

PREA Facility Audit Report: Final

Name of Facility: Mohave County Juvenile Detention Facility

Facility Type: Juvenile

Date Interim Report Submitted: 09/15/2017

Date Final Report Submitted: 12/21/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Elaine Brideschge	Date of Signature: 12/21/2017

AUDITOR INFORMATION	
Auditor name:	Brideschge, Elaine
Address:	
Email:	ebridsch@courts.az.gov
Telephone number:	
Start Date of On-Site Audit:	08/21/2017
End Date of On-Site Audit:	08/23/2017

FACILITY INFORMATION	
Facility name:	Mohave County Juvenile Detention Facility
Facility physical address:	300 W. Andy Devine , Kingman , Arizona - 86401
Facility Phone	928-753-0720
Facility mailing address:	PO Box 7000, Kingman, Arizona - 86402
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 checked="" type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Amber Freed	Title:	Juvenile Detention Administrator
Email Address:	afreed@courts.az.gov	Telephone Number:	928-753-0720

Warden/Superintendent			
Name:	Amber Freed	Title:	Juvenile Detention Administrator
Email Address:	afreed@courts.az.gov	Telephone Number:	928-753-0720

Facility PREA Compliance Manager			
Name:	Amber Freed	Email Address:	afreed@courts.az.gov

Facility Health Service Administrator			
Name:	Margaret Saltsgiver	Title:	Health Services Administrator
Email Address:	MSaltsgiver@CorrectCareSolutions.com	Telephone Number:	928-753-0759

Facility Characteristics	
Designed facility capacity:	47
Current population of facility:	14
Age range of population:	10-17
Facility security level:	Locked
Resident custody level:	Detained
Number of staff currently employed at the facility who may have contact with residents:	19

AGENCY INFORMATION	
Name of agency:	Mohave County Juvenile Probation
Governing authority or parent agency (if applicable):	
Physical Address:	300 W Andy Devine Ave, Kingman , Arizona - 86401
Mailing Address:	PO Box 7000, Kingman, Arizona - 86402
Telephone number:	9287530820

Agency Chief Executive Officer Information:			
Name:	Elaine Maestas	Title:	Director of Juvenile Court Services
Email Address:	EGrissom@courts.az.gov	Telephone Number:	928 753-0741 ext. 41

Agency-Wide PREA Coordinator Information			
---	--	--	--

Name:	John Myers	Email Address:	jmyers@courts.az.gov
--------------	------------	-----------------------	----------------------

AUDIT FINDINGS

Narrative:

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

The PREA onsite audit of the Mohave County Juvenile Detention Center in Kingman Arizona was conducted on August 21st, 22nd, and 23rd, 2017 by Elaine Bbridschge, from Valley Farms, Arizona, a U.S. Department of Justice Certified PREA Auditor for Juvenile Facilities. The purpose of the audit was to determine the degree of compliance with the Federal Rape Elimination Act (PREA) standards.

Six weeks in advance of the onsite audit, the auditor provided the PREA Coordinator with a flyer to be posted throughout the facility announcing the upcoming audit. The flyer explained the purpose of the audit and provided residents and staff with the auditors contact information. The Facility dated the flyer with the date when it was posted and the auditor has a photo of the displayed flyers.

Pre-audit preparation included a thorough evaluation of all documentation and materials electronically submitted by the facility along with the data included in the pre-audit questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum and rosters, organizational chart, posters, brochures, and other relevant materials that were provided to determine compliance with the PREA standards. This review prompted a series of questions that were submitted to the PREA Coordinator for review and clarification. Responses were submitted by the PREA Coordinator in a timely manner and reviewed by the auditor prior to the onsite audit. Additional documentation was also requested by the auditor and submitted to the PREA Coordinator. The PREA Coordinator submitted the additional documentation which was also reviewed by the auditor.

The onsite portion of the audit was conducted over a three day period: August 21st, 22nd, and 23rd, 2017. During this time, the auditor conducted interviews with facility leadership, staff, and residents. The interviews were conducted consistent with Department of Justice PREA auditing expectations in content and approach utilizing the PREA Compliance Audit Instrument Interview Guides, as well as individuals selected for interviews (i.e. Facility Director, PREA Coordinator, specialized staff, random staff, residents, etc.). The auditor was able to ask additional questions to personnel to gain more information about certain practices of the facility. In addition, the auditor was able to verify through interviews specific protocols and clarify documentation submitted.

An extensive facility tour was conducted which included observation of facility configuration, staff supervision of residents, housing, intake, classrooms, medical unit, visitation area, master control room, recreation areas, and administration areas. The auditor was able to view camera locations, showering areas, toilet facilities, and sleeping rooms. The auditor was able to informally talk to the residents, staff, and the master control officers. While on the tour, the auditor was permitted full access to all areas of the facility. Notices of the PREA audit were observed posted in each of the two housing units/wings. The auditor was escorted by the PREA Coordinator.

The residents were selected randomly by the auditor using a current roster of residents. The auditor

selected residents from all wings, and to include interviews with 7 male and 2 female residents. At the time of the onsite visit, there were no residents to interview that met the criteria for residents who reported a sexual abuse, residents in isolation, residents who disclosed prior sexual victimization during risk screening, residents who were disabled or spoke a language other than English, or transgendered, intersex, gay, lesbian, and bisexual residents. Residents were interviewed using the recommended DOJ PREA Compliance Audit Instrument Interview Guides that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse and harassment. The auditor was able to ask additional questions to residents to gain more information about certain practices of the facility. In addition, the auditor was able to gather information through interviews regarding facility practices that occur in the environment.

Eleven detention staff members were interviewed representing all three shifts (days, swings, and graves, to include lead officers). The Auditor selected staff randomly and by specialty using a current staff roster. The Auditor randomly selected at a minimum: two officers per shift, one officer of each gender, two medical staff involved in cross-gender strip or visual searches, three security staff who has acted as first responder, two intake officers, one master control officer, three lead officers/supervisors, and two non-security staff who had acted as a first responder. Staff were questioned using the recommended DOJ PREA Compliance Audit Instrument Interview Guides that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. The Auditor also interviewed specialty staff to include medical staff, intake staff, master control staff, and human resources and training staff. In addition, the auditor interviewed two volunteers, two contractors, SAFE/SANE staff, intermediate or higher-level facility staff, the facility administrator/agency head, and PREA Coordinator. The facility does not have a PREA Compliance Manager as it operates a single facility. The facility's leadership accommodated the auditor's request to interview specific staff and covered resident supervision while staff were participating in the interview process.

While at the facility, the auditor reviewed four resident case records, two from each housing wings which were randomly selected by the auditor utilizing a roster of detainees provided to the auditor by the facility, to evaluate screening and intake procedures, resident education, and other general programmatic areas. The auditor also reviewed four employee files and 100% of employee training records to determine compliance with training mandates and background check procedures. All documents reviewed by the auditor were within a one-year period from date of audit.

To obtain information about the rape crisis center and advocacy services, an telephonic interview was conducted with a representative from the Kingman Hospital. Interviews were also held with a representatives from the school and health services department.

On the final day of the onsite audit, a debriefing was held with the facility's leadership staff. The purpose of the meeting was to summarize preliminary audit findings. During this process, specific feedback was provided and included program strengths and areas of improvement as it relates to PREA standards.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Mohave Juvenile Detention Center has a designed capacity of 47 beds, located in Kingman Arizona. There are a total of 30 single cells, 2 segregated cells, with 10 cells per wing. All are single occupancy sleeping rooms that has the potential to add a second bed when necessary. The facility consists of one single building with three housing areas or wings. One of the wings is not in use. Both wings currently in use are co-ed units. Two restrooms are located within in each wing, with some of the sleeping rooms (cells) containing a toilet and sink where residents can access privately and out of view. Residents are able to change clothes in private within their assigned cell or in the restrooms located on each level of the wing. The Mohave County Juvenile Detention Center houses county and tribal residents ages 10 through 17. At time of audit, 10 residents were detained, of which one was released upon auditor's arrival prior to resident interviews being conducted. No residents older than 18 years of age are detained. The facility security level is considered as a secure facility. Residents are secured with mechanical restraints when leaving the facility.

