

PREA Facility Audit Report: Final

Name of Facility: Mohave County Juvenile Detention Facility

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/30/2020

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: 12/30/2020

AUDITOR INFORMATION	
Auditor name:	Brideschge, Elaine
Email:	ebridsch@courts.az.gov
Start Date of On-Site Audit:	12/07/2020
End Date of On-Site Audit:	12/08/2020

FACILITY INFORMATION	
Facility name:	Mohave County Juvenile Detention Facility
Facility physical address:	300 W Andy Devine Ave, Kingman , Arizona - 86401
Facility Phone	
Facility mailing address:	PO Box 7000, Kingman, Arizona - 86402

Primary Contact	
Name:	Amber Freed
Email Address:	afreed@courts.az.gov
Telephone Number:	9287530720

Superintendent/Director/Administrator	
Name:	Amber Freed
Email Address:	afreed@courts.az.gov
Telephone Number:	9287530720

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Stacy Philips
Email Address:	SLPhillips@Wellpath.us
Telephone Number:	9287530759

Facility Characteristics	
Designed facility capacity:	47
Current population of facility:	10
Average daily population for the past 12 months:	10
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-19
Facility security levels/resident custody levels:	Secure/detained
Number of staff currently employed at the facility who may have contact with residents:	23
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Mohave County Juvenile Probation
Governing authority or parent agency (if applicable):	
Physical Address:	809 E. Beale Street, Kingman , Arizona - 86401
Mailing Address:	
Telephone number:	(928) 753-0720

Agency Chief Executive Officer Information:	
Name:	Joshua Frisby
Email Address:	jfrisby@courts.az.gov
Telephone Number:	928 753-0741 ext. 41

Agency-Wide PREA Coordinator Information			
Name:	Amber Freed	Email Address:	afreed@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 for Mohave County Juvenile Detention Facility in Kingman, Arizona was conducted December 7-8, 2020 by Elaine Brideschge, 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.

On September 22, 2020, an initial pre audit meeting occurred between the auditor and the PREA Coordinator, Amber Freed, to discuss the audit process and to gather preliminary facility characteristics and logistical information. On October 20, 2020, approximately six weeks in advance of the onsite audit, the facility posted a Notice of Audit, provided by the auditor, throughout the facility announcing the upcoming audit. The Notice explained the purpose of the audit and provided residents, staff, and visitors with the auditors contact information. The Notice was written in English and in Spanish. The facility dated the Notice with the date it was posted, and the auditor was emailed dated photos of the displayed Notice.

Pre-audit preparation included a thorough evaluation of all documentation and materials electronically submitted by the facility into the PREA Resource Center's Online Automated System (OAS), along with supporting documentation included in the pre-audit questionnaire. The documentation reviewed by the auditor included agency policies, procedures, forms, education materials, training curriculum and rosters, posters, brochures, and other relevant materials to determine compliance with the PREA standards. This review prompted questions and a request for additional documentation in the form of an issue log that was submitted to the PREA Coordinator for review and clarification. Responses were submitted to the auditor in a timely manner and prior to the onsite audit. Additional documentation was also submitted by the facility in advance of the audit.

The onsite portion of the audit was conducted over a two-day period. The auditor held an entrance meeting to review the audit agenda and discuss the audit process with facility leadership. The auditor was provided a roster of current residents and staff that were assigned to work that day. Rosters were utilized to select random staff and residents to be interviewed.

Following the entrance meeting, an extensive facility tour was conducted which included observation of facility configuration, staff supervision of residents, lobby, housing, intake, classrooms, medical, visitation areas, recreation area, dining room, kitchen, and storage and administration areas. The auditor was able to complete a tour checklist following the recommended PRC tour guidelines. 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 and staff. While on the tour, the auditor was permitted full access to all areas of the facility. Notices of the PREA audit was observed posted throughout the facility. The auditor was escorted by Amber Freed, the facility's Superintendent/PREA Coordinator.

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, (i.e. agency director, PREA coordinator, specialized staff, random staff, medical and mental health staff, human resource staff, investigators, and residents). The auditor was able to ask additional questions to personnel and residents 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.

The residents were selected randomly to interview by the auditor using a current roster of residents. The auditor selected residents from all occupied housing units/wings, to include interviews with 4 random residents. This facility houses male and female residents, ages ranging from 10-19 years of age. At the time of the onsite visit, there were 4 residents listed on the daily roster. There were no residents to interview that met the criteria for residents who reported sexual abuse while at the facility, residents who disclosed prior sexual abuse, residents who are limited English proficient, disabled, lesbian, gay, bisexual, transgender or intersex. As well, there were no residents held in isolation.

Residents were interviewed using the recommended DOJ PREA Compliance Audit Instrument Interview Guides that question their knowledge on a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report sexual abuse and sexual 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.

Nine random staff members were interviewed representing day and night shifts and 11 staff were interviewed in specialty areas. The auditor selected staff randomly and by specialty using a current staff roster and a completed specialty staff form. The auditor randomly selected staff per each shift, position assignment, and gender. Selected staff were interviewed using either random or specialty area interview questions. The 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.

Specialty interviews were comprised of a representation of staff who has acted as first responders, intake staff, and shift supervisors who conduct unannounced rounds. The auditor also interviewed specialty staff to include medical staff, mental health staff, human resources staff, staff that monitor retaliation, investigators, and staff who perform risk assessments. The Superintendent/PREA Coordinator, Director of Juvenile Court Services, and Sexual Abuse Response Team members were also interviewed. The facility's leadership accommodated the auditor's request to interview specific staff and arranged resident supervision while staff were participating in the interview process. Telephonic interviews were conducted with a volunteer, a contractor, and Kingman Aid to Abused People.

