

PREA Facility Audit Report: Final

Name of Facility: China Spring Youth Camp

Facility Type: Juvenile

Date Interim Report Submitted: 07/08/2016

Date Final Report Submitted: 11/28/2016

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kila Jager	Date of Signature: 11/28/2016

AUDITOR INFORMATION	
Auditor name:	Jager, Kila
Address:	
Email:	kilajager@preauditor.com
Telephone number:	
Date of facility visit:	03/14,2016

FACILITY INFORMATION	
Facility name:	China Spring Youth Camp
Facility physical address:	225 China Spring Road, Gardnerville, Nevada - 89410
Facility mailing address:	P.O. Box 218 , Minden, Nevada - 89423
The facility is:	<input checked="" type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Wendy Garrison	Title:	Director of Juvenile Camp Services
Email Address:	wgarrison@douglas.nv.gov	Telephone Number:	775-265-5350

Warden/Superintendent			
Name:	Wendy Garrison	Title:	Director of Juvenile Camp Services
Email Address:	wgarrison@douglas.nv.gov	Telephone Number:	775-265-5350

Facility PREA Compliance Manager			
Name:	Lesley J. Keith	Title:	Training and Development Manager
Email Address:	lkeith@douglas.nv.gov	Telephone Number:	775-265-5350

Facility Health Service Administrator			
Name:	Dr. Holman	Title:	Family Practitioner
Email Address:		Telephone Number:	

Facility Characteristics	
Designed facility capacity:	61
Current population of facility:	48
Age range of population:	12-18
Facility security level:	staff secure
Resident custody level:	mid level offenders
Number of staff currently employed at the facility who may have contact with residents:	

AGENCY INFORMATION

Name of agency:	China Spring Youth Camp
Governing authority or parent agency (if applicable):	
Physical Address:	218 China Spring Rd., Gardnerville, Nevada - 89410
Mailing Address:	P.O. Box 218 , Minden, Nevada - 89423
Telephone number:	775-265-5350

Agency Chief Executive Officer Information:

Name:	Wendy Garrison	Title:	Director of Juvenile Camp Services
Email Address:	wgarrison@douglas.nv.gov	Telephone Number:	775-265-5350

Agency-Wide PREA Coordinator Information

Name:	Lesley J. Keith	Title:	Training and Development Manager
Email Address:	lkeith@douglas.nv.gov	Telephone Number:	775-265-5350

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) on-site audit of the China Spring Youth Camp (CSYC) began on March 14-16, 2016, and rescheduled to complete on May 2, 2016. Audit was completed by Kila Jager from Lebanon, Oregon, a U.S. Department of Justice Certified PREA Auditor for Juvenile/adult facilities.

Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards.

This review prompted a series of questions that were communicated back and forth for clarification and review. Answers to the questions were submitted by the CSYC management and reviewed by the auditor prior to the on-site audit in March and the additional site visit in May 2016.

During the three days, on-site, in March, and additional day in May 2016, the auditor was provided with a work space, from which to work and conduct confidential interviews.

Formal personal interviews were conducted with facility staff, residents and contractors. The auditor interviewed 11 random residents, 6 males and 5 females--from the two housing units, and sixteen facility staff representing all three shifts. Included in the interviews were random staff--on all three shifts, specialty staff- including medical (contract staff), counseling, first responders, investigators, intake and screening, human resources, and training staff.

Also interviewed were the agency Director and PREA Coordinators, (two as one changed jobs during the audit) Residents were interviewed using the recommended DOJ protocols-- that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment.

Staff was questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, response protocols when a resident alleges abuse, and first-responder duties.

The auditor reviewed personnel files for five random staff members--to determine compliance with training mandates and background check procedures; and, a case files for eight random residents--to evaluate screening, intake procedures, resident education and other general programmatic areas.

CSYC reports no allegations of sexual abuse or sexual harassment received, in the past 12 months so this auditor was unable to review any investigations, related documentation, or interview any victims; however, two youth interviewed did disclose experiencing prior sexual abuse and request advocate services. The disclosures were reported to the PREA Coordinator- who verified they had been reported and requested advocate services for the residents.

This auditor toured the facility escorted by the PREA Coordinator (PC) and CSYC Director, and, observed the facility configuration, location of cameras, staff supervision of residents, unit layout, including shower/toilet areas, placement of posters, PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. Notices of the PREA audit were posted throughout the facility in common areas. Access was given to all parts of the facility, making touring the facility, as per the DOJ tour protocol, productive. Multiple walk-throughs gave the opportunity to talk informally to staff and residents during the visits.

This auditor was treated with great hospitality during the visit and residents and staff were made readily available to always. The CSYC leadership is invested in PREA compliance, as a high priority, and have expended significant effort to ensure the sexual safety of residents in their care. It was further evident that staff and residents were invested in PREA as demonstrated through their knowledge and understanding of the protections and requirements.

As reported on the PREA-Audit Questionnaire, CSYC received no allegations of sexual abuse or sexual harassment; thus, there were zero administrative investigations and zero criminal investigations related to sexual abuse or sexual harassment.

When resident interviews were conducted, residents reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. Additionally, residents report receiving written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to

protect themselves from abuse.

Residents receive comprehensive PREA education that includes staff reading and explaining required safety information, and an orientation video-documented by both staff and youth signature. Considered and accommodated are disabilities/needs residents may have to ensure understanding and internalizing of the PREA safety material.

Residents indicated they understand the various ways to report abuse and referred to the posters, throughout the facility, some with telephone numbers to call for advocate services and the internal phone to report sexual abuse or harassment. Residents could articulate what they would do and who they would tell if they were sexually abused. Residents consistently indicated, to this auditor, they felt safe in the facility.

Staff interviews indicated receiving detailed PREA training, and fluently discussed the agency's zero tolerance policy and their role and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment.

Consistently explaining the variety of reporting mechanisms available, for residents and staff to report sexual abuse or sexual harassment, and actions needed as a PREA first responder-for all PREA related allegations

Intake staff articulated clearly the orientation process, video, understanding and orientation form, risk assessment and its use in the facility, and ongoing refreshers and discussions of safety and reporting.

The auditor also spoke via telephone to the Family Support Council to discuss and confirm the agreement in place with the CSYC and the Washoe County Northern Nevada Child Abuse Response & Evaluations / Sexual Assault Response Team (CARES/SART)-to provide rape crisis intervention services and SANE forensic services and procedures provided for victims of sexual abuse.

The on-site portion of this audit reviewed additional documentation, practice, training, and how ingrained the PREA standards were into practice and culture of China Spring Youth Center (CSYC) CSYC staff exhibited a high level of professionalism, consistency, and care towards the residents of this facility, and high standard of treatment and safety throughout the facility.

An Exit Meeting was held the final day of the audit and I complimented those present for the organization and enormous amount of work that was required and completed. I remarked on the organization of the onsite audit process. Their work and effort made the process more straightforward and less problematic and helped to ensure the audit went smoothly and no time was wasted. I noted that staff and management, at this facility, have a high commitment to safety and are of a high quality.

Following the May on-site visit, additional documentation was requested and provided. An extensive review of all information provided-including the site interviews, facility tour, observations, paperwork/documentation, and practice.

An Interim Report was provided to the China Spring Youth Camp. That report included the Audit Findings/Initial Summary. In the Auditor Compliance Tool, each standard was rated and a narrative explanation of the rationale for each rating was included. The Audit Findings/Initial Summary included a summary of the number of standards that were met, not met, exempt, or not applicable.

Recommendations for achieving compliance with each standard were provided for use in developing a Corrective Action Plan (CAP.) The agency then proceeded to develop their CAP, collaborating with this auditor in that process. Those plans were comprehensive and addressed all areas of concern

China Spring worked diligently and professionally to address the PREA audit areas out of compliance, in the development and work of the Corrective Action Plan. This auditor found the facility employees to be extremely dedicated to providing quality services to the youth in their custody. The facility and staff are committed to caring for young people to help them to achieve success in their future lives.

The interim report was submitted on 7/28/2016 and within 4 months, China Spring submitted all corrective action documentation to attain PREA Compliance. This included: changes to policy and procedure, updated investigative training, obtaining an outside reporting source, update of all resident forms, handbooks and pamphlets, programming designated phones for reporting and advocate services, updating forms, updating the incident review team, form and report, youth and staff training on all updates, and creating a data base for report collection, investigation, referrals, tracking, and documentation,

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.

China Spring Youth Camp is dedicated to helping male and female, mid-level offenders between the ages of 12 and 18 develop skills, knowledge and experience to promote health and resiliency, arrest progression of problems caused by delinquent behavior.

It is a 63-bed facility and residents are placed in China Spring Youth Camp by Court Order. The camp employs forty-three staff, twenty-eight of which are youth counselors/mentors- directly responsible for helping residents make positive behavioral changes, and four are case managers and one Family Case Manager who oversee the residents' treatment and programs

China Spring Youth Camp is in Douglas County, Nevada and has 140 acres, however currently uses 25. The campus has 12 buildings--including a boys and girls program, food services, drug and alcohol service areas, administration buildings, gymnasium, kitchen and dining area, vocational training building, green house, barn, and challenge course. It is primarily operated on its 105 kw solar panel system.