The building contains an administration area which is accessible only to employees. The main entrance is controlled by the master control officer. Master Control is staffed 24 hours per day, seven days per week. The facility is controlled by locking doors that is controlled by master control or keyed doors. The classrooms and medical unit are located within the single building. The school has one classroom and was on break at time of audit. The medical unit contains one medical exam room that is utilized for residents, a pharmacy, and small office space where the PREA Coordinator/Detention Director resides. The medical department is contracted staff are come to the facility twice per day. They are on call from the Adult jail 24 hours a day 7 days a week. A large fenced recreation yard is adjacent to the housing units. Each housing unit contains a common day room that is used for eating meals, free time, and programming.

The facility is fairly large in size and has a separate area for intake and processing. This area has a bathroom that is used for strip searches and showering. The facility implements direct podular supervision, where staff can visually supervise residents. In addition, resident movement is monitored through master control. Programming is conducted daily by staff in the housing units. Residents have access to onsite medical services and contracted mental health services. Visitation is available three days a week and special visits for parents and guardians. Attorney visits can occur daily and counselor visits work around school hours.

The average length of stay for a resident in The Mohave County Juvenile Detention Center is 9.73 days. At time of audit, 10 residents, 8 males and 2 females, were detained, of which one was released upon auditor's arrival and prior to resident interviews being conducted.. The facility currently has 18 staff employed at the facility, full-time. and two authorized contractors. Due to the Juvenile Detention Alternative Initiative (JDAI) through the Annie Casey Foundation, residents detained at any given time have been relatively low.

The facility is equipped with a video monitoring system internally and externally which is monitored by a staff member assigned to the Master Control room. Master Control personnel also control the movement of staff and residents throughout the facility. Meals are prepared offsite in an approved kitchen and are transported by detention staff to each housing unit.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Number of standards exceeded:	2
Number of standards met:	41
Number of standards not met:	0

In the past 12 months, The Mohave County Juvenile Detention Center reported that they have not had any allegations of sexual abuse or sexual harassment received. There were no administrative investigations and no criminal investigations related to sexual abuse conducted at Mohave County Juvenile Detention Center.

Overall, the interviews with residents reflected that they were aware of and understand the PREA protections and the agency's zero tolerance policy. All new residents were provided with an orientation by the intake staff at time of intake. Residents were able to articulate to the auditor what they would do and who they would tell if they were sexually abused. Residents consistently indicated to the auditor that they felt safe in the facility.

All facility staff interviewed indicated that they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy.

In summary, after reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that the agency should devote time to policy development and data collection. In discussion with facility leadership, they are very eager to begin working on the corrective action items to become in full compliance with PREA standards.

The facility was given a required correction action period not to exceed 180 days. The auditor recommended a corrective action plan for the facility and facility staff began immediate corrections of those standards found to be in non-compliance. The auditor reviewed all submitted documentation to determine if full compliance with the standards were achieved. The auditor was able to ask clarifying questions of the PREA Coordinator regarding the verification documents and requested additional documents. The auditor provided the facility notification as standards were met. Mohave County Juvenile Detention Center completed the required corrective actions requested by the auditor to bring the facility into full compliance with the PREA standards as of the date of this final report.

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy "PREA Policy" dated March 31, 2017 (updated) states that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. This policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the Mohave County Juvenile Detention Center which it directly operates. The policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It also includes a list of prohibited behaviors regarding sexual abuse and sexual harassment. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>The agency employs an upper level, agency-wide PREA Coordinator. The agency submitted an original organizational chart that listed Mrs. Freed as the Compliance Manager. During the interview process with Mrs. Freed and Director Mrs. Maestas, it was determined that Mrs. Freed is the PREA Coordinator and assumes the responsible of such. A revised organizational chart indicating that the PREA Coordinator is Amber Freed was submitted to the Auditor during the onsite visit. Mrs. Freed reports directly to the Director of Juvenile Court, Mrs. Maestas.</p> <p>During interview, the PREA Coordinator confirmed that she has sufficient time and authority to oversee agency efforts to comply with the PREA standards. The facility does not operate more than one facility, therefore does not have a designated PREA Compliance Manager.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility meets the standard because the Agency does not contract for the confinement of its residents with private agencies or other entities. This was corroborated through a review of policy and through interviews with the the Agency and Facility leadership, including the Agency Director, Contracts Manager, and PREA Coordinator.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.313	Supervision and monitoring
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 616">Facility policy "Staffing Ratios" dated February 7, 2017 (Updated) states that the agency requires it facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The policy also requires that ratios of 1:8 during resident waking hours and 1:16 during resident sleeping hours are maintained. Facility reports the average daily number of residents is 18 and the staffing plan was predicated from this data.</p> <p data-bbox="252 660 1484 828">The Arizona State Detention Standards mandates that the facility meet a 1:8 or 1:16 staffing ratio at all times. The facility is audited by the State two times per year. Samples of compliance reports for day shift, swing shift and graveyard shift were submitted which indicates that appropriate ratios have been maintained.</p> <p data-bbox="252 873 1484 1041">The Facility reports that it deviated from staffing ratio 12 times, however, they were able to hold staff over and bring staff in to cover ratio. No documentation of deviation was submitted. According to the PREA Coordinator and the three lead supervisors, they are included in ratio to meet standard when need be. This is documented on the Compliance Reports.</p> <p data-bbox="252 1086 1484 1512">Prior to the audit the facility did not have a written staffing plan, however during the audit, the PREA Coordinator and Facility Director provided a newly developed staffing plan to the Auditor. The Mohave County Juvenile Detention Staffing Plan contains information on staff to youth ratios; staff supervision of youth; supervisory personnel; video monitoring systems; applicable laws, regulations, and findings; and staffing plan review. The staffing plan indicates that the video monitoring system is actively monitored 24 hours per day. This was verified by the Auditor during the facility tour and in discussion with the Master Control Officer. The review process will be no less than once annually and will be documented and recommendations for modification to the staffing plan implemented as applicable and appropriate. Due to the nature of this plan recently developed, it has not yet been made</p> <p data-bbox="252 1556 1484 1859">The Facility indicates that unannounced rounds are being conducted but does not have a written policy or written procedure that addresses unannounced rounds and that prohibits staff from alerting other staff. The Facility submitted documentation "PREA Unannounced Rounds" forms to verify that unannounced rounds are being conducted by lead staff. This form accounts for all staff and residents and is completed by a lead supervisor. Interviews with three lead supervisors indicate that unannounced rounds are completed a minimum of once per shift, daily.</p> <p data-bbox="252 1904 1484 2116">Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to not having a written policy or procedure for conducting PREA Unannounced Rounds and from staff alerting other staff members that these rounds are occurring, and this auditor has recommended the following corrective action items to be completed within six months.</p>

CORRECTIVE ACTION NEEDED:

1. The Facility will develop a written policy or procedure for the ongoing occurrence of unannounced rounds. The policy will also include how the facility will prevent staff members from alerting others that the unannounced rounds are occurring. This will be verified by submitting the written policy or procedure to the auditor.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

Additional Documentation Reviewed:

The facility submitted a revised policy "PREA Policy" updated October 5, 2017 that fully describes the process for conducting random, unannounced rounds of the detention facility during every shift to identify and deter staff sexual abuse and sexual harassment in all areas of the facility. The policy includes how to document and validate such rounds.