While at the facility, the auditor reviewed 4 resident case records randomly selected by the auditor utilizing a resident roster provided to the auditor by the facility to evaluate screening and intake procedures, resident education, and other general programmatic areas. The auditor randomly selected and reviewed 4 employee files and 1 contractor file, along with employee training logs to determine compliance with training mandates and background check procedures. The auditor also reviewed PREA training records for volunteers and contractors. There were no investigation files to review.

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, next steps of the audit process, and to provide specific feedback to include 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.

Mohave County Juvenile Detention Center is a single, secured facility for male and female residents between the ages of 10-19. The average length of stay for residents is 13 days. In the past 12 months, the facility has admitted 328 residents, while 128 of those residents were detained for over 72 hours and only 10 residents had a length of stay over 10 days. Currently, the facility employs 23 staff who may have contact with residents. The facility has 1 contractor and 1 volunteer authorized to enter the facility.

The facility has a designed capacity of 47 with 3 wings, East, West, and South. Each wing has two levels and contains a total of 10 sleeping rooms, 2 single use restrooms with showers, including an ADA shower, and a laundry room. The laundry room is secured, and residents are not permitted inside. Each wing has a doorbell system that alerts residents when staff enters the wing. Secured PREA reporting boxes were mounted in each wing and writing materials were readily available. A phone is also located in each wing for resident access. Sexual Abuse Hotline numbers are posted near each phone.

The facility has a lobby/front entrance area where visitors enter that is secured with locking doors. The area contained a PREA reporting box to receive third party reporting. The facility includes a dining area, kitchen with no resident access, a medical room complete with an exam room and private restroom, staff work areas with no resident access, two classrooms with each containing a private restroom, a master control room that is monitored by detention officers 24/7, and a sally port area that leads into the intake area with a holding room, a cell with toilet, and a private shower. A spacious conference room with no resident access was also available. The facility has a large outdoor recreation area with ample space for outdoor activities. The recreation area is completely fenced and monitored by direct staff supervision and with cameras. The facility contains a counseling office that is also used for video court and residents can make private calls in this room as well. At time of audit, there were no renovated or modified areas of the facility to observe.

The facility implements direct podular supervision, where staff visually supervise residents. Attorneys can visit residents at any time and visitation for families are scheduled. Cameras are in every area, except for cells and restrooms, and monitored round the clock through Master Control. The auditor did not observe any blind spots within the facility. The facility is in discussion with Mohave County to upgrade the camera system, moving from analog to digital with larger storage capabilities. Currently, the existing cameras do have recording capabilities.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	5
Number of standards met:	38
Number of standards not met:	0

The facility has exceeded the following standards:

115.317, 115.321, 115.333, 115.341, 115.351

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>The facility's PREA Policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>The policy states that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards within its facility.</p> <p>Contained in the agency's organizational chart, the agency has designated Amber Freed, Juvenile Detention Administrator as the PREA Coordinator. The PREA Coordinator reports directly to Josh Frisby, Director, Juvenile Court Services. The PREA Coordinator's position is in the upper level of the agency hierarchy.</p> <p>The agency does not have a designated PREA Compliance Manager as there is only one facility in which it operates. The PREA Coordinator is responsible for all PREA compliance and was interviewed utilizing both the PREA Coordinator and the PREA Compliance Manager interview guides.</p> <p>In interview, the PREA Coordinator feels that she has enough time to manage all her PREA related responsibilities. The PREA Coordinator stated that the facility does not have a compliance manager as she is located onsite at the facility. When an issue with complying with a PREA standard is identified, the PREA Coordinator is responsible for assuring appropriate measures are taken for full compliance. Those actions could include hiring of personnel and frequent meetings with supervisors.</p> <p>Summary of findings:</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 Agency does not contract for the confinement of its residents with private agencies or other entities including other government agencies. The agency does not have a Contract Administrator.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's Staffing Ratios Policy requires that the facility develops, documents, and makes 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.</p> <p>The facility's PREA Policy requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The policy prohibits staff from alerting other staff of the conduct of such rounds.</p> <p>The facility submitted a Staffing Plan containing descriptive information in the areas of:</p> <p>Staff-to-Youth Ratios</p> <p>Staff Supervision of Youth</p> <p>Supervisory Personnel</p> <p>Video Monitoring Systems</p> <p>Applicable Laws, Regulations and Findings</p> <p>Staffing Plan Review</p> <p>The Staffing Plan is to be reviewed at least annually and takes into consideration the 11 criteria as identified within this standard. The review considers whether adjustments are needed to the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.</p> <p>Detention Statistics were submitted for the period of 1/1/2018 to 09/30/2020. This report provides the average daily number of residents on which the Staffing Plan was predicated. According to the report, the average daily attendance is 11.</p> <p>Compliance Reports for day shift, swing shift, and graves shift were submitted for 2018, 2019, and 2020. Any deviations are documented within these daily reports. The reports state that Control Officers, rovers, and Shift Supervisors are not counted in the required ratio.</p> <p>The facility submitted a sufficient amount of PREA Unannounced Rounds sheets from all shifts that documents the number of juveniles detained and observed; the number of staff on shift and observed; and the number of visitors in building and observed. The reports are completed and signed by the Supervisor/Juvenile Detention Officer II.</p> <p>Arizona Administrative Office of the Courts Detention Standards Policy requiring the facility to maintain staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours.</p> <p>During the tour of facility, the auditor did not observe unannounced rounds being conducted; however, the auditor was able to review a sample of video clips demonstrating unannounced rounds being conducted by supervisors.</p>

The Superintendent/PREA Coordinator stated during interview that the facility regularly develops a staffing plan and that Ms. Freed is in charge of developing the staffing plan. The staffing plan contains adequate staffing levels to protect residents against sexual abuse.