CSYC has 56 cameras with audio capabilities placed throughout the facility.

The boys program houses approximately 40 residents, and the girls program approximately 16. CYSC has no segregation cells, and consists of two separate wings to each dorm with 21 rooms combined on the two wings.

The boy's dorm consists of rooms that house two residents, while the girl's wings have only one girl to each room. The boys program is at the far north of campus, at the entrance, and the girls program is below the school, gym, kitchen, and administrative buildings, to the southeast.

CSYC and had 142 residents admitted in the last 12 months, accepts placements from 16 counties and provides placements for adjudicated youth ages 12 to 18. The average length of stay, at CSYC, is 182 days, and it is a staff secure facility.

On the date of the audit, there were 46 staff employed at CSYC, 15 of which had been hired during the last 12 months, and 28 have direct contact with residents. Current staffing ration for CSYC is 1:10, improving from a 1:20 ration funded during the 2013 legislative session. CSYC is requesting additional funding to reach the PREA required 1:8 and 1:16 ratio by October 2017.

There are 3 contractors who have contact with residents—two medical and one mental health Psychologist.

CSYC is funded through a combination of state and county funding. State general funds and 16 county contributions make up the funding base. It is operated and governed by 16 members representing eight judicial districts and a representative from the State of Nevada. The State of Nevada has invested \$4.9 million dollars in CSYC since 1986, resulting in China spring Youth Camp being a part of the Governors PREA certification for the state.

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.

Number of standards exceeded:	28
Number of standards met:	15
Number of standards not met:	0

Through diligent and thorough work, China Spring Youth Camp completed and exceeded all required corrective action. With great attention to detail--the slogan from China Spring is, minimal compliance is not good enough-- CSYC put into policy/procedure, practice, and culture all actions required to exceed the corrective action standards, and upgrade the already compliant standards to exceptional.

At the writing of this final report, 11/23/16, China Springs is certified exceedingly compliant with all PREA standards.

Standards**Auditor Overall Determination Definitions**

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

Auditor Discussion Instructions

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

China Spring Youth Camp, hereafter known as CSYC, has implemented a zero tolerance policy as detailed in PREA Policy 115.311 The policy contains necessary definitions, sanctions and descriptions of the agency strategies and responses to sexual abuse and sexual harassment; however, the policy is a mix of staff and youth zero tolerance policies and particularly in the employee's responsibilities. This portion of the policy needs to be rewritten with the protection of youth and the provisions of the PREA standards. Included under staff/contractor/volunteer responsibilities (currently employee responsibilities) is the responsibility to report suspicions of sexual abuse and sexual harassment.

CSYC does have a designated PREA Coordinator for their agency who has sufficient authority and time for coordination of PREA compliance. In addition SCYC is designated PREA compliance Managers for each unit.

Policy, Materials, Interviews and Other Evidence Reviewed

- a. CSYC Zero Tolerance for Sexual Harassment and Abuse Policy
- b. CSYC Organizational Chart 2016
- c. China Spring Youth Camp Coordinated Response to Incidents of Sexual Abuse page 1 and 2
- d. Interviews with Leslie Bittleston (PREA Coordinator), Lesley Keith (PREA Compliance Manager), Scott Wharton (former PREA Compliance Manager)
- e. Completed Pre-Audit Questionnaire submitted by CSYC
- f. Nevada Division of Child and Family Services Agency
- g. The PREA compliance Manager policy and description
- h. CSYC website

Corrective Action Required:

1. The Zero Tolerance Policy needs to mandates zero tolerance towards all forms of sexual abuse and sexual harassment.
 - a. Clarify the CSYC Zero Tolerance policy to clearly state the purpose is zero tolerance towards all forms of sexual abuse and sexual harassment
2. Re-write the section of the zero tolerance policy under "employee responsibilities. The CSYC zero tolerance policy has the appropriate definitions, and sanctions; however, the employee's responsibilities section does not adequately state the staff responsibilities—according to PREA standards. State the staff responsibilities in their approach to preventing, detecting and responding

During the corrective action period, CSYC updated their PREA Zero Tolerance Policy to reflect all forms of sexual abuse and harassment. In addition the policy was updated to include specific, required, staff responsibilities- that include the responsibility to report knowledge, suspicion or information about sexual abuse or sexual harassment; retaliation reporting and monitoring; reporting staff neglect or violations, and additional responsibilities to ensure the prevention, detection, and responding to allegations of sexual abuse and sexual harassment.

115.312

Contracting with other entities for the confinement of residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

CSYC does not contract with external entities to house or confine any of its residents. The program states that there have been no contracts of this type on or after August 20, 2012. | This standard is therefore not applicable.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Completed Pre-Audit Questionnaire submitted by CSYC
2. Interviews with Leslie Bittleston (NCFS PREA Coordinator),
3. Lesley Keith (PREA Compliance Manager), Scott Wharton (former PREA Compliance Manager
4. Wendy Garrison--Director

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC has a written staffing plan that addresses the mandatory eleven elements and considerations required in this PREA standard. These policies include a stringent daily and monthly tracking system, and a daily and monthly review to ensure ratios are being met. Also included is a stringent tracking of exigent circumstances, when the facility was out of compliance, and documentation of action taken to bring the facility back into compliance.

A formalized, quarterly written review of the staffing plan is in place that exceeds the required PREA review

Ratios [§115.313(c)]. Section 115.311(c) regarding supervision ratios is effective October 1, 2017. Any facility that, as of the date of the PREA final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in Section 115.311(c) shall have until October 1, 2017, to achieve compliance.

CSYC currently has a 1:10 and 1:16 staffing ratio and is working towards funding for a 1:10 and 1:16 by October 2017.

Unannounced Rounds [§115.313(e)]. CSYC conducts unannounced rounds on all shifts and documents these- as verified by policy, interviews and reviews of daily and monthly tracking forms and reports.

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC Policy PREA Unannounced Supervisory Checks page 1 and 2:
2. Completed Pre-Audit Questionnaire submitted by CSYC
3. CSYC Supervisory Checks Summary, form, random sample of checks,
4. Random video checks of rounds
5. CSYC Quarterly staffing plans; out of compliance monthly log
6. CSYC PREA Ration Compliance Memorandums
7. CSYC Meeting notes of quarterly staffing plan reviews and adjustments
8. Interviews with Wendy Garrison--Director and Lesley Keith (PREA Compliance Manager) Scott Wharton (former PREA Compliance Manager)
9. Interview with CSYC (intermediate or higher level staff involved in staffing plan and review) Facility population report

115.315

Limits to cross-gender viewing and searches

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC policy prohibits cross gender: strip searches; pat down searches; shower supervision; supervision of youth changing clothing, performing bodily functions, except in exigent circumstances

Documentation, in daily log--including justification, a written incident report, approval from a supervisor or administrator, for all exigent circumstances

Also prohibited is searching and physically examining a transgender or intersex youth for the sole purpose of determining resident's genital status.

Staff have been trained and easily verbalize and demonstrate understanding of this standard.

No cross gender viewing or searches have been conducted in the last 12 months

Policy, Materials, Interviews and Other Evidence

1. CSYC Policies: PREA Youth Searches and Checks; Completed pre-audit Questionnaire submitted by CSYC
2. Interviews with Lesley Keith (PREA Compliance Manager) Interview with Wendy Garrison--Director
3. Interviews with random staff and youth
4. Youth PREA training and understanding
5. Cross gender access chart
6. Cross gender reference pages--training, quiz, video, participation and understanding forms
7. Cross gender training and understanding statements

115.316

Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

CSYC policy prohibits cross gender: strip searches; pat down searches; shower supervision; supervision of youth changing clothing, performing bodily functions, except in exigent circumstances

Documentation, in daily log--including justification, a written incident report, approval from a supervisor or administrator, for all exigent circumstances

Also prohibited is searching and physically examining a transgender or intersex youth for the sole purpose of determining resident's genital status.

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Policy, Materials, Interviews and Other Evidence

1. CSYC Policies: PREA Youth Searches and Checks; Completed pre-audit Questionnaire submitted by CSYC
2. Interviews with Lesley Keith (PREA Compliance Manager) Interview with Wendy Garrison--Director
3. Interviews with random staff and youth
4. Youth PREA training and understanding
5. Cross gender access chart
6. Cross gender reference pages--training, quiz, video, participation and understanding forms
7. Cross gender training and understanding statements

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The CSYC policy prohibits the hiring, promotion or retention of any employee that have the prohibited conduct specified in this standard. The policy also covers the checks required for contractors and volunteers. The policies include the requirement for background checks, child abuse registry checks, additional background and child abuse registry checks, when promotion occurs, calling former institutional employers, and cites a progressive discipline plan where the presumptive discipline for such misconduct and omissions is termination.

The policy requires the facility to consider any incidents of sexual harassment in determining whether to hire or promote staff or to enlist the services of a contractor that may have contact with residents. CSYC conducts the required criminal history checks and child abuse registry checks prior to hiring new employees who may have contact with residents, and attempts to call all former institutional employers
Review of staff records documented all checks were done, and PREA disclosure form completed
CSYC PREA policy requires criminal history checks on all employees every five (5) years.

CSYC does have a policy or practice requiring the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to work.