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

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy "Searches of Persons and Facility" dated March 17, 2017 (updated) indicates that strip searches may only be conducted by detention officers of the same gender as the juvenile. Facility states that in the past 12 months no cross gender strip or visual body cavity searches have been performed on residents.</p> <p>The policy also states that the facility does not permit cross gender pat searches of residents, absent exigent circumstances. The PREA Coordinator indicated that the facility does not train security staff on how to conduct such searches seeing that the facility policy "Searches of Persons and Facility" dated March 17, 2017 (updated) prohibits cross gender searches. The policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. No documentation of cross-gender searches is available.</p> <p>During the audit, the PREA Coordinator submitted Facility Policy "Showers" dated December 30, 2016 (updated). Upon review of this policy and the "Searches of Persons and Facility" Policy, neither policy includes the provision that enables residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).</p> <p>During the tour of the facility, the auditor observed that there were two showers in each wing, one located on the upper floor and one located on the lower floor. The shower room were single use showers and has a full door which residents close during showering that conceals residents from others. Residents were also able to dress before leaving the area. There are private restrooms for residents to use, as well some cells contain toilets. All cells are single use only. The doors to the cells have small windows, which are kept partially covered to avoid viewing by others.</p> <p>During random staff interviews, all staff stated that they are restricted from conducting cross-gender strip or visual body cavity searches and that is must be an exigent circumstance and approved by the Detention Director, and only as a last resort that would warrant such a search. All residents were interviewed, and all reported that staff of the opposite gender of them has not performed a pat down of their body.</p> <p>Random staff and residents during interview, were able to verbalize to the auditor the purpose of the door bell system that alerts residents when staff enter the wing. Residents stated that some staff announce themselves and use the door bell, and others use only the door bell. All residents said the purpose of the door bell was to alert them that a staff member of the opposite gender, or any staff member, has entered the room and that if they are using the shower, toilet, or changing clothes that they should finish quickly or advise the officer of their activity. There is a push button speaker system in each cell that residents can utilize to contact officers to advise of situations. Although staff and residents are aware of this protocol, there is not a written policy or procedure explaining the purpose of knock and announce or the door</p>

bell system.

The policy indicates staff are prohibited from cross gender searches, however, staff indicated that if in extreme circumstances they may be required to perform a cross-gender search. Staff have not received training on how to conduct such searches in those rare occasions.

During the tour of the facility and documentation review, this auditor did not see a policy addressing the responsibility of staff of the opposite gender to announce their presence when entering an area where residents of the opposite gender are dressing, showering, etc. The auditor did not receive evidence that staff have been trained in cross gender searches for those rare occasions when staff members said they may have to perform such a search. This is required by standard, and based on this evidence, the facility is not in compliance with this standard and this auditor has recommended the following corrective action items to be completed within six months.

CORRECTIVE ACTION NEEDED:

1. The facility must address in policy the responsibility of staff of the opposite gender to announce their presence when entering an area where residents of the opposite gender are dressing, showering, etc.. This should include the use and purpose of the bell system. The facility will submit policy to the auditor.
2. Staff shall be trained on cross gender searches. The facility will submit curriculum and/or link to video and a signed roster indicating all staff have received training in this area.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

Additional Documentation Reviewed:

A sign in roster was submitted to the auditor as verification that nineteen employees received training on "Cross Gender Pat Searches". The roster was dated October 20, 2017.

The PREA Coordinator provided the auditor with an email to staff containing the training curriculum/video link. The email instructed staff to view the video in its entirety by October 20, 2017. The video is a PREA Resource Center approved video.

The facility submitted a revised policy "PREA Policy" updated October 5, 2017 that explains that each wing is equipped with a door chime which serves to announce an officer of the opposite gender's presence in the pod.

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

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility submitted "PREA Policy" dated March 31, 2017 (updated) that states that the facility shall provide an effective interpreter (non-resident) to assist in communicating information that may impact the victim's safety, performance of first responder duties or the investigation of the victim's allegations. There was not any documentation submitted indicating resident interpreters were utilized. Facility reports that zero resident interpreters have been used in the past 12 months. Facility policy "Americans with Disabilities Act (ADA) dated December 30, 2017 (updated) was also submitted for review. The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The facility submitted the Mohave County "Language Access Plan (LAP)" (Title: 4.03) that addresses the limited English population, primarily Spanish language. The plan details services provided to include court interpreters, recruiting and hiring bilingual staff, language services outside the courtroom, I Speak Cards, video remote interpreting services, telephonic interpreters that are available 24/7; and Spanish-English signage and forms. The LAP states that staff will be trained so they know how and when to access language assistance services. Employee training logs were reviewed and the auditor was able to verify that all staff have received LAP training. Staff report that they utilize the interpreters as needed, however on most occasions, they have bilingual staff available on shift. According to the Agency Head, the agency has established procedures which are outlined in the LAP to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>During the tour of the facility, the auditor observed bilingual materials, such as PREA posters and PREA handbooks, available to residents in the housing units and school.</p> <p>During random staff interviews, staff reported that residents are not allowed to translate for other residents. Staff reported that in the past 12 months there have been zero instances where resident interpreters, readers, or other types of resident assistants have been used and there were no cases that an extended delay in obtaining another interpreter compromised the resident's safety, the performance of first response duties under 115.364, or the investigation of the resident's allegations.</p> <p>At time of audit there were no residents with disabilities detained, therefore no interviews could be conducted.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.317	Hiring and promotion decisions
	<p data-bbox="252 168 925 201">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1484 1041">Facility policy "Hiring Qualifications" dated March 17, 2017 (Updated) prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who have 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); or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The policy also requires the consideration of 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. The policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.</p> <p data-bbox="252 1097 1484 1601">Facility reports that in the past 12 months, 3/3 (or 100%) of persons hired who may have contact with residents who have had criminal background record checks. The auditor was able to review personnel documents, including the three most recent new hires and was able to verify that the facility prohibits hiring and promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution; or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity in this standard. According to the court human resources staff interviewed, this has been a practice and is contained in policy which was verified by the auditor.</p> <p data-bbox="252 1657 1484 1982">During interview with the court human resources staff, the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of a contractor that may have contact with residents. The policy states that material omissions regarding misconduct or the provision of materially false information shall be grounds for termination. The policy also addresses unless prohibited by law, the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p data-bbox="252 2038 1484 2150">Facility policy "Contractors and Volunteers" dated April 3, 2017 (Updated) state that applicable child abuse registries will be consulted with before enlisting the services of any contractor who may have contact with residents. Facility reports that in the past 12 months, that two contracts</p>

for services had criminal history background checks. The auditor was able to verify that they were completed. The policy also states that criminal background records checks and the central registry checks are to be conducted on current employees who have contact with residents during the employee's annual performance evaluation. According to the court human resource staff, the agency completes criminal history checks annually as part of the employees performance evaluation. Review of employee personnel files support that this is completed annually for employees. The court human resource staff stated that the facility performs criminal record checks for all newly hired employees who may have contact with residents and all employees who are being considered for promotions. The facility consults with the Arizona Department of Child Services Child Abuse Registry before hiring new employees or contractors who may have contact with residents.

Through the review of personnel documents, the auditor verified that the child abuse registry checks are being conducted. Files are maintained by the court human resource department. The court human resource staff said that upon a signed release of information, the Superior Court or County Personnel Department will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.