Although video monitoring is part of the plan, it does not take the place of direct supervision of residents. Staff schedules and staffing ratios are always given high consideration as well as managing staff time off. Compliance with the staffing plan is both scheduled and by direct observation. The facility has been able to fully comply with the mandated ratio by use of pulling in probation officers, surveillance officers, and administration to assist with coverage. The facility is obligated by state law through the Administrative Office of the Courts to maintain staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours.

Detention supervisors stated that unannounced rounds are completed daily by them and on each shift, including graveyard. During such rounds, supervisors account for each resident and each staff, volunteer, and contractor that are present. Rounds are conducted randomly to prevent staff from alerting one another. A form is utilized to document the rounds and maintained in a binder.

Summary of findings:

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

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The facility’s Searches of Persons and Facility Policy do not allow for cross-gender strip or cross-gender visual body cavity searches of residents. The policy does allow for cross-gender pat-down searches; however, the standard procedure does not include them. The policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender par-down searches be documented and justified. 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.</p> <p>The facility’s PREA Policy enables residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The policy requires staff of the opposite gender to announce their presence when entering a housing unit/area where residents are likely to be showering, performing bodily functions, or changing clothes.</p> <p>The facility submitted sign in sheets for all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.</p> <p>During a tour of the facility, the auditor was able to observe staff announcing their presence when entering a unit that houses the opposite gender. Showers, restrooms, and dressing areas were observed to be single use and private only.</p> <p>Interviews conducted with random residents revealed that staff of the opposite gender announces their presence when entering the wings. As well, residents stated that a doorbell system is in place that alerts them when someone enters the room. Residents were able to accurately describe the purpose of the doorbell system. Residents stated that staff of the opposite gender has never performed a pat down search of their body nor have residents been naked in full view of staff of the opposite gender.</p> <p>Interviews were conducted with random staff. Staff stated that they have received training on how to properly conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs; however, staff also stated that are restricted from conducting these searches, except in exigent circumstances. Staff stated that they are aware of the facility’s policy prohibiting staff from searching a transgender or intersex resident for the sole purpose of determining that resident’s genital status. Staff stated that they announce their presence when entering a housing unit that houses residents of the opposite gender and that a doorbell system is in place to alert residents as well. Staff stated that residents can dress, shower, and use the restroom without being viewed by staff of the opposite gender.</p> <p>There were no transgender or intersex residents to interview during time of audit and there were no non-medical staff involved in cross-gender strip or visual body cavity searches to interview.</p>

Medical staff stated that they have not performed any cross-gender strip or visual body cavity searches.

Summary of findings:

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

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's Americans with Disabilities Act (ADA) Policy includes procedures to provide disabled residents 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's PREA Policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties, or the investigation of the resident's allegations.</p> <p>PREA forms in Spanish are provided to residents with limited English proficiency to ensure 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 a tour of the facility, the auditor observed PREA postings in English and in Spanish, as well as ADA accessible areas.</p> <p>The agency head stated that the facility utilizes court translators to provide interpretation services. The agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to protect, detect, and respond to sexual abuse and sexual harassment.</p> <p>Random staff was also interviewed. Staff stated that the facility does not allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment.</p> <p>There were no residents with a disability or residents with limited English proficiency to interview at time of audit.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The facility’s Hiring Qualifications Policy 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 has engaged in sexual abuse in another institution, 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 refuse, or has been civilly or administratively adjudicated to have engaged in the activity. The policy 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.</p> <p>The policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks; consults any child abuse registry maintained by the State or locality in which the employee would work; and 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>The policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. The policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>Contractors and Volunteers Policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.</p> <p>Tenure Report was submitted indicating three staff in the past 12 months was hired who may have contact with residents that have had criminal background record checks.</p> <p>The auditor was able to review files of persons hired or promoted in the past 12 months to include criminal background checks. The auditor verified that checks are being conducted annually, far exceeding the five-year interval required by this standard.</p> <p>The auditor was also able to review a contractor background file and determined that a complete criminal history check was completed.</p> <p>During interview with the Human Resources staff, it was stated that staff complete an application for promotions. A criminal history check is conducted through the Department of Public Safety (DPS) ACJIS database. A child abuse registry check is conducted by the Department of Child Safety (DCS). The employee also completes an “Affidavit for Employment” form and an “Affidavit of Past Conduct” form. Contractors complete the application and undergo a reference check. The facility considers prior 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. References are asked specific PREA-related</p>

questions. Additionally, criminal history checks and child abuse registry checks are conducted annually of all employees, far exceeding PREA standard mandates. The facility asks all applicants and employees who may have contact with residents about previous misconduct through the online application process, a supplemental packet, and during reference checks. The facility imposes upon all employees a continuing affirmative duty to disclose any such previous misconduct through the Arizona Judicial Code of Conduct. Should a former employee apply for work at another institution, upon request from that institution, the Court Human Resource Department will provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, after obtaining approval from legal authorities.