CSYC policy requires a continuing affirmative duty to disclose any misconduct listed in §115.317(a) which includes civil or administratively adjudications for the listed conduct.

The PREA signature form utilized by CSYC asks applicants about all previous misconduct listed in §115.317(a) The form clearly states that material misrepresentations or falsifications are grounds for termination of employment.

Area of Concern: CSYC is required to conduct background checks and child abuse registry checks on all new employees and upon promotion, and every five years. While this is done on every employee and contractor, the process is convoluted because they are not registered as a Juvenile Facility, but under a volunteer clause. To clarify and assist in this process, Nevada Division of Child and Family Services, funding agency with PREA Coordinator and contract oversight, needs to assist them in cleaning up this process and designating them a Juvenile Facility for this process.

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC policies: Employment Practices; Background Investigation
2. Selection Criteria; Promotion Policy;
3. Fingerprint files of staff hired and not hired because of results
4. Progressive Discipline Policy CSYC PREA Signature form
5. Random staff personnel records (criminal record check, child abuse registry check, training record, promotion checks)
6. Interviews with Wendy Garrison--Director and Lesley Keith (PREA Compliance Manager) Scott Wharton-former PREA Compliance Manager
7. Interviews with specialty staff and random staff

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC has completed an "Assessment of Changes Needed" for the facility, to comply with PREA standards—based on the Secure Facility Vulnerabilities Assessment. Review of their assessment, and changes made, show significant progress. Plans are in the works to add additional cameras to cover blind spots and high risk areas

The agency leadership considers a variety of factors when upgrading technology, including primarily sight lines, blind spots, and inaccessible areas. Interviews with facility leadership indicate that placement of cameras and ongoing assessment changes made and needed are discussed frequently to keep enhancing safety for all residents.

The facility tour brought forth concerns in the following areas, in regards to needed facility and technology upgrades:

1. The boy's dorm has rooms that house two boys to a room. This makes supervision, especially at night, difficult. CSYC has policies and practices that assist in that supervision—including room checks at night, randomly no longer than 15 minutes apart; only one boy in a room at a time when changing clothing, during the day, and no doors on the rooms to increase visibility.
2. The Kitchen area has blind spots, without cameras and food storage freezers do not have locks
3. Both the boy's and girl's dorms have two wings, with a control room in between, and are staffed as if this was one unit, staffing ratios can be compromised as staff move between wings of the unit
4. The staff restroom on the girl's unit was not locked
5. Laundry rooms do not have cameras and have blind spots, although they do have large windows for site supervision into the room
6. Radio communication is not always consistent causing concerns for an immediate response
7. The "Secure Facility Vulnerability Assessment" shows significant progress on the items identified as issues. Continued progress on that list will significantly enhance safety

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC Policy--PREA Environmental Conditions Completed Pre-Audit Questionnaire submitted by CSYC Map showing video camera locations
2. Technology Upgrades invoice of 2012, from CCTV Wholesalers (video network upgrade and camera additions) 2012
3. Interviews with Wendy Garrison, and Lesley Keith (PREA Compliance Manager), Scott Wharton- former PREA Compliance Manager, and administrative investigators
4. PREA Vulnerability Assessment Facility tour and staff interviews

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC refers all allegations regarding sexual abuse to the Douglas County Sherriff's Office for criminal investigation purposes. The Sheriff's Department reports using the recommended uniform evidence protocol cited in this PREA standard and using SANE/SART services.

CSYC has a letter of agreement with the Washoe County Northern Nevada Child Abuse Response and Evaluations Victim Assistance Center, to provide forensic exams at no cost

CSYC has a letter of agreement with the Douglas County Sherriff's Department to conduct Criminal investigations using a uniform evidence protocol and under the PREA standards

Additionally, all allegations of abuse are reported to the Nevada Division of Child and Families Services (DCFS). Both agencies conduct their own investigation based on the information provided by CSYC

CSYC conducts an administrative investigation of sexual abuse and sexual harassment, including employee misconduct, in conjunction with the law enforcement criminal investigation.

All individuals conducting investigations have received the special investigations training; however, do not feel that the training has adequately prepared them for the special skills needed to perform administrative investigations. Additional training is needed on conducting specifically "administrative investigations", as opposed to the information they have received in training aimed more at criminal investigation information.

CSYC has a letter of agreement and a MOU with the Victim Assistance Center who provides victim assistance and advocate services to victims or sexual abuse. Phone interviews and review of letter of agreement confirmed the availability of this service and provider, as well as posted information on units at CSYC.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Douglas County Sherriff's Office Policy 9.145, Evidence and Property (including forensic science handling SART communications regarding a MOU for victim services at the Victim Assistance Center-- confirm services for ages 13 and over (24 hours a day)
2. Nevada Child Abuse Response and Evaluation Team for Victim support, forensic exams, (Debbi Robinson
3. Letter from Washoe County District Attorney confirming support to CSYC by the Washoe County Northern Nevada child Abuse Response and Evaluations/Sexual Assault Response Team China Spring Policy--6E.04 Mental Health Services
4. China Spring Policy--Administrative Investigations
5. China Springs PREA Investigative Report Form-Sexual Abuse Report form
6. License for Dr. Sherry Skidmore, Psychologist
7. Dissertation by Dr. Skidmore on Childhood Sexual Abuse
8. PREA Audit Interim Report CSYC
9. Psychologist, random staff, specialty staff, random youth--including sexual abuse victims) MOU with Douglas County Sherriff's Office
10. Pamphlet from Crisis Call Center (Sexual Assault Support Services) Called and confirmed services
11. Interview with Lesley Keith, PREA Compliance Manager, Wendy Garrison--Director, Dr. Skidmore-Completed
12. Pre-Audit Questionnaire submitted by CSYC

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC policy requires that all allegations of sexual abuse and sexual harassment be referred for investigation to appropriate law enforcement authorities.

The Douglas County Sherriff's Office is the law enforcement agency that conducts all criminal investigations at the CSYC. The CSYC PREA policy is posted on their website.

A MOU describes investigative and referral responsibilities of both agencies.

The agency reports no allegations of sexual abuse or sexual harassment have been received in the past 12 months.

There have been no criminal or administrative investigations in the past 12 months related to sexual abuse or sexual harassment.

No state entity conducts administrative or criminal investigations and there is no Department of Justice component responsible for conducting investigations at CSYC

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC Administrative Investigations Policy
2. Completed Pre-Audit Questionnaire submitted by CSYC MOU with Douglas County Sheriff's Office
8. Interviews with Wendy Garrison (Director), and Lesley Keith (PREA Compliance Manager) Scott Wharton-former PREA Compliance Manager
3. CSYC Coordinated Response to Incidents of Sexual Abuse
4. CSYC Website--Zero Tolerance Policy and investigation policy
5. CSYC Zero Tolerance Sexual Harassment and Abuse Policy age 2 and 3

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The CSYC policy requires all new employees to have in-depth training on PREA and Sexual Harassment in the Workplace.

Annual refresher training on PREA is also required for all employees.

A review of the PREA training materials shows training on the eleven specific topics found in the standard.

The training was tailored to the unique needs, attributes and gender of the residents in the facility.

The facility reports that staff have been trained on PREA.

All staff is required to sign the PREA Acknowledgement Form stating they have received the PREA training and understand their responsibilities therein.

CSYC provides staff and youth ongoing training and information far above the standard requirements.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire submitted by CSYC
2. CSYC Staff Poster
3. PREA Training at Academy for Employees (PREA 101, Cross Gender training, Supervisor Task PREA training,
4. Ratio/staff patterns,
5. Vulnerability assessment PREA training,
6. Unlawful Harassment training
7. Annual PREA Training
8. NPRC Guidance on Cross-Gender and Transgender Pat Searches,
9. Gender Specific Training
10. Staff Relationships Policy Signature Form
11. Reviewed PREA Training Agendas—ongoing and refresher training
12. Review of random staff personnel files and training records
13. Interviews with random staff regarding their PREA training and knowledge;
14. Reviewed online employee training records
15. Interviews with random staff, specialized staff, training manager

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The agency's PREA policy requires all volunteers and contractors who may have contact with residents to be trained on PREA requirements.

The training materials cover all the required topics.

Volunteers receive training which includes the PREA policy and related topics.

All volunteers and contractors are required to sign a PREA Acknowledgement Form that states that they have been trained on PREA, has reinforcing information on to remind them what they learned and understand their obligations therein.

The CSYC volunteer/contractor training sign log shows that 16 volunteers and contractors have been trained in the past 12 months.

CSYC policy requires all volunteers and contractors to comply with the PREA standards, have training in PREA policies, reporting, monitoring, and

If there are any staff terminated for sexual abuse or harassment, they will be reported to law enforcement and/or relevant licensing bodies.

There were no volunteers on site at the time of the audit. Two contractors were interviewed (medical and sport related) and compliance was found with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC Agreement with External Entities to Comply with PREA
2. Training curriculum and materials for volunteers
3. PREA Acknowledgement Form for Volunteers and Contractors
4. Training sign-in sheets for volunteers
5. Contractor training--PREA policies, Mandated reporter, confidentiality,
6. Non-contact policy, visitor's policies,
7. Sign in and out sheets
8. Interviews with PREA compliance Manager, training manager, and director of facility
9. Interview with Doctor of Psychology, (contracted) and nurse/medical supervisor (contracted)--staff PREA training

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC reports that 152 residents have been admitted in the past 12 months and all have been provided comprehensive age-appropriate information within 10 days of intake.

