learns that he staffs member has been convicted on a charge related to sexual abuse within the facility.</li> </ul> <p>In our discussion regarding a resident’s allegation that he/she has been sexually abused by another resident, I confirmed the agency subsequently informed the alleged victim whenever-</p> <ul style="list-style-type: none"> <li>• The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility</li> <li>• The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</li> </ul> <p>The agency documents all such notifications or attempted notifications via memo format to the resident.</p>

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy 602 states that staff will be subject to disciplinary actions including termination for violating the agency’s PREA Policy; that those in violation of the policy and statutes shall be subject to corrective action; and that criminal allegations against personnel will be forward to law enforcement. The policy mentions that staff are subject to termination if they have engaged in sexual abuse and the policy also incorporates staff’s disciplinary history, circumstances and nature of the acts committed and sanctions given to other staff members who committed a similar offence when considering disciplinary sanctions. Additionally, the policy addresses terminations due to violations of sexual assault and harassment, reporting to law enforcement, administrative investigations and completing investigations even if the staff resigns.</p> <p>There were no files of personnel with disciplinary actions to review.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Per the agency’s PREA policy, any contractor or volunteer who engages in sexual abuse is prohibited from any contact with residents. They will then be reported to law enforcement agencies and relevant licensing bodies. The facility takes all appropriate remedial measures, and considers whether to prohibit further contact with residents.</p> <p>There were no files of contractors and volunteers with disciplinary actions to review.</p> <p>The Superintendent stated that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would take remedial measures and prohibit further contact with residents.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>



115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Per PREA Policy 602, following an investigation which finds a resident engaged in resident-on-resident sexual abuse, residents are subject to disciplinary sanctions pursuant to a formal disciplinary process. The 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. Per the PREA policy, the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior. If the resident conducts a crime which can be prosecuted, the investigation findings will be forwarded to the district attorney for review.</p> <p>The agency considers and offers both the offending resident as well as the victim therapy, counseling, or other interventions designed to address the reasons for the abuse.</p> <p>The agency can discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Additionally, the agency has a policy prohibiting sexual contact of any kind between residents. However, it does not deem the activity sexual abuse subject to discipline if both parties are not coerced.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>I conducted interviews with both a registered nurse and a member of the mental health staff. They confirmed 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.</p> <p>There are medical and mental health staff on duty 24-hours a day at the main jail facility located directly next door to the Farm. If qualified medial or mental health staff are needed, one is always made available. I confirmed first responders take preliminary steps to protect the victim and to notify the appropriate medical and mental health practitioners.</p> <p>I also confirmed victims of sexual abuse are offered timely information and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff stated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical staff and the counselor respond immediately to all situations. The nature and scope of services are determined according to staff's professional judgment.</p> <p>No residents who reported sexual abuse were detained.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy 602 states that the facility will offer medical and mental health evaluations and treatment when appropriate to all residents who have been victimized by sexual abuse. The policy also states that the facility will provide follow up services, mental health services, treatment plans that are consistent with community level care and if necessary referral for continued care when released. The policy addresses residents will be provided with medical and mental health services consisted with community level care. Policy states that victims of vaginal penetration will be offered pregnancy test. According to policy, victims of sexual abuse who become pregnant will receive timely and comprehensive information about access to all lawful pregnancy related medical services. Policy also states that residents of sexual abuse will receive tests for sexually transmitted infections when medically appropriate; and included in the policy, the victim will be provided with medical treatment without financial costs. Additionally, the policy addresses all known youth abusers will have a mental health evaluation within 60 days.</p> <p>According to medical and mental health staff, evaluation and treatment of residents who have been victimized entails emergency response, first aid application, and a complete trauma screening and mental health assessment. Medical and mental health staff stated that medical and mental health services are consistent with community level of care. Victims are referred to the local county hospital for exams. Medical and mental health staff stated that if pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. This information is provided to residents immediately by medical staff. Medical and mental health staff stated that a mental health evaluation of all known resident-on-resident abusers is conducted and treatment, if appropriate, is offered. Medical staff report that residents are never placed in isolation.</p> <p>No residents who reported sexual abuse were detained, therefore, unable to be interviewed. . No female residents reside at the Farm, and therefore, none were available for interview.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy 602 states that the agency will conduct incident reviews for all sexual abuse investigations including when the allegation has not been substantiated. Policy states that the facility will conduct the interview within 7-10 days of the conclusion of the incident and that the facility's review team includes upper level management, line supervisors, investigators, and medical and mental health professionals.</p> <p>The facility utilizes its supervisors and investigative staff to conduct a sexual abuse incident review at the end of every sexual abuse investigation. This includes investigations where the incident was not substantiated. This review is conducted within 30 days of the conclusion of the investigation. The review team will consider if policy and procedures needs to be changed; consider what the motivation for the abuse was; determine if the physical layout of the facility contributed to the abuse; if staffing levels contributed to the abuse; and if better technology is needed. Policy also states that the PREA Coordinator will implement the recommendations or document why they could not be implemented.</p> <p>As previously stated, the review team includes a mixture of upper-level management officials, line supervisors, investigators, and medical and mental health staff.</p> <p>The review team considers the following-</p> <ul style="list-style-type: none"> <li>• Whether the allegation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.</li> <li>• 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.</li> <li>• Examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.</li> <li>• Assessment of the adequacy of staffing levels in that area during different shifts.</li> <li>• Assessment whether monitoring technology should be deployed or augmented to supplement supervision by staff.</li> <li>• A preparation of the report of its findings, including but not limited to determinations made pursuant to 115.286(d)(1) -(d)(5) and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</li> </ul> <p>The facility takes all the above factors into account after an investigation and usually implements the recommendations for improvement. If not, it documents the reason for doing so.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.287	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy 602 states the agency will aggregate the incident-based data annually. Also policy states that the agency will review and collect data from available incident based documents, including reports, investigative files and sexual abuse incident reviews, and that it will provide all data to the Department of Justice no later than June 30th of the calendar year.</p> <p>The agency’s website does not contain any documented sexual abuse statistics. This is the agency’s first PREA audit, and according to the PREA Coordinator, the agency has been collecting data over the past 12 months as required by the Department of Justice to answer questions from the Survey of Sexual Violence. The agency collects accurate, and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The data is usually kept with the PREA Coordinator. The information aggregates the incident-based data at least annually and the data contains all necessary information to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>The agency maintains, reviews, and collects all data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The Correctional Lieutenant stated that the facility does not contract with other agencies for the confinement of its residents.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency reviews data collected and aggregated pursuant to 115.287 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas</li> <li>• Taking corrective actions on an ongoing basis</li> <li>• Preparing an annual report of its findings and corrective actions for each facility, as well as the agency.</li> </ul> <p>The agency's annual report includes a comparison of the current year's data and corrective actions. In the annual reports, the agency indicated the nature of the material redacted when it redacts specific material from the report when publication would present a clear and specific threat to the safety and security of a facility. I did not see any personal or confidential information on any of their annual audit reports.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Per the agency's PREA Policy 602, the agency does not include a time limit on maintaining sexual abuse data. The auditor confirmed that the data collected pursuant to 115.287 is securely maintained. It is kept in the PREA Coordinator's office which is considered a secure area of the facility.</p> <p>The agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This is the agency's first PREA audit. It has not been previously audited prior to August 20th, 2016. I was given full access to each facility under the agency's control. I had the ability to observe all areas of the audited facility including the new facility "Kansas" which was scheduled to open at the end of March.</p> <p>I was permitted to request and receive copies of any relevant documents that I asked for, including all electronically stored information. I was allowed access to the residents in the facility where I conducted several private interviews. The residents were also permitted to send me confidential information or correspondence in the same manner as if they were communicating with legal counsel. My information was provided to the residents of each facility about 45 days prior to the audit. I did not receive any correspondence from inmates at this facility.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Audit Contents and Findings</p> <p>As previously stated, this was the first agency audit for San Luis Obispo County. It does not have any audits previously published.</p>