Summary of findings:

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

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 the last PREA audit, nor has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>Interviews with the agency head and the superintendent revealed that the facility considers policy, processes, resident movement, and staff supervision when designing, acquiring, or planning substantial modifications to the facility. The facility has cameras in all locations of resident access, and the facility has plans to upgrade the cameras soon. Conversations with County Facilities are already underway. The control room officer monitors all cameras 24/7.</p> <p>During a tour of the facility, the auditor observed video surveillance cameras being monitored from the control room.</p> <p>Summary of findings:</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: Exceeds Standard
	Auditor Discussion
	<p>The facility's PREA Policy states that the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Mohave County Sheriff's Office has the responsibility for conducting criminal sexual abuse investigations. When conducting a sexual abuse investigation, investigators follow a uniform evidence protocol.</p> <p>The Protection from Harm Policy ensures that all juveniles held in a detention center are protected from harm and that detained juveniles have a constitutional right to personal safety. When conducting a sexual abuse investigation, the investigators follow a uniform evidence protocol. 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 Protection from Harm Policy states that the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. 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.</p> <p>The facility submitted a Memorandum of Understanding (MOU) between Mohave County Probation Department, Mohave County Sheriff's Office, and Kingman Aid to Abused People (KAAP). The MOU provides a detailed description of each agency's responsibility for a multidisciplinary team approach to sexual abuse investigations.</p> <p>In the past 12 months, the facility has not had a sexual abuse allegation, therefore no investigative files were available for review and there are not any residents detained who reported sexual abuse to interview.</p> <p>The PREA Coordinator is responsible for conducting the fact-finding inquiries related to a PREA allegation. The auditor was able to verify through training logs that the PREA Coordinator has received appropriate training.</p>

Staff interviewed understood the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Staff understood their role as a first responder and who to report the allegation too. Staff were all aware who is responsible for conducting sexual abuse investigations.

The PREA Coordinator stated that Kingman Aid to Abused People (KAAP) would provide victim advocacy, emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

The auditor was able to interview a representative with Kingman Aid to Abused People (KAAP) and found that they provide a no fee 24-hour crisis hotline, advocacy and counseling services, and provide sexual assault forensic examinations for victims of sexual abuse performed by a sexual assault Nurse Examiner (SANE).

Summary of findings:

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

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's Protection from Harm Policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>The policy requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>In the past 12 months the facility has not had any allegations of sexual assault or sexual harassment; therefore, there were not any investigative files to review.</p> <p>The auditor verified that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website http://mohavecourts.az.gov/.</p> <p>The agency head stated that all allegations of sexual assault are reported to the Mohave County Sheriff Office (MCSO) for investigation. MCSO will assume the lead of the investigation.</p> <p>The PREA Coordinator who also serves as the internal investigator stated that all sexual abuse cases are referred to MCSO and only those allegations of sexual harassment would be investigated internally (fact finding) first, before being referred to MCSO if warranted.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

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 1442 405">The facility's Detention Staff Training Policy states that the agency trains all employees who may have contact with residents on:</p> <p data-bbox="252 445 1254 479">The agency's zero-tolerance policy for sexual abuse and sexual harassment.</p> <p data-bbox="252 519 1358 598">How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.</p> <p data-bbox="252 638 1426 716">The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.</p> <p data-bbox="252 757 1426 835">The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.</p> <p data-bbox="252 875 1477 1032">According to the facility's PREA Policy, the agency trains all employees who may have contact with residents on the rights of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. Refresher trainings are offered on a yearly basis covering topics that have been an issue or topics that are new.</p> <p data-bbox="252 1072 1270 1106">The "Addressing Sexual Misconduct in Detention" participant manual includes:</p> <p data-bbox="252 1146 1219 1180">The dynamics of sexual abuse and sexual harassment in juvenile facilities.</p> <p data-bbox="252 1220 1326 1254">The common reactions of juvenile victims of sexual abuse and sexual harassment.</p> <p data-bbox="252 1294 1374 1373">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.</p> <p data-bbox="252 1413 970 1447">How to avoid inappropriate relationships with residents.</p> <p data-bbox="252 1487 1437 1565">How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p data-bbox="252 1606 967 1639">Relevant laws regarding the applicable age of consent.</p> <p data-bbox="252 1680 1474 1792">The PREA Lesson Plan 2019 trains on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents.</p> <p data-bbox="252 1832 1485 1955">Sign in sheets were provided which documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p data-bbox="252 1995 1465 2074">Staff training files were reviewed. All files contained PREA training documentation with signed acknowledgement forms. PREA refresher training documentation was reviewed as well.</p> <p data-bbox="252 2114 1410 2148">All staff interviewed acknowledged that PREA training is received upon hire and annually.</p>

Summary of findings:

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's Visitor Handbook/PREA contain responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, including the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Volunteer sign in sheets were provided confirming that the volunteers and contractors understand the training they have received.</p> <p>The auditor reviewed the training file of the contractor. PREA training documentation was evident.</p> <p>During interviews with two contractors/volunteers, they both stated that they received PREA training and understand the facility's protocol regarding PREA reporting, detection, and prevention.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.333	Resident education
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 528">Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. A handbook is provided and reviewed with each resident at time of intake and a PREA video is shown. The auditor was able to review the Resident PREA Handbook that is provided to each resident at time of intake.</p> <p data-bbox="252 573 1445 647">Detention Statistics Report was submitted indicating that 328 residents were admitted in the past 12 months and all were given PREA information at intake.</p> <p data-bbox="252 692 1481 851">A file review of resident files was completed by the auditor. All files contained documentation that PREA information was given at time of intake according to their admission date and that they received PREA comprehensive education within 10 days of intake. In fact, the comprehensive education (handbook and PREA video) was provided to them at time of intake.</p> <p data-bbox="252 936 1458 969">For residents with limited English proficiency or deaf, a narrated PREA power point is shown.</p> <p data-bbox="252 1010 1469 1084">During a tour of the facility, the auditor observed several PREA posters prominently displayed throughout the facility.</p> <p data-bbox="252 1124 1477 1328">Interviews with intake staff were conducted. Staff stated that residents are provided with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Staff stated that all residents at time of intake (day 1) are given PREA information and education through written (handbook), verbal explanation, and through a video.</p> <p data-bbox="252 1368 1473 1572">All residents interviewed stated that they were told of their right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. All residents stated they received PREA training during the intake process when they first arrived. Residents acknowledged that they received a handbook and watched a PREA video.</p> <p data-bbox="252 1612 528 1646">Summary of findings:</p> <p data-bbox="252 1686 1485 1720">Based on the 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 provided a signed memorandum of understanding (MOU) between the detention facility and Mohave County Sheriff Office (MCSO) detailing the responsibilities of MCSO. The MOU states that MCSO will provide investigators who have received special training in sexual abuse investigations involving juvenile victims and that they will follow a uniform evidence protocol for investigating allegations of sexual assault that is developmentally appropriate for youth. The MOU also states that MCSO will gather and preserve all evidence, and interview the alleged victim, suspected perpetrator, and witnesses.</p> <p>The PREA Coordinator training file was reviewed and it was determined that appropriate training was received. The PREA Coordinator who conducts the preliminary internal fact-finding inquiry was interviewed. It was stated that Mohave County Sheriff Office (MCSO) is notified of all sexual abuse and sexual harassment allegations. MCSO conducts the investigations for the detention center. The PREA Coordinator will assist with fact-finding only.</p> <p>Summary of findings:</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
	<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 450">The facility has a Health Services Authority Policy related to the training of medical and mental health practitioners who work regularly in its facilities. Medical staff are employees of Wellpath Academy, a contracted entity through Mohave County.</p> <p data-bbox="252 488 1453 611">Medical staff training documentation was reviewed. All medical staff received required PREA training through Wellpath Academy and received a certificate of completion in 2020. Medical staff does not conduct forensic medical exams.</p> <p data-bbox="252 649 1477 772">Medical staff stated that PREA training was received during on boarding and continued annually. Mental health staff stated that PREA training is received through the facility's PREA Coordinator annually. This is the same training mandated for employees by standard 115.331.</p> <p data-bbox="252 810 528 844">Summary of findings:</p> <p data-bbox="252 882 1477 916">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The facility's Health Services Authority Policy requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The facility has implemented appropriate controls on the dissemination within the facility of responses to questions asked in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p>The Classification Policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement. The facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis. 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>The facility submitted several forms of documentation for this standard. The facility uses a Vulnerability Risk Assessment, which is an objective screening instrument that asks residents questions pertaining to their experience in institutions, social skills, perception of risk, history of victimization, offense type, violent behaviors, resident's age, and lack of fit. Information is ascertained through conversation with the resident during the intake process and medical/mental health screenings.</p> <p>Detention Statistics Report provides the number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility:</p> <p>Resident files were reviewed. All files contained a completed risk assessment. All risk assessments were completed at time of intake. All intakes occurred the first day of arrival into the facility.</p> <p>At time of audit, there were not any new intakes; therefore, the auditor was unable to observe a risk assessment being administered to a resident. There were no residents detained to interview, nor files to review, that met the criteria for lesbian, gay, bisexual, transgender, or intersex (LGBTI). There were also no residents held in isolation to be interviewed.</p> <p>The auditor did observe during the tour of the facility that showers and restrooms are single use only which would allow privacy for transgender and intersex residents to shower and use the restroom without being viewed by others.</p> <p>Interviews were conducted with staff responsible for risk screening, the PREA Coordinator, and residents. The PREA Coordinator stated that detention officers and clinicians have access to risk screening assessments as needed. The facility does not have a special housing unit for LGBTI residents. Staff responsible for administering the risk screening stated that they ask each question verbally to the resident at time of intake, and that questions are about the resident's health, mental health, safety, and general well-being. Staff stated that the facility</p>

has outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. Information from the risk screening is used to make housing assignments, program assignments and to keep the resident free from sexual abuse and sexual harassment. Transgender and intersex resident's views of their safety will be given serious consideration in placement and programming assignments. Staff also stated that all residents can shower, dress, and use the toilet in privacy. All residents recalled being asked questions about sexual abuse, whether they think they may be in danger of sexual abuse at the facility, and if they identify being LGBTI at time of intake.