All residents in CSYC are provided PREA orientation materials at intake. Staff interviewed indicates that intake education normally happens on the first day the resident is admitted to the CSYC Residents are provided the CSYC Resident Handbook. These documents provide detailed information about PREA, the agency's zero tolerance policy, key definitions of certain conduct, how a youth can protect themselves, and how to report sexual abuse or harassment.

This PREA standard requires that within 10 days of intake, residents must receive comprehensive age-appropriate education regarding PREA. CSYC provides that training before the 10 days, most time well before that deadline--as evidenced by training records and interviews with intake staff and residents.

The comprehensive training also includes the video, What You Need to Know. Upon completion of the training, youth are required to sign and vocalize understanding of all training points on the material to ensure understanding. The video shown has subtitles for the hearing impaired.

The training can be provided in other languages via the program's contracted translation service if necessary. Visually impaired youth would be provided all PREA information orally from the intake staff.

Residents sign the Orientation checklist, and PREA Resident Training--participation and understanding Form, to demonstrate they have received PREA training and they understand their rights under PREA and specifically understand the ways they can report sexual abuse and sexual harassment.

CSYC ensures key information about PREA is continuously and readily available and visible to residents.

CSYC displays PREA posters in common areas of the facility. Posters are displayed in English and Spanish. PREA brochures in English and Spanish are also available at bulletin board areas in the facility.

The facility can provide translation services for all PREA educational materials for youth with special needs (e.g., limited English proficient, deaf, visually impaired, limited reading skills, etc.).

Standard 115.333 Resident education continued....

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC Completed Pre-Audit Questionnaire
2. Sexual Violence Services Available--included in in-depth PREA training
3. CSYC Juvenile PREA Intake Orientation checklist (signed by both youth and staff)
4. PREA video "What you need to Know" with captioning and in Spanish
5. PREA Handout for youth
6. Resident Training Lesson Plan
7. Youth access to Administrative Personnel--included in resident training CSYC Intake and Orientation policy, page 1-3
8. PREA pamphlet (English and Spanish)
9. PREA Resident Handbook (female and male versions)
10. Ongoing topics covered in refresher groups
11. PREA Resident Training sign in sheets and education participation/understanding form

- 12. PREA Posters and Brochures posted and displayed for youth in the facility (Eng. and Spanish)
- 13. Interviews of random residents, facility intake staff and facility staff member who provides the ongoing training for residents
- 14. Review of resident case files and PREA Client Acknowledgement Forms executed by residents
- 15. CSYC policy "PREA Resident Education"
- 16. PREA Resident Signature form (zero tolerance, reporting, advocate services, what happens after making a report, understanding/acknowledgement--English and Spanish
- 17. CSYC Notice of Client rights—
- 18. English and Spanish Resident education roster

115.334

Specialized training: Investigations

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC refers all allegations of sexual abuse to the Douglas County Sherriff's Department for criminal investigations. Administrative investigations are conducted by CSYC personnel.

The reviewed curriculum covered mainly employee investigations and discipline, and supervisors training in dealing with employee discipline and investigation

Basic Investigations in Confinement was presented by the Department of Corrections; however, the curriculum was not included in the documentation, and interviews showed investigator did not feel it was adequate to conduct administrative investigations in a juvenile facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- 1. CSYC Employee Training and Education policy requiring employee general PREA training
- 2. Training Certificates for Basic Investigations in Confinement -for 2 employees
- 3. Sexual Assault form A and B
- 4. Frisk Model of Employee investigation and discipline--8 --Employees
- 5. CSYC Administrative Investigations Policy--Employees
- 6. PREA investigation Report Sexual Abuse follow-up form
- 7. Reviewed updated administrative Investigators training and roster of understanding and training
- 8 Interviewed investigator after new training for knowledge and practice

Corrective Action Required

Provide and in-depth Administrative Investigators Training.

After Training, the Administrative Investigations Policy needs to be changed to conform to the PREA standards of administrative investigations. It is confusing and is not clear about the requirements of an administrative investigation--by PREA standards.

During corrective action: CSYC completed and submitted the administrative investigation training curriculum and it now meets the requirements of this standard. Training was completed and documented. Additional interviews with investigators and staff confirm knowledge and practice.

The PREA Administrative Investigations policy was updated and clarified to reflect all required PREA standards on investigations, and the administrative investigation training reflects those requirements.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>CSYC contracts with a Doctor and Nurse to provide on-site medical care at the facility. No sexual abuse examinations are conducted by the contract medical provider at the CSYC.</p> <p>CSYC maintains a letter of support to provide forensic exams by the Washoe County Northern Nevada Child Abuse Response and Evaluation/Sexual Assault Team.</p> <p>Contract medical staff at the CSYC were provided in-depth PREA training and said training is documented via signed acknowledgements by all contractors that receive the training.</p> <p>Mental health services are provided through a contracted Psychologist who provides crisis intervention services to CSYC.</p> <p>The Contracted Psychologist received in-depth PREA training and training is documented Interviews with both contractors confirmed knowledge and use of PREA training in their practice at CSYC.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ol style="list-style-type: none"> 1. CSYC Employee Training and Education Policy--general employee training required 2. Completed Pre-Audit Questionnaire submitted by CSYC 3. Certificates of Completion of PREA: Medical health Care for Sexual Assault Victims in a Confinement Setting (Doctor and Nurse) 4. Certificate of Competition for PREA: Medical Heath Care for Sexual Assault Victims in a Confinement Setting (Psychologist) 5. PREA Acknowledgement Form for Volunteers and Contractors executed by contract medical staff

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The CSYC requires that all residents have an initial needs assessment/intake summary performed by a Counselor upon intake.

This intake process utilizes a variety of assessment processes to gather information about the youth, including the CCSYC Assessment Instrument.

The screening process is very thorough and gathers a significant amount of information that is used to determine the resident's needs.

CSYC reports that 114 residents have entered the facility within the past 12 months and were screened as required by this standard.

The instrument appropriately covers all eleven topical areas of information as detailed in this standard. Additional information received in the intake assessment through other screening instruments adds key information that is used to house youth appropriately.

The facility has implemented appropriate controls on the dissemination of the information received at intake. Counselors conduct the screening and all client files are kept locked in counselor's offices.

A reassessment of all residents is done every 30 days
Policy, Materials, Interviews and Other Evidence Reviewed

1. Completed Pre-Audit Questionnaire submitted by CSYC
2. CSYC Vulnerability Assessment Instrument
3. Intake packets with health history checklist, suicide screening and medical records checklist
4. Interviews with counselors who do intake screening procedure
5. Interviews with Lesley Keith (PREA Compliance Manager), intake Staff, random youth-- including sexual abuse victims
6. Admissions Packets--JPO and Parents Confidentiality/Security Acknowledgement/ employees

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC policy requires that all information gathered via the intake and assessment process used to ensure appropriate classification and placement of the youth as well as any necessary security or protective precautions required to ensure a resident's sexual safety.

Policy requires the facility staff to make individualized determinations of how to ensure the safety of each client.

Room assignments and other placement decisions include the risk assessment determination. Facility PREA compliance Manager and appropriate staff are aware of youth risk designation to ensure their safety.

CSYC program is prohibited from using isolation. No isolation cells or rooms exist in the facility. Because isolation is strictly prohibited, the auditor could not interview residents in isolation, staff supervising isolation settings, nor review any isolation-related documentation.

CSYC policy prohibits placing lesbian, bi-sexual, transgender or intersex clients in a particular housing/bed or other assignment solely on the basis of such identifier or status, and prohibiting considering LGTBI or status as an indicator of likelihood of being sexually abusive

CSYC has reported they have had no LGBTI youth in the program for the previous 12 months.

The PREA Compliance Manager indicates that if CSYC ever receives an individual that is transgender or intersex, an independent determination based on the offender's risks/ needs would be made at intake

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC Intake and Orientation Policy (#6 not placed in particular housing and case by case, #17 specialized assignment, # 8 determine gender status,)
2. Completed Pre-Audit Questionnaire submitted by
3. CSYS room assignment chart by risk
4. CSYC Assessment of Risk Instrument
5. 30-day review documents of vulnerability risk assessment--all resident
6. Interviews with Lesley Keith (PREA Compliance Manager), Psychologist, intake staff, random residents, random staff, supervisors

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC provides residents multiple internal ways to report sexual abuse and sexual harassment, retaliation, and staff neglect. Residents receive education about reporting at intake, through comprehensive PREA education within 10 days and through visible and available information in the facility at all times.

The reporting methods include verbally telling a staff member, medical staff, volunteer, contractor or the PREA Compliance Manager; calling the internal PREA hotline; submitting a written grievance; having a third-party submit an oral or written complaint on the youth's behalf; The facility provides residents with access to tools necessary to make a written report.

The Resident Rights policy and the web based information for parents do not match. Resident Rights policy does not mention the outside reporting sources the web page does. That outside source is the Douglas County Sherriff's Department.