Based on evidence discussed, the facility has exceeded compliance with this standard by providing annual background reviews on all employees.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. This is their first PREA audit. According to the agency head, the facility built in 1999 with expansion in mind. The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, to include installation of additional cameras to enhance the agency's ability to protect residents from sexual abuse.</p> <p>All facility staff interviewed state that there are no blind spot areas or areas of concern, however if there were, they would bring them to the attention of the Detention Director immediately. In touring the facility it was observed that the Master Control area is centrally located between the wings and is completely enclosed by glass windows to be able to view all wings and hallways at any given moment. The auditor observed the video surveillance system in Master Control. There were several monitors and the video was clear and monitors were large enough to have a full view of the area. All cameras appeared to be in working order.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Mohave County Sheriff's Office has the responsibility for conducting administrative or criminal sexual abuse investigations of employees and residents. The facility policy "Protection from Harm" dated March 6, 2017 (Updated) states the protocol is developmentally appropriate for youth and was adapted from or otherwise based on the most recent edition of the DOJ'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.</p> <p>The policy states that If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The policy also states that forensic medical examinations are offered without financial cost to the victim.</p> <p>According to the PREA Coordinator, the facility does not have local rape crisis center, however the facility has documented good faith efforts to recruit a mental health practitioner to fulfill this role. The auditor was able to review documentation to verify good faith efforts have been made.</p> <p>Interviews with PREA Coordinator and medical personnel, support that off site medical examinations are offered, however there have not been any exams needed in the past 12 months. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, primarily the Kingman Hospital. The auditor was able to contact the Kingman Hospital and verified that they have have SAFE/SANE staff available to conduct forensic medical examinations. The facility was unable to provide an MOU or documented good faith effort with Kingman Hospital to provide SAFE/SANE practitioners to residents referred for sexual abuse.</p> <p>According to the agency head, the facility has not established a memorandum of understanding (MOU) or documented good faith effort with Mohave County Sheriff Office to conduct sexual abuse or sexual harassment investigations or to follow the requirements of paragraphs §115.321 (a) through (e) of the standards.</p> <p>All random staff interviewed acknowledged that the Mohave County Sheriff Office conducts all investigations related to sexual abuse and sexual harassment. At time of audit, there were no residents who reported sexual abuse to interview.</p> <p>Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to not having an MOU or documented good faith effort with Mohave County Sheriff Office to conduct sexual abuse or sexual harassment investigations or to follow the requirements of paragraphs §115.321 (a) through (e) of the standards. As well, the facility does not have an MOU or documented good faith effort with Kingman Hospital to provide SAFE/SANE practitioners to conduct forensic medical examinations. This auditor has</p>

recommended the following corrective action items to be completed within six months.

CORRECTIVE ACTION NEEDED:

1. The facility shall establish a written MOU or documented good faith effort with Kingman Hospital to conduct forensic medical examinations performed by SAFE/SANE practitioners. The facility will submit to the auditor a copy of the signed MOU or documentation of a good faith effort.
2. The facility shall establish a written MOU or documented good faith effort with Mohave County Sheriff Office to conduct sexual abuse or sexual harassment investigations or to follow the requirements of paragraphs §115.321 (a) through (e) of the standards. The facility will submit to the auditor a copy of the signed MOU or documentation of a good faith effort.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

Additional Documentation Reviewed:

The facility developed a triangular Memorandum of Understanding with Kingman Hospital to conduct forensic medical examinations performed by SAFE/SANE practitioners and with Mohave County Sheriff Office to conduct sexual abuse or sexual harassment investigations or to follow the requirements of paragraphs §115.321 (a) through (e) of the standards. The MOU contains signatures of representatives from Mohave County Juvenile and from the Kingman Hospital. Good faith efforts have been documented via email to obtain signature with the Mohave County Sheriff Office.

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

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy "Protection from Harm" dated March 6, 2017 (Updated) states that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and it requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The policy describes the process of referrals of allegations of sexual abuse or sexual harassment for a criminal investigation.</p> <p>In review of the agency's website and interviews with the agency head and PREA Coordinator, the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is not published on the agency website or made publicly available via other means.</p>

The PREA Coordinator reported that they would document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. As there have not been any allegations made, the auditor was unable to review samples of documentation of reports, including investigative findings.

According to the agency head, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and that the Detention Director is designated to ensure that all investigations are completed appropriately and timely.

Based on evidence discussed, the facility has not demonstrated compliance with this standard due to the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation not being published on the agency website or made publicly available via other means. The auditor has recommended the following corrective action item to be completed within six months.

CORRECTIVE ACTION NEEDED:

1. The agency shall publish on the department website or make publicly via other means the "Protection from Harm" policy dated March 6, 2017 (Updated). The facility will submit to the auditor the website address for verification purposes.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

Additional Documentation Reviewed:

The Facility provided the auditor with the website link <http://mohaveweb:81/Probation/juvenilejusticecenter.html>. The auditor was able to verify that the facility has posted the "Protection from Harm" policy in its entirety.

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

115.331	Employee training
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1469 528">Facility policy "Detention Staff Training" dated March 2, 2017 (Updated) states that the facility requires a minimum of one hour PREA training annually. The policy clearly states that direct care staff (detention officers) receives annual training. The policy also states that the facility requires a minimum of one hour PREA training annually. Between formal training, as issues arise, or reminders need to be given, the facility will provide employees refresher information.</p> <p data-bbox="252 584 1481 954">Participants are provided with a manual entitled "Addressing Sexual Misconduct in Detention". The manual covers the zero tolerance standard, definitions, Arizona Revised Statutes codes, Judicial Cannons, Red Flags, Juvenile Victims and Aggressors, and Principles of Direct Supervision. The manual is very detailed and specific as it relates to PREA and zero tolerance. Items 1-10 are incorporated into the manual. The facility has a PREA Trainer's Outline that clearly defines how the agency fulfills their responsibility under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The manual addresses how training is tailored to the unique needs and attributes and gender of residents.</p> <p data-bbox="252 1010 1353 1043">The facility does not have employees from facilities that houses the opposite gender.</p> <p data-bbox="252 1099 1485 1256">In review of employee training records, all detention staff received PREA training in 2017. Staff acknowledgement of training forms indicating their understanding of and compliance with the PREA standards and facility policies regarding sexual abuse and sexual harassment are signed by every employee at time of training and located in the training file.</p> <p data-bbox="252 1312 1469 1379">According to random staff interviewed, a formalized PREA training is provided annually, which lasts a minimum of one hour.</p> <p data-bbox="252 1435 1417 1559">The PREA Coordinator stated that all staff receive PREA training on an annual basis. The PREA Coordinator also stated that between training, the agency provides employees with refresher information and PREA updates as needed.</p> <p data-bbox="252 1615 1485 1648">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In review of the training curriculum, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Training records were reviewed to assure compliance with training requirements. The agency maintains signatures confirming that volunteers and contractors understand the training they have received.</p> <p>The PREA Coordinator reported that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response and that there are two volunteers and two contractors, who have contact with residents, which have been trained. According to the PREA Coordinator, the facility utilizes a handbook which was developed by the facility as a training resource. The volunteers and contractors are provided with that handbook to keep as reference. Documentation of training was verified.</p> <p>Interviews with two contractors and two volunteers indicated that all recall the training received and stated the training was about 30 minutes in length. They volunteers and contractors interviewed had a very good understanding of PREA and their role in reporting.</p> <p>The auditor was able to review the handbook regarding PREA Zero Tolerance Obligation to Report. The handbook contains information regarding retaliation, duty to report, expectations, and definitions.</p> <p>Visitors upon entering the facility must sign a document acknowledging that they received the handbook and agree to report any allegations of abuse. A blank sign in sheet was submitted.</p> <p>The Visitor Handbook is based on the services they provide and level of contact they have with residents. It covers the agency's zero tolerance policy and how to report.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Juvenile Handbook explains resident rights, rules, and expectations. The handbook contains information regarding zero tolerance and how to report. This handbook is available in English and Spanish.</p> <p>Residents are also provided with a PREA Flyer that outlines PREA and how to report, along with exceptions and zero tolerance. According to intake staff, this is provided to residents at time of intake. The information is age appropriate and easy to read. Facility states that in the past 12 months, 346 residents were given the juvenile handbook during intake. The facility also reports that in the past 12 months 346 residents received comprehensive information within 10 days of intake. Comprehensive education is provided at time of intake prior to the resident being moved into the housing unit.</p> <p>The PREA Coordinator states that the facility has a powerpoint that is text based and a powerpoint that is narrated should there be a deaf resident. Video is provided for residents with limited reading skills. The auditor was able to review the video.</p> <p>During the tour of the facility, the auditor was able to observe PREA handbooks and posters in each wing of the facility.</p> <p>During interviews with residents, all stated that they received PREA information and education at intake. They also stated that they receive it while on their units and that staff discuss it with them often. Residents were able to explain to the auditor what PREA is and how they can stay safe and ways they can report.</p> <p>Based on evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility meets the standard because the agency does not conduct administrative or criminal sexual abuse investigations. The agency refers all allegations of sexual abuse and sexual harassment to the Mohave County Sheriff Office for formal investigation. This was corroborated through a review of policy and through interviews with the PREA Coordinator and agency head.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy "Health Services Authority" dated December 30, 2016 (Updated) states that the Director of Juvenile Court shall ensure that medical and mental health professionals receive training on PREA . The auditor verified documentation (signed rosters) showing that medical practitioners who work regularly in the facility has been trained in zero tolerance and first responder duties.</p> <p>Correct Care Solutions (CCS) policy "OPS-100_B-05 Response to Sexual Abuse - Mohave AZ" dated 6/7/2017 states CCS employees will receive inservice training on PREA annually. Annual training was verified by the auditor through sign in sheets and interviews with medical personnel.</p> <p>In interview with medical staff, they are not trained to conduct forensic examinations. The medical staff indicated that they receive training via CBT annually and certificates of training were available for review. Training logs of medical staff were reviewed to ensure they received the training for employees and contractors/volunteers (depending on their status) in the referenced standards.</p> <p>The PREA Coordinator states that medical has received training and have received a copy of the PREA Visitors handbook.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Vulnerability Risk Assessment (pages 9-11 of the Health Screening Form) is the tool used for screening. Through review of the Vulnerability Risk Assessment , the agency attempts to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) 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; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.</p> <p>Facility policy "Classification" dated March 17, 2017 (Updated) does not contain screening information indicating within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p>According to the PREA Coordinator and staff responsible for risk screening, assessments are placed in a secure area and maintained in Master Control. All detention supervisors and lead officers have access to the files as needed.</p> <p>The auditor reviewed a sample of resident records and verified that residents were screened within 72 hours of intake.</p> <p>Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to policy not indicating within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The auditor has recommended the following corrective action item to be completed within six months.</p> <p>CORRECTIVE ACTION NEEDED:</p> <p>1. Facility policy "Classification" dated March 17, 2017 (Updated) shall be revised to contain screening information found in 115.341 (a) indicating within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The facility will send a revised policy to the auditor for verification.</p> <p>VERIFICATION OF CORRECTION ACTION:</p> <p>The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this</p>