Summary of findings:

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

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Contained in the facility's Classification Policy, the agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The policy 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. Policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely based on 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.</p> <p>At time of audit, there were no residents being held in isolation. There were also no residents that identified as being lesbian, gay, bisexual, transgender, or intersex. During a tour of the facility, the auditor did not observe any isolation areas or units.</p> <p>Interviews were conducted with staff responsible for risk screening, the superintendent, and medical and mental health professionals. Staff stated that residents can be separated in different wings (units) within the facility instead of isolating residents, and that isolation for the purpose of transgender or intersex separation is not utilized.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.351	Resident reporting
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The facility’s Protection from Harm Policy requires 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. Policy states that staff are required to document verbal reports.</p> <p>The facility submitted multiple sources of evidence to verify compliance with this standard.</p> <p>“PREA: Ways to Report” poster provides residents with written instructions as to how to report to staff, trusted adults, filing grievances and professional kite’s to the Department of Child Safety, reporting to a third party, and calling the Department of Child Safety SOS hotline.</p> <p>Contained in the agency’s Juvenile Handbook, is a section dedicated to zero tolerance protocols and PREA reporting. It is easy to read and understand.</p> <p>“Healthcare Request”, also known as a Med Kite, can be used for reporting a PREA allegation. This form is in English and Spanish. Residents can remain anonymous when submitting this report.</p> <p>“Professional Contact Fax Kite” can be used by residents to report PREA allegations to an outside source, such as a probation officer, public defender, legal defender, attorney, Department of Child Safety, or a counselor. This report can also be submitted anonymously.</p> <p>PREA training sign in sheets and curriculum verifies that staff are trained on the agency’s established procedures for staff to be able to privately report sexual abuse and sexual harassment of residents.</p> <p>During a tour of the facility, the auditor was able to observe locked PREA boxes in each wing for resident’s use. There was also a PREA box located in the front of the building that visitors and staff can utilize. How to Report posters were also observed hung in the wings. Hotline numbers are available on posters in the wings as well.</p> <p>Interviews were conducted with random staff and residents. There were no residents at time of audit who reported a sexual abuse to interview. Staff and residents stated that they can privately report sexual abuse and sexual harassment of residents. All stated that residents can make a report in writing, verbally, anonymously, and through a third party. Residents were able to describe the purpose of the PREA boxes, and the multiple ways they could report a sexual abuse or sexual harassment allegation.</p> <p>In the past 12 months, the facility has not received any reports of sexual abuse or sexual harassment from residents.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.352	Exhaustion of administrative remedies
	<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 1484 786">The facility's Grievance Procedures Policy contains administrative procedures for dealing with resident grievances regarding sexual abuse. The policy allows 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. A resident is not required to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The policy 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 and procedures require 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 data-bbox="252 831 1476 1160">The policy 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 have the grievance filed on their behalf.</p> <p data-bbox="252 1205 1481 1534">The policy includes established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The policy includes procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The policy also includes procedures for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. The policy includes established procedures that limit its 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 bad faith.</p> <p data-bbox="252 1579 1420 1653">The facility's Juvenile Handbook explains the agency's zero tolerance and how to report a PREA allegation. This handbook is reviewed and given to each resident at time of intake.</p> <p data-bbox="252 1697 1460 1854">There have not been any grievances submitted by residents alleging sexual abuse within the last 12 months. There have not been any third-party reports submitted by residents alleging sexual abuse within the last 12 months. There have not been any emergency grievances submitted by residents alleging sexual abuse in the last 12 months.</p> <p data-bbox="252 1899 1388 1933">There were not any residents who reported a sexual abuse to interview at time of audit.</p> <p data-bbox="252 1977 526 2011">Summary of findings:</p> <p data-bbox="252 2045 1484 2078">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
	Auditor Discussion
	<p>The facility’s Protection from Harm Policy 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.</p> <p>The facility’s Visitation Policy provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.</p> <p>A memorandum of understanding (MOU) between Mohave County Juvenile Probation Department, Mohave County Sheriff’s Office, and Kingman Aid to Abused People (KAAP) has been established. The MOU is to provide a multidisciplinary team approach to sexual abuse investigations. The MOU contains details to provide counseling and advocacy services to victims, to include emotional support, crisis intervention, information, and referrals.</p> <p>A tour of the facility revealed that reporting (crisis) posters are available to residents in all wings and are located near phones. Residents can request to use the phone from detention officers or other staff members to call the hotline at any time. The officer will dial the number for the resident or master control will call and transfer it in.</p> <p>There were no residents who reported sexual abuse to interview at time of audit.</p> <p>Most residents stated in interviews that they knew about services available to them that are outside of the facility, such as the hotline, for dealing with sexual abuse. Residents were able to briefly describe what that support from those services would entail. Residents were aware of the reporting posters, location of posters, and how to contact outside reporting services if needed. Residents also understood the protocol for how to call the hotline number. Residents stated that they can call the hotline service at any time and that they would be able to speak in private. Residents can see or talk with the attorneys, probation officers, parents, or others on their approved contact list as needed.</p> <p>The superintendent stated that the facility provides residents with reasonable and confidential access to their attorneys and other legal representation, as well as to the parents or legal guardians.</p> <p>Summary of findings:</p>