The PREA education form does not list an outside source that is responsible to report back to the facility--like the website does (Douglas county Sherriff's department)

The PREA education form does not list an outside source that is responsible to report back to the facility--like the website does (Douglas county Sherriff's department)

The resident PREA training material does not list the outside reporting source, that is responsible to report back to the agency--(Douglas County Sherriff's Department (DCSO).

Posters and brochures (in English and Spanish) located around CSYC provide the telephone number to residents, in a very visible manner, to outside advocate support services; however not to an outside reporting source that will report back to the facility.

Staff at the CSYC may report abuse to supervisors, or use the online PREA reporting form on the website, there are no residents in CSYC detained solely for civil immigration purposes.

Interviews with residents and staff clearly demonstrate that all are very knowledgeable about PREA and the variety of internal methods to report sexual abuse and sexual harassment; however, neither were aware of the outside reporting source, that would report back to the facility (DCSO)

Residents know exactly where the posters are located and how to call the internal PREA abuse hotline. The auditor inquired if the residents were provided free access to the telephone and residents indicated could freely access the internal PREA hotline; however, they were not allowed to make outside phone calls. Staff were unsure how youth would make calls to an outside source to report sexual abuse.

Standard 115.351 Resident Reporting cont.....

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC policy: Residents Rights page 1; Resident access to Administration, Courts, Media-- page 1;
2. Zero Tolerance Sexual Harassment and Abuse Policy--page 3 and 4 for third party reporting;
3. Administration Investigation Policy: Monitoring Phone Calls Policy--page 1
4. Completed Pre-Audit Questionnaire submitted by CSYC
5. Interviews with random facility staff and residents
6. Interviews with Lesley Keith (PREA Compliance Manager, supervisory staff, and Wendy Garrison--Director, Scott Wharton- former PREA Compliance Manager
7. Resident Grievance Complaint Form--with emergency provision
8. Resident Complaint/Grievance Form
9. Administrative Action form

10. PREA voice Messaging Checks form

11. Tour of facility where phone with PREA hotline to Facility PREA compliance Manager

12. Resident educational materials (Client handbook;

13. PREA handout; posters, brochures,

14. PREA Resident education signature form--page 1)

Corrective Action Required

Designate an outside reporting source that residents can confidentially, and as privately as possible, report to.

The youth handbook, website information, staff training, resident training, PREA information signature sheet, Resident Orientation form, telephone policy, and posters need to match as to who the reporting source is and how the youth access the reporting source.

Train staff about the outside reporting source and youth access to the source- in as confidential and privately as possible for safety and security.

Document curriculum change, staff training and understanding

Train Youth to reflect the outside reporting source and access. Document youth training and understanding.

During corrective action: All resident intake forms, handbooks, and pamphlets have been updated to reflect reporting mechanisms and outside reporting sources. The phones were programmed to access PREA internal reporting, the Family Support Council for external reporting, as well as the Reno Crisis Call Center. Staff and resident training was completed and training records and statements of understanding were submitted. The website and policy were updated to reflect the changes.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC reports there have been no sexual abuse or sexual harassment allegations, grievances, or emergency grievances filed, alleging sexual abuse or sexual harassment, in the past 12 months.

The agency has a formalized grievance policy. The Client Handbook informs residents of the grievance process.

PREA standards require that no time limit be placed on the filing of grievances filed for sexual abuse or sexual harassment and CSYC grievance policy clearly states that a grievance for sexual abuse can be filed anytime and there is no time limit.

The PREA standards prohibit requiring a resident to use any informal grievance process to resolve the grievance with staff first for allegations of sexual abuse, and the CSYC Exhaustion of Administrative Remedies Policy reinforces that standard.

CSYC policy provides for emergency grievances of a PREA incident where the resident is subject to a substantial risk of imminent sexual abuse, and it must be addressed immediately—with a response within 24 hours- and with a final decision within 5 calendar days.

CSYC policy states that any grievance alleging sexual abuse will be resolved within 90 days with a possible extension of 70 days and inform the resident in writing.

CSYC policy allows for third party reporting; although, it stipulates that CSYC may require the victim to agree if the report is filed by other than a parent or legal guardian

CSYC resident education covers the grievance process, emergency grievance and timelines. Refresher training also covers these topics. Resident interviews confirmed that youth were aware of the grievance process, no time line for reporting and timelines for response.

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC Policies: 3D.06 Resident Access to Administration, Courts ad Media--page 1; 2.
2. Administrative Investigations Policy;
3. PREA: Exhaustion of Administrative Remedies Policy;
4. PREA Investigative Report
5. Completed Pre-Audit Questionnaire submitted by CSYC
6. PREA Handout for youth
7. Grievance Complaint Form
8. Formal Grievance Complaint Instructions
9. Resident Grievance/Complaint Log Summary
10. MOU with DCSO (Douglas County Sherriff's Office Sexual Abuse Allegation Follow-up
11. Resident education material
12. Random staff and resident interviews

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC has not received any allegations of sexual abuse or sexual harassment, in the past 12 months; thus, the auditor could not conduct any interviews of resident victims.

CSYC has entered into a letter of agreement with the Washoe County Northern Nevada Child Abuse Response and Evaluations/Sexual Assault Response Team. Upon a referral by CSYC, of a victim of sexual assault, Northern Nevada CARES/SART Program provides (at no charge to victim) in-person support services and the forensic medical examination process-as well as the investigatory interview process.

CSYC has a MOU with the Family Support council to provide advocacy services to residents. Advocates provide support, crisis intervention, information and referral services to the victim.

The CSYC Coordinated Response Procedure requires the PREA Compliance Manager to offer all victims of sexual assault the presence of a victim advocate during the forensic medical exam as well as crisis intervention counseling services. The CSYC Client Handbook informs residents about the mandatory reporter status of CSYC staff. Additionally, the residents are told they will be offered victim support and advocacy services with community service providers.

Residents are provided reasonable access to their parents and legal guardians via phone privileges in the program

The Client Handbook provides residents with the right to have regular visits with parents or guardians and to receive private mail from these individuals.

Residents are provided reasonable access to their legal counsel in the rare event this is necessary; because the CSYC is not a pre-adjudication detention facility and the residents' legal cases have generally been completed; thus, it is not typical for attorneys to request access to residents at the CSYC. However, via interviews with staff, if this access was requested, it would be granted. The Client Handbook provides that legal correspondence is exempt from being opened in front of staff. Additionally, there are no time limits on phone calls with legal counsel.

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC Monitoring Phone Calls Procedure, giving residents access to the phone to call an advocate Completed2.
2. Pre-Audit Questionnaire submitted by CSYC
3. Letter of Agreement for Collaborative Services between CSYC and Washoe County Northern
4. Nevada child Abuse Response and Evaluations/Sexual Assault Response Team; Telephone call with 5.
5. Executive Director regarding services to victims and letter of agreement
6. Family Support Council Informational Brochure
7. MOU between Family Support Council and CSYC for advocate support services
8. CSYC PREA Pamphlet with phone number for advocate services
9. Email regarding MOU with the sexual assault response team
10. Resident educational materials (Client Handbook; PREA handout; posters, brochures)
11. Interviews with random sample of residents--including sexual abuse victims requesting advocate
12. Interviews with Lesley Keith (PREA Compliance Manager) and Wendy Garrison-- director
13. Posted material, on units and in facility regarding advocate services, address and phone#
14. CSYC Coordinated Response to Incidents of Sexual Abuse

115.354

Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

CSYC Grievance Policy allows third parties to assist the resident in filing a grievance that is PREA related.

Parents and legal guardians may file a grievance alleging sexual abuse of a resident.

Residents are provided information about the grievance process via the Resident education and Grievance Instructions.

CSYC website provides parents and guardians information on reporting sexual abuse and sexual harassment

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC Policies' Exhaustion of Administrative Remedies-page 1; Zero Tolerance Policy- page 3 and 4
2. Completed Pre-Audit Questionnaire submitted by CSYC
3. CSYC website: <http://www.douglascountynv.gov/373/Information-for-Parents>

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

This standard also requires reporting of staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, and is not addressed in this policy under employee responsibilities

The facility policy and practice, include reporting immediately to other facilities, if a report is made in this facility, about another facility incident. Interview with the director confirmed she would follow this procedure.

The Confidentiality and Security Agreement covers the required confidentiality. Interviews confirm the practice matches the agreement

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC Policies: Zero Tolerance Sexual Harassment and Abuse --page 3;
2. Administrative Investigations Policy
3. Residents Rights--PowerPoint training online
4. MOU with Douglas county Sheriff's Department
5. The Basics of Sexual Harassment PowerPoint on line---(on staff to staff)
6. Confidentiality and Security Acknowledgment (report agreement) 7.
7. Nevada Revised Statute--Mandatory Reporting NRS 432B.220
8. Completed Pre-Audit Questionnaire submitted by CSYC
9. Interviews with random sample of staff and medical staff 10.
10. mandatory Contact List
11. Sexual assault Form A and B Employee Responsibilities--about staff to staff
12. PREA Handout

Corrective Action Required

Change policy to require staff/contractors/volunteers to report knowledge, suspicion, or information about sexual abuse or sexual harassment incidents in a facility, as well as known, suspected, or information about retaliation against residents or staff who report such an incident.