standard.

Additional Documentation Reviewed:

The facility submitted a revised policy "Classification" updated October 5, 2017 that includes within 72 hours of the juvenile's arrival at the detention facility and periodically throughout a juvenile's confinement, a Vulnerability Risk Assessment will be completed to obtain information about Juvenile's personal history and behavior to reduce the risk of sexual abuse by or upon the juvenile.

The facility also submitted a revised policy "PREA Policy" updated October 5, 2017 that explains third party reporting information and reporting forms and where the forms are located.

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

115.342	Placement of residents
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1469 450">Vulnerability Risk Assessment (pages 9-11 of the Health Screening Form) is the tool used for screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="252 499 1477 1133">Facility policy "Classification" dated March 17, 2017 (Updated) states that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise and the policy states that the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The policy also reflects that the facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis. The facility policy states that if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p data-bbox="252 1182 1458 1429">The PREA Coordinator during interview stated that there were no residents were held in isolation within the past 12 months. This was also verified by the auditor during the tour that no residents were held in isolation. The PREA Coordinator reported that they prohibit placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status and they prohibit considering this population as an indicator of likelihood of being sexually abusive.</p> <p data-bbox="252 1478 1458 1556">There were no transgender or intersex residents, no LGB residents, and no residents placed in isolation to interview.</p> <p data-bbox="252 1606 1477 1771">During the tour it was observed that all residents, including transgender and intersex residents, are given the opportunity to shower separately from other residents. Two single use only showers are located in each wing. The showers have a door that resident close while showering and dressing.</p> <p data-bbox="252 1821 1458 1986">According to staff responsible for risk screening, residents are assigned to housing units by age and behavior only. Staff also stated that that residents were able to shower and dress privately and that any concerns would be reported to the Detention Director immediately and documented.</p> <p data-bbox="252 2036 1477 2069">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.351	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The facility has a policy "Protection from Harm" dated March 6, 2017 (Updated) requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The policy mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The policy establishes procedures allowing multiple internal ways for residents to report privately to agency officials about sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. The policy excludes procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>The Juvenile Handbook given to residents during intake does not address multiple internal ways to report. The handbook states "You are required to report all sexual or inappropriate conduct you witness or are informed about at MCJDC. Detention staff is also obligated to report misconduct of any kind. " It does not mention the multiple internal ways for residents to report privately to agency officials about sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. During the tour, the auditor observed posters "PREA: Ways to Report" located in each wing in English and in Spanish. The posters contains multiple ways residents can report. Also during the tour of the facility, the auditor observed multiple ways of reporting. Residents can write a grievance and place it in the PREA boxes located in each housing wing and schoolroom. They can also submit a medical kite (note). There are two phones available for residents in each wing and they are able to call a third party during free time or upon special request. Additionally, residents can notify a third party during visitation hours or special visitation requests. Resident handbooks are available in English and in Spanish. The facility provides residents with access to tools to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The facility was unable to provide documentation of verbal reports of allegations made by residents. The PREA Coordinator stated that there have not been any allegations made. The PREA Coordinator, and corroborated by random staff during interviews, states that detention staff are required to document verbal reports immediately.</p> <p>During interviews with random staff, they stated that residents can speak to anyone and they are reminded of this frequently. Staff also said that residents can complete a medical kite or grievance form. Staff interviewed state that no reports have been received and residents interviewed reported that they have not made a written or verbal report of sexual abuse or sexual harassment. All residents stated that they have the option to tell someone in person or by phone or letter. They also explained the process how to file a grievance and how to use the PREA box. Residents stated that they can make a report to staff, the Detention Director, nurse, attorney, or parent. During interview with residents, residents could accurately describe</p>

the various ways that they can report sexual abuse and sexual harassment.

The PREA Coordinator stated that staff can also use the PREA boxes located in the wings and they can call law enforcement to privately report sexual abuse or sexual harassment of residents. The PREA Coordinator said that this information is given to staff during PREA refresher training, however the auditor was unable to locate in training materials.

Auditor observed numerous ways in which residents can report. Proper forms and PREA boxes were located in each room. The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to the policy excluding procedures for staff to privately report sexual abuse and sexual harassment of residents, and this auditor has recommended the following corrective action item to be completed within six months.

CORRECTIVE ACTION NEEDED:

1. Revise policy to include procedures for staff to privately report sexual abuse and sexual harassment of residents. The facility will submit a copy of the revised policy to the auditor.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

Additional Documentation Reviewed:

The facility submitted a revised policy "PREA Policy" updated October 5, 2017 outlining third party reporting procedures, forms, and availability to privately report an allegation of sexual abuse.

The facility submitted a revised policy "Protection from Harm" updated October 5, 2017 that provides detention staff with procedures on how to report privately incidents of physical, sexual abuse or sexual harassment.