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

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's PREA Visitor Handbook provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>During the tour of facility, the auditor verified that a reporting box for third party reporting is located in the front of the building where visitors have access too.</p> <p>The facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The auditor was able to verify this information on the facility's website, www.Mohavecourts.az.gov.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's Protection from Harm Policy requires all staff to report immediately 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. It requires all staff to report immediately any retaliation against residents or staff who reported such an incident. It also requires all staff to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation and it requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>Contained in the facility's PREA Policy, 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>In the past 12 months, there have not been any reports made to medical or mental health professionals of sexual abuse allegations.</p> <p>Interviews were conducted with staff, medical and mental health professionals, and the superintendent. Staff stated that Mohave County Sheriff Office, Department of Child Safety, the agency's Director, and the Deputy Director would all be notified if an allegation of sexual abuse was received by the facility. Notifications would be made immediately. Parents /guardians and attorneys would be notified as well. All allegations of sexual abuse and sexual harassment, including those from third party and anonymous sources, will be reported directly and immediately to the designated investigators.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.362	Agency protection duties
	<p data-bbox="252 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1469 488">The facility's Protection from Harm Policy states that 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 data-bbox="252 533 1390 607">In the past 12 months, the facility has not determined that any resident was subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="252 651 1465 813">Interviews conducted with the agency head, superintendent, and staff. Staff stated that residents would be placed in a unit that relates to any issue observed. They would be given a single room (no roommate) with heightened awareness from staff. Response would be taken immediately by staff to ensure the safety of the resident.</p> <p data-bbox="252 857 528 891">Summary of findings:</p> <p data-bbox="252 936 1481 969">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's Protection from Harm Policy 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 head of the other facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. The facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.</p> <p>The facility has not received any allegations from other facilities; therefore, there is not any documentation to review.</p> <p>Interviews were conducted with the agency head and the superintendent. Should an allegation be received from another facility of an incident of sexual abuse or sexual harassment that occurred within this facility, an investigation would open immediately. Managers and supervisors would gather all pertinent data and information, review case file and services, and obtain video surveillance, if able. The superintendent would notify the Mohave County Sheriff Office, Department of Child Safety, and the resident's attorney and parent/Guardian.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's PREA Policy describes first responder duties 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 would 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 will 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 would 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 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 would 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. 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.</p> <p>In the past 12 months, the facility has not had any allegations that a resident was sexually abused. At time of audit, there were not any residents who reported a sexual abuse to interview.</p> <p>Interviews were conducted with security staff first responders and random staff. Staff were able to describe the actions they would take as a first responder to an allegation of sexual abuse. Staff would immediately separate the victim and abuser, preserve and protect the crime scene, request that the victim and alleged abuser not take any actions that could destroy evidence, and immediately notify medical staff and supervisors.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's PREA Policy describes the facility's written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>An interview was conducted with the facility's superintendent. In response to an incident of sexual abuse, the facility's plan to coordinate actions among staff first responders, medical and mental health professionals, investigators, and facility leadership is described in the PREA policy. The plan would be to separate the victim and abuse, preserve evidence, and notify investigators immediately. A point person would be designated. The point person would communicate with all involved and make sure that the appropriate protocol is followed.</p> <p>Summary of findings:</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 agency head stated that the agency is not responsible for collective bargaining and has not entered into any collective bargaining agreements.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's PREA Policy 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 has a designated staff member for monitoring for possible retaliation. The facility monitors the conduct or treatment of residents or staff who reported 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. The facility monitors the conduct or treatment for at least 90 days, and beyond, if a continuing need is indicated.</p> <p>In the past 12 months the facility has not received any allegations of sexual abuse or sexual harassment; therefore, there was not any documentation of monitoring efforts to be reviewed.</p> <p>At time of audit, there were not any residents being held in isolation to interview. There were also no residents who reported sexual abuse to interview and no files to review.</p> <p>Interviews with the superintendent, agency head, designated staff member charged with monitoring retaliation, and the director were conducted. Staff stated that isolation is not utilized as the facility has several wings to separate residents when needed. If staff are involved, administrative leave could be utilized. Should a contractor or volunteer be involved, they would not be allowed back into the facility. Retaliation would be monitored by the facility's superintendent. The superintendent is officed at the facility in the secured area, near residents and staff. Staff stated that appropriate consequences for retaliation would be rendered, to include education, separation of involved parties, and corrective action of staff involved. The superintendent would physically observe the resident and/or situation frequently and review video surveillance. Supervisors would be tasked to keep a watch out as well.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's Classification Policy 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 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>During a tour of the facility, the auditor did not observe any residents being held in isolation pertaining to sexual assault or sexual harassment allegations. The facility has several wings to house residents without the need of isolation. Single rooms are available.</p> <p>In the past 12 months, there have not been any reports of sexual abuse or sexual harassment; therefore, there were no case files of residents being held in isolation to review and no residents held in isolation to interview.</p> <p>Interviews were held with the superintendent, and medical and mental health staff. Staff interviewed stated that there have not been any residents held in isolation in order to protect them for allegations of sexual abuse. Segregated housing is not utilized for PREA-related incidents.</p> <p>Summary of findings:</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="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1484 526">The facility's PREA Policy related to criminal and administrative agency investigations 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 facility refers all allegations of sexual abuse and sexual harassment to Mohave County Sheriff Office (MCSO) for immediate investigation.</p> <p data-bbox="252 571 1484 683">Documentation included a review of the Arizona Code of Judicial Administration 3-402 Superior Court Records Retention and Disposition Schedule that states files will be maintained 10 years.</p> <p data-bbox="252 728 1404 840">In the past 12 months, the facility has not had a sexual abuse or sexual harassment investigation; therefore, there were no residents who reported sexual abuse to interview. There were also no investigative files, internal or external, to review.</p> <p data-bbox="252 884 1476 1086">Interviews were conducted with investigative staff, superintendent, and the PREA Coordinator. The superintendent is the designated point of contact for all investigations. The superintendent would assist MCSO with fact finding evidence and with access to people involved. The facility has a good working relationship with MCSO investigators and the undersheriff, and the point of contact would remain in close contact with MCSO investigators.</p> <p data-bbox="252 1131 526 1164">Summary of findings:</p> <p data-bbox="252 1209 1484 1243">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's PREA Policy 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>An interview was conducted with the superintendent who is the point of contact for all investigations. The standard of evidence is determined by the investigative agency, Mohave County Sheriff Office.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The facility's PREA Policy requires 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. Mohave County Sheriff Office conducts such investigations, and the facility will request the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:</p> <ul style="list-style-type: none"> • 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>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:</p> <ul style="list-style-type: none"> • 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>In the past 12 months there have not been any allegations of sexual abuse or sexual harassment; therefore, there are no administrative findings to review and no residents who reported sexual abuse to interview.</p> <p>Interviews were conducted with the superintendent and investigative staff. Staff stated that the facility would notify a resident who makes an allegation of sexual abuse that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation verbally and in writing.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's PREA Policy states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The 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. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the past 12 months there have not been any reports of staff from the facility that have violated agency sexual abuse or sexual harassment policies. The facility did not have any records of terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment to review.</p> <p>Summary of findings:</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>The facility's Contractors and Volunteers Policy 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 requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>In the past 12 months there have not been any contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents, therefore, there was not any documentation of referrals or investigative reports to review.</p> <p>In interview with the superintendent, it was 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>Summary of findings:</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>The facility’s PREA Policy states that 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. The policy also states that 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 agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.</p> <p>The facility’s Behavior Room Confinement Policy 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>The facility’s Classification Policy states that 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>The facility’s Grievance Procedures Policy and PREA Policy 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. The agency prohibits all sexual activity between residents and disciplines residents for such activity; the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>In the past 12 months there have not been any administrative or criminal findings of resident on resident sexual abuse. As well, there have not been any residents placed in isolation as a disciplinary sanction for resident on resident sexual abuse. There was no documentation of investigative reports or sanctions imposed to review.</p> <p>Interviews were conducted with the superintendent, and medical and mental health staff. Residents are subject to disciplinary sanctions, from level losses to criminal charges, following an administrative or criminal finding that the resident engaged in resident on resident sexual abuse. The sanctions would be proportionate to the nature and circumstances, the resident disciplinary histories, and the sanctions imposed for similar offenses by other residents. Mental disability and mental illness are considered when determining sanctions. Isolation is never used as a disciplinary sanction. The facility offers counseling to residents. However, for specific therapy related to address and correct the underlying reasons or motivations for sexual abuse, the facility would refer the offending resident to outside services for treatment and care. A resident’s participation in treatment services would not affect his or her participation in a rewards-based behavior management system, programming, or education.</p> <p>Summary of findings:</p>