Include a section about the responsibility of Medical and Mental Health staff to report knowledge, suspicion or information regarding sexual abuse or sexual harassment, and inform youth of their duty to report.

Current "employee Responsibilities" section of the Zero Tolerance Policy also needs to include the duty to report staff neglect or violation of responsibility that contributed to an incident or retaliation.

Include in the purpose, of the Zero Tolerance Policy, language about CSYC's zero tolerance toward all forms of sexual abuse and sexual harassment in the agency's approach to preventing, detecting, and responding such incidents.

During the corrective action period: the zero tolerance policy was updated to include the requirement that staff report knowledge, suspicion, or information about sexual abuse or sexual harassment incidents in a facility, as well as known, suspected, or information about retaliation against residents or staff who report such an incident. This includes volunteers, contractors, medical, and mental health staff. Additionally the change included mental health staff to inform residents of their duty to report.

Additional changes included the duty to report staff neglect or violation of responsibility that contributed to an incident or retaliation. The policies now match the training and understanding exhibited by the staff.

The Zero Tolerance policy was changed to reflect zero tolerance to all forms of sexual abuse and sexual harassment.

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency reports that there have been no situations in the past 12 months where the facility determined a resident was subject to substantial risk of imminent sexual abuse. Review of policy and interviews with the PREA Coordinator and Director demonstrated the protective measures that would be taken in the event it was found that a resident was at imminent risk of sexual abuse.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ol style="list-style-type: none"> 1. CSYC Zero Tolerance Policy 2. Completed Pre-Audit Questionnaire submitted by CSYC 3. Interviews with random sample of staff 4. Coordinated Response to incidents 5. Interview with Lesley Keith (PREA Compliance Manager. supervisory staff, and Scott Wharton- former PREA Compliance Manager 6. Interview with counselors who conduct intake screening and assessment 7. Interview with Wendy Garrison (Director) 8. Coordinated Response to Incidents of Sexual Abuse Procedure 9. Steps to ensure safety protocol

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency reports that in the past 12 months, CSYC has received no allegations that a resident was abused while confined at another facility. The CSYC PREA policy clearly requires the director will report any abuse allegation received, regarding a youth abused at another facility, to the facility head where the sexual abuse is alleged to have occurred. Policy requires this notice to occur as soon as possible but no later than within 72 hours of receiving the allegation. The CSYC reports that in the past 12 months, the agency has received no notifications of sexual abuse from other facilities. Interviews with the Director and PREA Compliance Managers demonstrate compliance with this standard.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ol style="list-style-type: none"> 1. CSYC Zero Tolerance Policy 2. Completed Pre-Audit Questionnaire Submitted by CSYC 3. Interview with Lesley Keith (PREA Compliance Manager and Scott Wharton- former PREA Compliance Manager 4. Interview with Wendy Garrison (Director)

115.364	Staff first responder duties
	<p data-bbox="188 91 839 125">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="188 170 448 203">Auditor Discussion</p> <p data-bbox="188 248 1541 405">CSYC reports that in the past 12 months, there have been zero allegations that a resident was sexually abused; thus, there were no victims available for interview by this auditor. CSYC Coordinated Response Procedure, to incidents is detailed and ensures all staff involved in an incident of sexual know their roles and responsibilities</p> <p data-bbox="188 416 1249 450">CSYC required the use of the PREA form A and B when such an incident is reported.</p> <p data-bbox="188 495 1517 618">Form A is for the first responder taking the report and form B is a checklist to ensure the alleged victim and alleged perpetrator are separated, and neither destroys evidence by showing, brushing teeth going to the bathroom. And to contact law enforcement, PO, counselor....</p> <p data-bbox="188 663 927 696">Policy, Materials, Interviews and Other Evidence Reviewed</p> <ol data-bbox="188 707 991 954" style="list-style-type: none"> 1. CSYC Coordinated Response to Incidents of Sexual Abuse 2. 2. Procedure Completed Pre-Audit Questionnaire submitted by 3. CSYC Sexual Assault form A-- 4. Sexual assault form B – 5. First Responder form— 6. security staff Interviews with random staff <p data-bbox="188 999 1477 1066">During the corrective action period: CSYC revised form A and B to better reflect terminology relevant to residents</p>

115.365	Coordinated response
	<p data-bbox="188 1267 807 1301">Auditor Overall Determination: Meets Standard</p> <p data-bbox="188 1346 448 1379">Auditor Discussion</p> <p data-bbox="188 1424 1493 1536">CSYC has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. This plan takes the form of a Coordinated Response Procedure. In conjunction with the procedure, CSYC has developed Sexual Assault form A and B.</p> <p data-bbox="188 1547 1557 1704">Each form helps staff through the process in a way to support the victim, ensure evidence is preserved, and ensure the victim does not have to repeat what happened to multiple staff--or compromise a criminal investigation by asking more than staff need to assist the victim and perpetrator and ensure appropriate steps are taken for safety, support, and security.</p> <p data-bbox="188 1760 927 1794">Policy, Materials, Interviews and Other Evidence Reviewed</p> <ol data-bbox="188 1839 959 1962" style="list-style-type: none"> 1. Sexual Abuse form A and B 2. Completed Pre-Audit Questionnaire submitted by CSYC 3. CSYC Coordinated Response to Incidents of Sexual Abuse

115.366	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="188 91 807 125">Auditor Overall Determination: Meets Standard</p> <p data-bbox="188 170 448 203">Auditor Discussion</p> <p data-bbox="188 248 1554 360">CSYC does not have any collective bargaining agreements in place and has not had any at any time. Nevada is non-union and therefore has no union collective bargaining agreements. Thus, it was determined this standard is non-applicable.</p> <p data-bbox="188 416 1066 450">Policy, Materials, Interviews and Other Evidence Reviewed Completed</p> <ol data-bbox="188 495 775 573" style="list-style-type: none"> 1. Pre-Audit Questionnaire submitted by CSYC 2. Interview with Wendy Garrison Director

115.367	Agency protection against retaliation
	<p data-bbox="188 775 807 808">Auditor Overall Determination: Meets Standard</p> <p data-bbox="188 853 448 887">Auditor Discussion</p> <p data-bbox="188 931 1554 1043">The CSYC reports that in the past 12 months there have been zero incidents of retaliation reported, known or suspected. The agency PREA policy clearly states that retaliation against any client or staff member that reports sexual abuse or participates in an investigation is not tolerated.</p> <p data-bbox="188 1055 1554 1133">There have been no allegations of sexual abuse or sexual harassment so the auditor could not interview any alleged victims.</p> <p data-bbox="188 1144 1554 1335">The agency reports that the designated staff member charged with monitoring retaliation is the PREA compliance Manage, and that the requirements of this standard would be met in the event the CSYC has an allegation or suspicion of retaliation. Interviews with key leadership staff indicate the requirements of this standard would be met in the event the agency does gain knowledge, suspicion or an actual allegation of retaliation.</p> <p data-bbox="188 1391 922 1424">Policy, Materials, Interviews and Other Evidence Reviewed</p> <ol data-bbox="188 1469 1474 1715" style="list-style-type: none"> 1. Completed Pre-Audit Questionnaire submitted by CSYC 2. Interviews with Lesley Keith (PREA Compliance Manager) Scott Wharton- former PREA Compliance Manager, 3. Interviewed Wendy Garrison—Director and 4. Interview random staff and random youth 5. Interview Psychologist and intake staff

115.368

Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

CCYC reports they do not have any policy as detailed in §115.368 regarding isolation because the facility does not have or use isolation

The facility has no dedicated isolation rooms or cells

CSYC reports no isolations or segregated housing placements are ever used for residents for any purposes in this program. This standard has therefore been found to be non-applicable.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Completed Pre-Audit Questionnaire submitted by CSYC

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC conducts administrative agency investigations but does not conduct criminal investigations. Criminal investigations are conducted by the Douglas County Sheriff's Office for all county agencies. The agency reports that in the last 12 months, or since August 20, 2012, there have been no allegations of conduct that appear to be criminal and no criminal investigations.

The facilities Administrative Investigations policy governs the conduct of administrative investigations. CSYC has two individuals who have received the specialized training for conducting sexual abuse investigations as required by PREA standard §115.334. These individuals include the PREA Compliance Manager and the Director

The Administrative Investigations policy does not comprehensively address all of the key elements detailed in §115.371-- which would be a best practice to implement.

CSYC Administrative Investigation policy is geared towards employee investigation, with some PREA elements, but not all required elements: the credibility assessments, staff actions assessment, investigation facts and findings--substantiated, unfounded, unable to substantiate; the time required to retain investigation record testimonial evidence and polygraph statement.

The Administrative investigation policy does not state that the investigation will be completed promptly, thoroughly and objectively, including third party and anonymous reports.

Special training is needed on completing administrative investigations and after complete, the investigative policy can be rewritten based on the training.

Policy, Materials, Interviews and Other Evidence Reviewed CSYC

1. Administrative Investigations Policy;
2. Completed Pre-Audit Questionnaire submitted by CSYC
3. Training records for select staff who have completed the Conducting Internal Investigations training
4. MOU with Douglas County Sherriff's 5.
5. Department PREA investigation Report form
6. Sexual abuse allegation follow-up Form
7. Email from PREA Compliance Manager with training record attached
8. Interview with Director and PREA Compliance Managers/Investigators
9. Review of training curriculum for Conducting Internal Investigations
10. Crime/Abuse/Neglect Reporting form for both under 18 and another for over 18

Standard 115.371 Criminal and administrative agency investigations Cont.....