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

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy "Grievance Procedures" dated March 6, 2017 (Updated) contains procedures for allegations of sexual abuse and allowing a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred and requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The policy also allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint and requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The agency's policy requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.</p> <p>Additionally, the policy referenced above permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. The policy has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. The policy limits the agency's ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in good faith.</p> <p>The PREA Coordinator reports that in the past 12 months, the facility reports that zero grievances were filed that alleged sexual abuse,</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Facility policy "Protection from Harm" dated March 6, 2017 (Updated) provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. Facility policy states that they inform residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.</p> <p>The agency does not maintain memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency was able to provide documentation to the auditor of a good faith effort to hire a mental health staff. Currently, the agency is still in the recruitment stage.</p> <p>Facility policy "Visitation Policy" dated March 17, 2017 (Updated) provides residents with reasonable and confidential access to their attorneys or other legal representation and the facility provides residents with reasonable access to parents or legal guardians.</p> <p>During the tour of the resident living areas, PREA information was displayed in manner that was beneficial to the residents. The auditor observed posters on walls containing contact information for advocate and support services.</p> <p>All residents interviewed were aware of advocacy services. All residents understood the mandatory reporting laws required certain information to be reported.</p> <p>The agency head stated that the facility provides residents with reasonable and confidential access to their attorneys or other legal representation utilizing private interview meeting spaces, by telephone, or by written correspondence.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment by providing a confidential reporting box in the visitation lobby. Also, the auditor was able to verify on the agency's website that the Visitor's Handbook that explains how to report resident sexual abuse or sexual harassment on behalf of residents is published and publicly available.</p> <p>During the facility tour, it was observed that the facility does have a confidential reporting box in the visitation lobby for third party reporting.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 705">Facility policy "Protection from Harm dated March 6, 2017 (Updated) states that the agency requires 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 and that the agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policy also states that the agency requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p data-bbox="252 750 1484 952">Facility policy "PREA Policy " dated March 31, 2017 (Updated) states that apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="252 1008 1484 1344">According to the Health Services Administrator, medical staff are mandatory reporters. During interview with medical practitioners, they stated that they would report any sexual abuse or sexual harassment reports to the Detention Director. When questioned about their responsibility to report to local and state authorities, the medical staff stated that the Detention Director would make that report, and if she did not, then they would. Also during interview, medical staff informed the auditor that they do not inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services. Medical staff are a contracted provider and the auditor was able to verify that the medical staff received training in PREA.</p> <p data-bbox="252 1400 1484 1512">According to the PREA Coordinator the facility would report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators, which is the Mohave County Sheriff Office.</p> <p data-bbox="252 1568 1420 1646">Employee training records and curriculum were reviewed to verify detention staff received adequate PREA training.</p> <p data-bbox="252 1702 1484 1937">During interviews with random staff, all staff reported that the agency requires staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse and sexual harassment that occurred in the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff also stated that they received PREA training as required in 115.331 a through k.</p> <p data-bbox="252 1993 1484 2150">The PREA Coordinator stated that when the facility receives an allegation of sexual abuse, staff reports it to the Director of Juvenile Court, law enforcement, department of child safety, and the probation officer. The Director will notify the parent of the victim in a timely manner. This is done as soon as possible and appropriate. Attorneys are notified as well. The agency</p>

head stated that all allegations of sexual abuse and sexual harassment are reported by detention staff to the PREA Coordinator immediately.

Based on evidence discussed, the facility has not demonstrated compliance with this standard due to contracted medical practitioners lack of understanding of mandatory reporter laws and not informing residents of their duty to report, and the limitations of confidentiality, at the initiation of services, and this auditor has recommended the following corrective action item to be completed within six months.

CORRECTIVE ACTION NEEDED:

1. Contracted medical staff should receive additional training on Arizona mandatory reporting laws. Facility will submit curriculum and training roster to auditor.
2. Contracted medical staff inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services. This should be documented and/or acknowledged by residents. Facility will submit documentation of training provided to medical staff, and will submit revised intake form and/or resident acknowledgement form, or other form of documentation to verify this is being conducted at time of intake.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

Additional Documentation Reviewed:

The facility submitted an email provided by the Health Services Administrator dated October 11, 2017 indicating that during a staff meeting held on October 10, 2017 training was provided to Correct Care Solutions medial staff regarding PREA duty to report and limitations of confidentiality. Handouts given and training roster was also provided to the auditor for verification purposes. Twenty-one medical staff received this training.

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has a policy "Protection From Harm", dated March 6, 2017 (Updated) that states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>According to the PREA Coordinator, in the past 12 months, the facility has determined that no residents were subject to a substantial risk of imminent sexual abuse.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility policy "Protection from Harm" dated March 6, 2017 (Updated) requires that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>The policy also requires that the head of the facility notify the appropriate investigative agency and it also requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. The policy states that the Director shall document that it has provided such notification within 72 hours of receiving the allegation. The policy also requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.</p> <p>In the past 12 months, the facility has not received any allegations that a resident was abused while confined at another facility and they have not received any reports of allegations of sexual abuse from other facilities.</p> <p>According to the agency head, the facility takes immediate protective action by increasing supervision and separating the victim and aggressor and that staff should respond to protect residents at substantial risk of imminent sexual abuse right away. The agency head stated that the facility will contact the Mohave County Sheriff Office should another agency advise the facility of sexual abuse or sexual harassment that occurred within the facility.</p> <p>The PREA Coordinator stated during interview that the facility would move the perpetrator right away once the facility learns that a resident is subject to a substantial risk of imminent sexual abuse. She also stated that when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility they would immediately refer for investigation. To date, the facility has not yet had such a report.</p> <p>Random staff interviewed stated that they would take appropriate actions to protect the residents. All staff were able to discuss in detail the steps that they would take.</p> <p>Based on evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility Policy "PREA Policy" dated March 31, 2017 (Updated) explains the agency's first responder responsibilities for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy also requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.</p> <p>The policy is missing the following information 115.364 (b) 1 through 2:</p> <ol style="list-style-type: none"> 1. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. 2. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. <p>According to the PREA Coordinator, in the past 12 months, there have not been any allegations that a resident was sexually abused.</p> <p>The first responder interviews identified that all staff interviewed were clear as to their first responder duties. Staff training rosters and curriculum were verified by the auditor. Staff were also given a wallet size first responder card that lists the procedure they will take should they be in the first responder situation. All officers had this card on their person.</p> <p>No residents reported sexual abuse were detained, therefore unable to interview.</p> <p>Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to policy missing standard 115.364 (b) 1 through 2, and this auditor has recommended the following corrective action item to be completed within six months.</p> <p>CORRECTIVE ACTION NEEDED:</p> <ol style="list-style-type: none"> 1. Policy be revised to include 115.364 (b) 1 through 2: <ul style="list-style-type: none"> -- Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. -- Agency policy requires that if the first staff responder is not a security staff member, that

responder shall be required to notify security staff.

The facility will provide the auditor with a revised policy with the information above included.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

Additional Documentation Reviewed:

The facility submitted a revised policy "PREA Policy" updated October 5, 2017 that requires if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It also requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