## Appendix: Provision Findings

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

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

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

115.212 (b)	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is NO.)	na



115.212 (c)	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

115.213 (a)	<b>Supervision and monitoring</b>	
	Does the agency develop for each facility 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 document for each facility 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 physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?	yes

115.213 (b)	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

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

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	yes

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

115.215 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

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

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

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes

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

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

115.216 (c)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

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

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

<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: 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

<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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.)	na

<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na

<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes



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

115.221 (b)	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of 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

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

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

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

115.221 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

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

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

115.222 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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 conducting criminal investigations. See 115.221(a).)	na

115.231 (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 confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	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?	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

115.231 (b)	<b>Employee training</b>	
	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

115.231 (c)	<b>Employee training</b>	
	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

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

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

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

<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, 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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to 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

<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility does not conduct forensic exams.)	na

<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes



115.235 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply. )	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply. )	yes

115.241 (a)	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	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

115.242 (d)	Use of screening information	
	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

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	yes

115.251 (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: 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

115.251 (b)	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

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

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

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

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

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

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes



115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

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

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

115.253 (a)	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

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

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

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

115.261 (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 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 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 regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain 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

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (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

115.264 (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

115.265 (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

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

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

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

115.267 (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:4. 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

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



<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes

<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na

<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	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

115.273 (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

115.273 (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

<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

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

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

115.278 (b)	<b>Disciplinary sanctions for residents</b>	
	Are 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

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

<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes

<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

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

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

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

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



<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (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 §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

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

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

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

<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	na

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	no

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

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

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

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

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