Corrective Action Required

Train all facility Administrative Investigators using training specifically addressing the administrative investigation in juvenile confinement settings. Training and understanding needs to be documented.

Update the CSYC Administrative Investigation Policy purpose and policy to include the PREA investigative standards, and all elements of 115.371, 115.334, 115.372, 115.373, 115.376, 115.386, 115--including, but not limited to, required investigator training, evidentiary standard for investigation, reporting to residents, disciplinary standards, sexual abuse incident reviews, and data storage, publication and destruction.

Ensure the resulting policy is a complete administrative investigation policy that lists all aspects of the investigation from the allegation, referral to law enforcement, email documentation decision if law enforcement is going to conduct a criminal investigation or if you can proceed with an administrative investigation, how the investigation is conducted--including credibility assessment, evidentiary standard, reporting to residents, tracking or investigating retaliation, sexual incident review of the founded or unsubstantiated allegation, report of action taken from the incident review, outcome/discipline, data retention/tracking

During the corrective action period: Administrative Investigation policy was updated to reflect all aspects of the investigation required. Additional training was developed for administrative investigators that includes all required elements. This is included in policy "Administrative Investigations, page 1-3. Also it is included, in depth, in the Administrative Investigative training. Training was completed and additional interviews confirmed knowledge and practice.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>CSYC Administrative Investigation Policy does not have an evidentiary statement. PREA standards require no higher than "preponderance of the evidence" or 51%.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ol style="list-style-type: none"> 1. Administrative Investigative Policy 2. Completed Pre-Audit Questionnaire submitted by CSYC 3. Interview with Lesley Keith PREA Compliance Manager, Director Wendy Garrison and Scott Wharton- former PREA Compliance Manager/investigative staff 4. Updated investigative policy and training 5. New interview of staff during corrective action <p>Corrective Action Required</p> <p>Add the evidentiary statement to the Administrative Investigative Policy</p> <p>During the corrective action period, CSYC updated it's administrative investigation policy and training to include "preponderance of evidence standard. Training was updated and documentation provided. Additional interviews with investigator confirmed training, knowledge, and practice.</p>

115.373	<p>Reporting to residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>CSYC reports that there have been no criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency in the past 12 months.</p> <p>Because there have been neither allegations nor investigations, the auditor was unable to review any notification documentation for this standard.</p> <p>The agency’s investigation policy is consistent with this standard and interviews with investigative staff and facility manager confirm a practice that demonstrates compliance.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ol style="list-style-type: none"> 1. CSYC Administrative Investigation Policy 2. Completed Pre-Audit Questionnaire submitted by CSYC 3. Interview with PREA Compliance Manager and Director/Investigative staff
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115.376	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>CSYC reports that in the past 12 months, there has been 1 staff from the facility that has been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>There have been zero staff that has been reported to law enforcement or licensing boards for violating agency policies.</p> <p>The agency PREA policy requires that staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse, harassment or sexual misconduct.</p> <p>CSYC is governed by the Nevada 9th Judicial court Personnel Regulations and CSYC Progressive Discipline policy</p> <p>CSYC demonstrated commitment to their strong disciplinary sanctions policy and behavior expectations for staff when they put a staff on a behavior plan/probation, and when he did not complete the plan, terminated him before the behavior might continue and possibly rise to the level of a formal sexual harassment allegation.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ol style="list-style-type: none"> 1. CSYC Progressive Discipline Policy; 2. CSYC Discipline Flow Chart 3. Completed Pre-Audit Questionnaire submitted by CSYC 4. Interview with Lesley Keith (PREA Compliance Manager) and Wendy Garrison— 5. Director Nevada Ninth Judicial District Court of the State of Nevada Court Personnel Regulations 6. Progressive discipline for employee who had some joking behaviors that were not in good taste, and was subsequently terminated when he did not complete his formal probation period. 7. Report, accompanied by information on specific corrective actions taken by the facility.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>CSYC reports that there have been zero contractors/volunteers reported to law enforcement or relevant licensing bodies in the past 12 months for engaging in sexual abuse of residents. Interviews with the facility manager indicate that the practice of the CSYC conforms to this standard.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ol style="list-style-type: none">1. CSYC Agreement with External Entities to comply with PREA:2. Zero Tolerance Policy3. Completed Pre-Audit Questionnaire submitted by CSYC4. Interview with Lesley Keith (PREA Compliance Manager/investigator), Wendy Garrison--Director/ investigator, and Scott Wharton- former PREA Compliance Manager

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC reports that in the past 12 months there have been zero administrative findings of resident-on-resident sexual abuse at the facility; additionally, the CSYC reports there have been zero criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.

CSYC reports no residents have ever been placed in isolation as a disciplinary sanction. The CSYC has a formalized discipline policy applicable to residents that is followed.

Facility policy prohibits all sexual activity between residents.

CSYC has a youth Development Discipline process that is based on positive discipline, considers mental health issues, is commiserate with the nature and circumstance of the offense, history and isolation is never used.

CSYC offers therapy/counseling interventions with a licensed Psychologist who has been there for many years.

There have been no incidents where residents were disciplined for PREA related conduct, the auditor could not interview anyone and no documentation exists to review; however, after interviews with staff, the Psychologist and youth. Items a-g of 115.378 are all a part of the positive Development System Discipline.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Interview with Psychologist, supervisory staff, random staff, random youth
2. Completed Pre-Audit Questionnaire submitted by CSYC
3. CSYC PREA Resident Education
4. Youth Development System Discipline
5. Sanction Youth False Reporting standard
6. Youth Discipline Sanctions
9. Interview with Lesley Keith (PREA Compliance Manager and Scott Wharton- former PREA Compliance Manager
7. CSYC Resident Handbook
8. CSYC Mental Health Policy
9. Interview with medical staff (Contractor)

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC does not have a medical and mental health policy that documents the required elements of standard 378; however, review of documents show that the facility has 100% follow-through in offering services to youth who indicate, in the screening process, that they have experienced previous sexual abuse or have previously perpetrated sexual abuse.

Interviews and documentation show that youth are asked about prior victimization and perpetration and offered follow-up meetings with mental health and medical--if wanted or needed

CSYC does have a Confidentiality and Security Acknowledgement signature form and interviews with staff show me they take it seriously and meets 115.381c

CSYC PRE-Audit Questionnaire marked no for Medical and a Mental Health getting informed consent before reporting information about prior sexual victimization, that did not occur in an institutional setting, unless resident is under 18.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Completed Pre-Audit Questionnaire submitted by CSYC
2. Interviews with screening staff, mental health Psychologist and medical staff
3. Interview with Lesley Keith -PREA Compliance Manager, Doctor Skidmore-Psychologist (contract) and Scott Wharton- former PREA Compliance Manager
4. Contract with Doctor and Nurse contractor
5. Doctor Skidmore dissertation on The Mediating and Moderating Effects of Childhood Sexual abuse on Self Esteem and Psychological Well Being
6. Dry Skidmore PREA training online--Your Role Responding to Sexual abuse
7. China springs Mental Health Evaluation
8. Mental health follow-up for previous Sexual abuse reported at facility
9. Psychological Referral form
10. Resident Intake Health Screening.
11. Confidentiality and Security Acknowledgement
12. Informed Consent Form
13. CAN reports
14. Psychological referral and report documenting abuse report and required follow-up
15. Tracking services report used by the PREA Coordinator/Manager

Corrective Action Required

Include in policy and practice that CSYC medical and mental health providers obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting--if the resident is over 18.

It is the recommendation of this auditor that CSYC develop an easier way to document-- youth that disclose prior victimization or perpetration, at intake, being offered a follow-up within 14 days. This will make it much easier to pull the required documentation for the next audit

During the corrective action period: CSYC changed policy to add the requirement of consent and changed their CAN report and procedure to reflect this change. They also changed the current practice to include documentation on the psychological referral and report to reflect youth who disclose prior victimization and

offered follow up services. Also included in documentation is a form used to document informed consent on prior sexual victimization that did not occur in an institutional setting, if resident is over 18.

115.382

Access to emergency medical and mental health services

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC reports zero resident victims of sexual abuse in the past 12 months; thus there were no medical records for this auditor to review for resident victims.

Agency policy requires that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

All victims are transported to Washoe County Northern Nevada Child Abuse Response and Evaluations/Sexual Assault Response Team--conduct forensic exams

The Sexual Assault Support Services Crisis Call Center ensures victims receive rape crisis intervention services and advocates 23 hours a day/7 days a week

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC Mental Health Services Policy
2. Completed Pre-Audit Questionnaire submitted by CSYC
3. Medical Request form
4. Psychological Referral
5. MOU with Douglas County Sherriff's Department
6. Interview with contract medical providers and contracted Psychologist
7. Sexual Abuse Allegation Follow-up
8. Reviewed secondary mental health and medical records
9. Letter of agreement with Wasco County Northern Nevada Child Abuse Response and Evaluations
10. MOU with Sexual Assault Support Services Crisis Call Center

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The agency has had no victims of sexual abuse in the past 12 months; thus, so the auditor was not able to interview any resident victims or review any corresponding documentation of practice.