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

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility Policy "PREA Policy dated March 31, 2017 (Updated) outlines the agency's institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Expectations include preserving the crime scene, separating the alleged victim and alleged abuser, preserving physical evidence, contacting the Supervisor, PREA Coordinator, and medical services.</p> <p>According to the PREA Coordinator, she will notify the Director of Juvenile Court Services and Law Enforcement immediately.</p> <p>The agency head stated that in response to an incident of sexual abuse, the facility's plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership would be to preserve any evidence, and that in unison, everyone would play their parts in the process.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility meets the standard because the Agency is not required to have a collective bargaining agreement. This was corroborated through interviews with agency and facility leadership, including the PREA Coordinator and agency head, and contracts manager.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility Policy "PREA Policy" dated March 31, 2017 (Updated) protects all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The person identified is Elaine Maestas, Director of Juvenile Court Services. The policy states that the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations and that the facility will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The facility will act promptly to remedy any such retaliation. The facility will monitor the conduct or treatment of residents or staff who report sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p>According to the agency head, residents and staff are protected from retaliation for sexual abuse and sexual harassment allegations by separation and monitoring behaviors. If an individual who cooperates with an investigation expresses fear of retaliation, the agency will take immediate protective measures, such as separating one from another, relocating staff, and monitoring behaviors frequently.</p> <p>The PREA Coordinator stated that for all allegations of sexual abuse or sexual harassment, the measures the facility would take to protect residents and staff from retaliation would be to move into different wings, check in regularly, and document. The agency would also review files and staff assignments, as well as monitor and take appropriate personnel actions.</p> <p>According to interviews with staff charged with monitoring retaliation, staffs role in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations is to assure fairness in that no punitive action will be taken and to provide oversight. The situation would be monitored as long as it takes or until the threat is over.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility Policy "Classification" dated March 17, 2017 (Updated). The facility has a policy that states that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>The agency head and the PREA Coordinator stated that isolation has not been used and reports that no residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months.</p> <p>Medical staff report that isolation of residents has not been used in the facility.</p> <p>No residents in isolation were available to interview, however during random interviews with residents, all residents stated that they have never been placed in isolation for any reason.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.371	Criminal and administrative agency investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 663">The facility has a policy "PREA Policy" dated March 31, 2017 (Updated) related to criminal and administrative agency investigations that states that the agency does not terminate an investigation solely because the source of the allegation recants the allegation; substantiated allegations of conduct that appear to be criminal are referred for prosecution; the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation; and when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p data-bbox="252 712 1442 958">Arizona Code of Judicial Administration Part 3: Superior Court, Chapter 4: Administration, Section 3-402: "Superior Court Records Retention and Disposition Schedule", Amended November 11, 2016 directs the agency to retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Employee reports are maintained for five years after employment.</p> <p data-bbox="252 1008 1481 1388">The agency head and the PREA Coordinator attested that all reports of sexual abuse and sexual harassment will be immediately referred to the Mohave County Sheriff Office for investigation to determine if it is of criminal intent. The facility does not have a memorandum of understanding with the investigative agency as to what their responsibilities and expertise requirements are in relation to PREA-related investigations. The auditor was able to contact the Mohave County Sheriff Office and they confirmed that they have trained sexual abuse investigators and follow state law. They also stated that should they investigate a case of sexual assault from a resident of the detention facility that they would work closely with the managers to assure the investigation is completed satisfactorily and the victim is taken care of.</p> <p data-bbox="252 1438 1471 1684">According to the PREA Coordinator, when Mohave County Sheriff Office conducts an investigation, the facility will remain informed of the progress of a sexual abuse investigation by communicating regularly with the investigator and documenting those contacts. The facility will keep the victim updated on the status of the case. The PREA Coordinator stated that her role during an investigation is to cooperate with the investigator and monitor the situation internally, keeping the victim safe at all times.</p> <p data-bbox="252 1733 1439 1767">No residents that reported sexual abuse were detained, therefore could not be interviewed.</p> <p data-bbox="252 1816 1477 1850">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to Policy "PREA Policy" dated March 31, 2017 (Updated) the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>In interview with the PREA Coordinator, she stated that the standard of evidence required substantiating allegations of sexual abuse or sexual harassment is determined by the investigator with Mohave County Sheriff Office. A thorough explanation of the referral process and standard of evidence can be found in standards 115.321 and 115.371.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.373	Reporting to residents
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 618">The agency has a policy "PREA Policy" dated March 31, 2017 (Updated) requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The policy states if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.</p> <p data-bbox="252 667 791 701">The policy does not contain the following:</p> <p data-bbox="252 712 1477 1003">115.373 (c)-1 Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the resident's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="252 1014 1477 1216">115.373 (D)-1 Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="252 1227 1453 1305">115.373 (E)-1 The agency has a policy that all notifications to residents described under this standard are documented.</p> <p data-bbox="252 1357 1477 1603">The PREA Coordinator reported that there have not been any criminal and/or administrative investigations of alleged resident sexual abuse completed by the agency/facility in the past 12 months and no investigations of alleged resident sexual abuse in the facility completed by an outside agency in the past 12 months. Also, there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.</p> <p data-bbox="252 1655 1461 1778">The agency head stated that the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p data-bbox="252 1830 1410 1863">At time of audit there were no residents detained that reported sexual abuse to interview.</p> <p data-bbox="252 1915 1402 2036">Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to missing information from policy, and this auditor has recommended the following corrective action items to be completed within six months.</p> <p data-bbox="252 2087 692 2121">CORRECTIVE ACTION NEEDED:</p> <p data-bbox="252 2132 1102 2166">1. Policy to be revised to reflect the following missing information:</p>

--115.373 (c)-1 Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the resident's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

--115.373 (D)-1 Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

--115.373 (E)-1 The agency has a policy that all notifications to residents described under this standard are documented.

The facility will submit the revised policy to the auditor.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

Additional Documentation Reviewed:

The facility submitted revised policy "PREA Policy" updated October 5, 2017. The policy now contains missing standards 115.373 (c); 1115.373 (D)-1; and 115.373 (E)-1.

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

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility Policy "PREA Policy" dated March 31, 2017 (Updated) states that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.</p> <p>In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse) is zero. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero.</p> <p>According to the Court Human Resource staff, there were no files of personnel with disciplinary actions to review.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility Policy "Contractors and Volunteers" dated April 3, 2017 (Updated) requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents and in the past 12 months, no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of residents.</p> <p>There were no files of contractors and volunteers with disciplinary actions to review.</p> <p>The agency head stated that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would take remedial measures and prohibit further contact with residents.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility Policy "Classification" dated March 17, 2017 (Updated) states that in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p>Facility Policy "Behavior Room Confinement" dated March 29, 2017 (Updated) states that in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services.</p> <p>Facility Policy "PREA Policy" dated March 31, 2017 (Updated) states that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.</p> <p>Facility Policy "Grievance Procedures" dated March 6, 2017 (Updated) states that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Mohave County Juvenile Detention Center Juvenile Handbook discusses that an agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>The following standard is not included in policy: 115.378 (a)-1 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. 115.378 (a)-2 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>The PREA Coordinator reported that in the past 12 months, no administrative findings of resident-on-resident sexual abuse that have occurred at the facility and in the past 12 months, and no criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility.</p> <p>Currently the facility is in the recruitment phase to hire an onsite mental health clinician. Medical staff interviewed reported that in the meantime, they would refer residents in need of</p>

crisis intervention to the Mohave Mental Health Center. Also, the facility has Administrative Office of the Courts contracted clinicians meet with residents as needed.

There were no files of contractors and volunteers with disciplinary actions to review.

The agency head stated that residents would be subject to disciplinary sanctions following an administrative or criminal finding the resident engaged in resident on resident sexual abuse. Sanctions would be based on the resident's age, mental concerns, and history. Isolation would not be used.

According to medical staff, the facility offers contracted therapy, counseling, and other intervention services designated to address and correct the underlying reasons or motivations for sexual abuse through contracted agencies. Services will be offered to victim and the offender. When providing these services, a resident's participation as a condition of access to programming, education, and rewards-based behavior management systems is not required.

Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to standard 115.378 (a)-1 and (a)-2 missing from policy, and this auditor has recommended the following corrective action to be completed within six months.

CORRECTIVE ACTION NEEDED:

1. Revise policy to include:

--115.378 (a)-1 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.

--115.378 (a)-2 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. The facility will submit revised policy to auditor.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

Additional Documentation Reviewed:

The facility submitted revised policy "PREA Policy" updated October 5, 2017 that now includes information regarding residents subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse and residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

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

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility Policy "Medical Care and Treatment" dated April 3, 2017 (Updated) specifies that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p> <p>The following information is not located in policy:</p> <p>115.381 (a)-1 All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner</p> <p>115.381 (a)-2 If YES, the follow-up meeting was offered within 14 days of the intake screening.</p> <p>115.381 (a)-4 Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>Facility Policy "Medical Care and Treatment" dated April 3, 2017 (Updated) was reviewed and found that the following information not in policy:</p> <p>115.381 (b)-1 All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>According to the PREA Coordinator the facility does not offer a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Random samples of classification forms for residents were reviewed and the auditor was unable to verify that residents were being referred for mental health follow-up within 14 days of intake. Interviews with staff responsible for risk screening also confirmed that youth were not being referred for mental health follow-up within 14 days of intake. Staff stated that if a screening indicates that a resident previously perpetrated sexual abuse, they would not refer the resident for a follow-up meeting with a clinician.</p> <p>Medical provider states that all residents are under the age of 18 and do not require consent.</p> <p>Based on evidence discussed, the facility has not demonstrated compliance with this standard due to not having a policy that addresses 115.381(a)-1, (a)-2, (a)-4 and 115.381 (b)-1, and this auditor has recommended the following corrective action items to be completed within six months.</p> <p>CORRECTIVE ACTION NEEDED:</p> <p>1. Revise policy (policies) to include:</p> <p>115.381 (a)-1 All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner</p> <p>115.381 (a)-2 If YES, the follow-up meeting was offered within 14 days of the intake screening.</p> <p>115.381 (a)-4 Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p>

115.381 (b)-1 All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. According to the PREA Coordinator the facility does offer a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
Submit revised policy to auditor.

2. Staff to receive training on revised policies. Submit agenda and roster to auditor.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

Additional Documentation Reviewed:

The facility submitted revised policy "Medical Care and Treatment" updated October 5, 2017 to include all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner; Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services; and All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The facility submitted new Counseling Referral Form (10/3/17 SEC) to ensure that referrals are made with 14 days and documented. The form also includes a section for notes that the counselor will complete.

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

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility Policy "Medical Care and Treatment" dated April 3, 2017 (Updated) states that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. It also states that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>During interview, medical staff stated that victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. They also said that they would refer residents to the local hospital should they need emergency medical treatment and crisis intervention services.</p> <p>According to the PREA Coordinator, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>No residents who reported sexual abuse were detained.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Facility Policy "Medical Care and Treatment" dated April 3, 2017 (Updated) states that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. The policy also states that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services and that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Additionally, policy states that treatment services are 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.

The auditor was unable to verify the following standard in policy and according to the PREA Coordinator, the facility does not provide these services:

115.383 (h)-1 The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

The facility offers medical evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. According to the PREA Coordinator and medical staff, the facility does not offer mental health evaluations internally; however these services can be contracted for through Mohave Mental Health Agency or Southwest for crisis intervention services.

In interviews with medical staff, they stated that evaluation and treatment of such victims shall 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. There are not any records to review as the facility has never had such a report. Medical staff also stated that the facility shall provide such victims with medical and mental health services consistent with the community level of care.

Based on evidence discussed, the facility has not demonstrated compliance with this standard due to not having a policy that address 115.383 (h)-1, and this auditor has recommended the following corrective action items to be completed within six months.

CORRECTIVE ACTION NEEDED:

1. Revise policy (policies) to include:

115.383 (h)-1 The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Submit revised policy to auditor.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this

standard.

Additional Documentation Reviewed:

The facility submitted revised policy "Medical Care and Treatment" updated on October 5, 2017. The policy references ongoing medical and mental health care shall be offered to detained juveniles consistent with the community level of care, for sexual abuse victims, which shall include, but not be limited to, mental health evaluation and treatment when appropriate of all known resident-on-resident abusers within 60 days of learning of such abuse history, and/or following the adjudication of the juvenile for that act.

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

115.386	Sexual abuse incident reviews
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1465 831">Facility Policy "PREA Policy" dated March 31, 2017 (Updated) states that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Policy also states that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. Additionally, the policy states that the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p data-bbox="252 887 1485 1088">To date, the facility has had no incidents to report. In the past 12 months, there have been zero reports of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days. In the past 12 months, there have been zero reports of criminal and/or administrative investigations of alleged sexual abuse completed at the facility.</p> <p data-bbox="252 1144 1385 1211">The PREA Coordinator stated that she would prepare a report of findings that would be provided to the incident review team.</p> <p data-bbox="252 1267 1477 1603">The facility head stated that the facility has a sexual abuse incident review team in place and that the SART team would use information from the sexual abuse incident review. The review team would 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 and/or group dynamics. The team would examine the area in the facility where the incident allegedly occurred. The team would assess the adequacy of staffing levels in that area and assess whether monitoring technology should be deployed or augmented to supplemental supervision by staff.</p> <p data-bbox="252 1659 1457 1727">There were no members of the review team to interview as a review team has not yet had to assemble due to not having any reported incidents.</p> <p data-bbox="252 1783 1477 1816">Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to the PREA Coordinator and agency head, annually, the facility completes the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>The agency head stated that the agency does not contract with other agencies for the confinement of its residents.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency does not review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>The PREA Coordinator stated that an annual report has not been completed as the facility has not had any reports. According to the agency head, the facility has not developed an annual report, and has not reviewed data to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to the facility not collecting and reviewing data or having a policy that addresses such procedures, and not having developed an annual report that is made public, and this auditor has recommended the following corrective action items to be completed within six months.</p> <p>CORRECTIVE ACTION NEEDED:</p>

1. The agency must reflect this standard in policy. A copy of the revised policy should be submitted to the auditor.
2. The agency must review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions of the facility. This annual report should be published to department website. A copy of the annual report and link to website where the report is located shall be provided to the auditor.

VERIFICATION OF CORRECTION ACTION:

The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.

Additional Documentation Reviewed:

The facility submitted a newly developed policy "Data Collection and Review for Corrective Action" dated November 14, 2017 that reflects standard 115.388 in its entirety.

The revised facility policies "PREA Policy" and "Data Collection and Review for Corrective Action" has been uploaded to the website <http://mohaveweb:81/Probation/juvenilejusticecenter.html> and the auditor was able to verify this by means of the web link.

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

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency does not have a policy that addresses this standard, The agency does not retain this data as this will be the first year they will prepare the annual report. However the agency does retain copies of the Survey of Sexual Violence they complete on an annual basis. The agency does not have this sexual abuse data publicly available.</p> <p>According to the PREA Coordinator, the agency does not have a policy that addresses this standard, nor does the agency retain this data or make this data publicly available.</p> <p>Based on the evidence discussed, the facility has not demonstrated compliance with this standard due to not having a policy or an annual report, and not making the data publicly available, and this auditor has recommended the following corrective action items to be completed within six months.</p> <p>CORRECTIVE ACTION NEEDED:</p> <ol style="list-style-type: none"> 1. Standard to be reflected in policy. A copy of the policy to be submitted to the auditor. 2. Data must be collected and prepared in a report annually. This report to be made publicly available. A copy of the report and link to website where report is located to be sent to auditor. <p>VERIFICATION OF CORRECTION ACTION:</p> <p>The Auditor was provided appropriate supplemental documentation within the six-month corrective action period to evidence and demonstrate corrective actions taken regarding this standard.</p> <p>Additional Documentation Reviewed:</p> <p>The facility submitted a new policy "Data Collection and Review for Corrective Action" dated November 14, 2017 that sufficiently complies with standard 115.389.</p> <p>The revised facility policies "PREA Policy" and "Data Collection and Review for Corrective Action" has been uploaded to the website http://mohaveweb:81/Probation/juvenilejusticecenter.html and the auditor was able to verify this by means of the web link.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with the standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency is a single facility. This is the first audit cycle of this facility. The facility provided the auditor with full access of the facility. The facility provided the auditor with copies of any requested documents and information. The facility permitted the auditor to conduct interviews with any residents that were requested by the auditor. The facility also allowed the auditor to conduct these interviews in a private setting.</p> <p>During the tour of the facility, the auditor observed the Notice of Audit posted in each housing unit and in the lobby. This Notice was furnished to the facility by the auditor six weeks prior to the audit. The Notice contains an explanation of the audit, along with the auditor's contact information. Residents reported seeing the notice placed on the wall for several weeks. The notice was dated at time of posting and the auditor has photos of the notice posted on the walls.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to the PREA Coordinator and agency head, there have not been any final audit reports issued to this facility. This is the first audit the facility has received.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</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.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na

115.312 (a)	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 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

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

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

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

115.313 (e)	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)	no
	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?	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)	na

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	yes

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
--	---	--

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

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

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

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

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

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

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

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

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

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

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

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

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.)	na

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.)	na

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).)	na

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).)	na
	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).)	na
	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).)	na
	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).)	na

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).)	na

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

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

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

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

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

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

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

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

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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?	no

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).)	na
	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).)	na

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?	yes

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

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?	yes

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.)	na

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, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	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