Agency policy requires that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All victims are transported to Washoe County Northern Nevada Child Abuse Response and Evaluations where forensic exams are conducted by the Forensic staff. The agency PREA Compliance Manager ensures victims received rape crisis intervention services and advocates from the Crisis Call Center.

Resident victims of sexual abuse are offered tests for sexually transmitted infections (STI) as medically necessary and STI prophylaxis is offered to victims at no charge at no charge for any medical treatment required.

Follow-up treatment for a resident victim once they leave the CSYC is coordinated by the Sexual Assault Crisis Call Center who follows the client's progress.

Policy, Materials, Interviews and Other Evidence Reviewed

1. CJYC MOU with Douglas County Mental Health
2. Completed Pre-Audit Questionnaire submitted by CSYC
3. Medical and Mental Health Services Policy
4. CSYC mental health Policy
5. CSYC Coordinated Response to Incidents of Sexual Abuse
6. CSYC Emergency Services Policy--all sexual abuse related medical services--pregnancy related also
7. Interview with contract medical Doctor and Nurse, and Mental Health Psychologist
8. <https://211nevada.communityos.org/zf/profile/service/id/1865744> Forensic exams at Northern Nevada Medical Center

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The CSYC reports that in the past 12 months, there have been zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility. Thus, the facility reports zero sexual abuse incident reviews were conducted.

The agency's PREA policy does not contain provisions establishing a formalized sexual abuse incident review team or process.

Interviews with the PREA Compliance Manager confirm the need for a formalized sexual abuse incident review process (with a named team, board, or specified group) should be developed in policy and practice that fulfills all the specified requirements of §115.386.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Completed Audit Questionnaire completed by CSYC
2. Interview with Lesley Keith PREA Compliance Manager, Scott Wharton- former PREA Compliance Manager
3. and Wendy Garrison--Director CSYC Administrative Investigations Policy
4. Sexual Abuse Allegation Follow-up Policy
5. Administrative Investigation Policy
6. Training curriculum on Sexual Abuse Review Follow-up--including mock situational training
7. Psychological Services form
8. New incident data base with extensive review and tracking
9. staff interview during corrective action--new incident review data base and practice

Corrective Action Required:

Develop a formalized sexual abuse incident review policy and process, that details membership on the team or board, the responsibilities and duties of the review, and the required documentation consistent with the detailed requirements outlined in PREA Standard §115.386.

The standard is quite explicit on the items the review team must consider and this detail is best placed in a formalized policy for consistency and training purposes. Some agencies have created a formalized Sexual Abuse Review Board that performs the requirements of this standard quite effectively for the agency's facilities. While the CSYC program is fortunate to not have had any incidents of sexual assault, other facilities that do have more incidents should utilize the sexual abuse incident review process and procedures as a very integral part of their prevention efforts.

During Corrective Action, CSYC developed a new addition to their data base for the incident review process and tracking. It covers all required aspects of this standard and exceeds the requirements of data requirement, data tracking, and review of incidents.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

CSYC reports zero sexual abuse or sexual harassment allegations; however, the PREA Compliance Manager is working on and has a plan in progress to collect, at a minimum the required data for the annual SSV report, uniform data on all sexual abuse allegations, submitting a yearly report, and upon request providing such data.

CSYC PREA Collection, Corrective Action and Storage is a new policy outlining what will be collected, why, the procedure, on whom, other relevant information for the SSV report and annual report, security and storage requirements to meet and how, and corrective actions that will come out of the review and ongoing assessments

CSYC is working on a method of collection that will track the requirements of this standard. Complete the data tracking system and have available to use in tracking required information according to this standard.

CSYC is using the SSV standardized definitions for parameters in a data collection system that will at minimum provide data to be aggregated annually-- to answer questions on the SSV conducted by the Department of Justice

Policy, Materials, Interviews and Other Evidence Reviewed

1. Data Collection Plan in Progress
2. Completed Pre-Audit Questionnaire submitted by CSYP
3. Interview with Lesley Keith (PREA Compliance Manager, Scott Wharton- former PREA Compliance Manager and Wendy Garrison--Director
4. PREA Data collection, corrective action and storage policy CSYC PREA Incident Report
5. A snapshot of the database function
6. PREA Incident Report Form

Corrective Action Required

Complete development of a system to maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews to provide to the Department of Justice, and aggregate in an annual report.

During the corrective action period: CSYC completed a database to track incidences and PREA concerns. They are including all aggregated data as requested in the SSV, in the database to run annual reports. They are keeping all required information in a PREA Incident Report Form until they have their database fully functional.

Auditor Overall Determination: Meets Standard

Auditor Discussion

CSYC has not had any incidents of sexual abuse in the facility; however, is working on a corrective action plan that involves building a data system that will track all required data from 115.387 PREA requirements.

Once that is accomplished, CSYC will be able to review the data for assessment and improvement of the effectiveness of its sexual abuse prevention, detection, and response policies practices, and training-- required in this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC PREA Data Collection, Corrective Action, and Storage Policy page 1-3
2. Completed Pre-Audit Questionnaire submitted by CSYP
3. Interview with Lesley Keith (PREA Compliance Manager
4. Interview with Wendy Garrison--Director
5. Snapshot of data base

Corrective Action Required

Complete the data system required by 115.387 and use it to compile an agency report-identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its finding and corrective actions taken. Use this report to compare subsequent years' data and make it available through your facility /agency website, according to this standard.

CSYC has zero reports of sexual abuse and sexual harassment, therefore has no incidents to report on. To comply with this standard, include in policy this standards requirements, as well as 115.387, in order to be prepared to have the required action in place when reports are received.

During the corrective action period: CSYC developed a PREA Data Collection, Corrective Action, and Storage Policy to ensure any incidents of sexual abuse or sexual harassment to ensure the collection of the required data and the collection of such data in their new data base. Language was included to include the agency's responsibility to use collected data to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training.

Auditor Overall Determination: Meets Standard

Auditor Discussion

CSYC has not had any incidents of sexual abuse in the facility; however, is working on a corrective action plan that involves building a data system that will track all required data from 115.387 PREA requirements.

Once that is accomplished, CSYC will be able to review the data for assessment and improvement of the effectiveness of its sexual abuse prevention, detection, and response policies practices, and training-- required in this standard.

Policy, Materials, Interviews and Other Evidence Reviewed

1. CSYC PREA Data Collection, Corrective Action, and Storage Policy
2. Completed Pre-Audit Questionnaire submitted by CSYP
3. Interview with Lesley Keith (PREA Compliance Manager)
4. Interview with Wendy Garrison--Director
5. PREA Data Collection, Corrective Action, and Storage Policy
6. Snapshot of database created to collect required information for annual reports

Corrective Action Required

Complete the data system required by 115.387 and use it to compile an agency report-identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its finding and corrective actions taken. Use this report to compare subsequent years' data and make it available through your facility /agency website, according to this standard.

CSYC has zero reports of sexual abuse and sexual harassment, therefore has no incidents to report on. To comply with this standard, include in policy this standards requirements, as well as 115.387, in order to be prepared to have the required action in place when reports are received.

During the corrective action period: CSYC developed a database to collect, track, and assist in aggregating all required data. They developed a PREA Data Collection, Corrective Action, and Storage policy, to ensure the follow-through of required review, assessment, and reporting, of all collected data to improve its effectiveness of sexual abuse prevention, detection, and response policies.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="188 168 446 201">Auditor Discussion</p> <p data-bbox="188 241 1460 275">This is the first PREA audit for China Spring Youth camp. They will need another audit by May of 2019</p> <p data-bbox="188 331 1236 365">China springs meets the standard for ensuring an audit is conducted for their facility.</p> <p data-bbox="188 371 1236 405">Full access to all areas of China Spring Youth Camp was provided and encouraged.</p> <p data-bbox="188 412 1556 656">China Spring provided copies of all requested documents and information. They provided required documentation and more. All documentation provided was to a locked down shared site that was encrypted and had access to the auditor and the PREA Coordinator only. The site was categorized by standard and sub standard, as well as an area for additional documentation, reports, and corrective action documentation. All reviewed material was uploaded--under each relevant standard. The site will be locked down, with access only to the auditor, as soon as this audit is complete--after corrective action and final report.</p> <p data-bbox="188 663 1556 734">Interviews were conducted with random youth, selected on site by the auditor. The interviews were conducted in a private setting.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="188 1014 446 1048">Auditor Discussion</p> <p data-bbox="188 1088 1508 1160">This is the first audit for China Spring Youth Camp. The next audit will be required before May 2019. They have had no incidents of sexual abuse to report or report on.</p>

Appendix: Provision Findings

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

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

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

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

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

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the	yes

11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?

yes

115.313 (b)

Supervision and monitoring

Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?

yes

In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)

yes

115.313 (c)

Supervision and monitoring

Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)

na

Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)

na

Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)

yes

Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)

yes

Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?

no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	no

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no

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

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

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.401 (a)	Frequency and scope of audits	
	During the 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.)	yes

115.401 (b)	Frequency and scope of audits	
	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.	yes

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

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

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

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