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

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's Medical Care and Treatment Policy require 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. The follow-up meeting will be offered within 14 days of the intake screening. 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. Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p> <p>In the past 12 months, there have not been any residents who disclosed prior victimization during screening; therefore, no records were available for review and no residents to interview.</p> <p>During a tour of the facility the auditor observed the medical unit/office where medical files are maintained in a locked file cabinet. The cabinet is accessible to medical staff only. Risk screenings are maintained in the residents file that are kept locked and out of reach. Detention officers, supervisors, medical, and mental health staff have access to the resident's risk screening.</p> <p>Interviews were conducted with staff responsible for risk screening and medical and mental health professionals. Risk screening staff stated that if a screening indicates that a resident has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institution setting or in the community, the resident is immediately referred to medical or mental health staff for a follow-up meeting. Medical and mental health staff stated that informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting is not required as the residents are under the age of 18 years and staff are mandatory reporters.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's Medical Care and Treatment Policy require 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. 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. 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>The facility provided a signed memorandum of understanding (MOU) between the facility and Kingman Aid to Abused People (KAAP) for emergency medical treatment and crisis intervention services.</p> <p>There were not any residents detained at time of audit who reported a sexual abuse to interview. The facility has not received any allegations of sexual abuse, therefore there is not any documentation demonstrating immediate notification of medical or mental health staff to review.</p> <p>During interviews with the medical and mental health and first responders, staff stated that resident victims of sexual abuse are referred to Kingman Aid to Abused People (KAAP) for emergency medical treatment and crisis intervention services. This entity provides services 24/7 and referrals are made immediately. A complete formal assessment is given to resident victims of sexual abuse by the outside provider. KAAP also provides victims of sexual abuse timely information about access to emergency contraception and sexually transmitted infection prophylaxis. First responders stated that they would take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health professionals.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility’s Medical Care and Treatment Policy states that the facility offers 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. Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. 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. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 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 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.</p> <p>In the past 12 months, the facility has not had any criminal or administrative investigations of alleged sexual abuse. At time of audit, there were no residents who reported sexual abuse to interview. There was not any documentation to review of completed criminal or administrative investigations of sexual abuse.</p> <p>Interviews were conducted with medical and mental health staff. Staff stated that they follow a written protocol called “Nursing Pathway” for evaluation and treatment of residents who have been victimized. The protocol describes the process for sending the resident to Regional Medical Center for evaluation by a SANE provider. The medical staff would also consult the health care provider upon return from the hospital. Medical staff would complete a plan of care, administration of medication, and refer to mental health services. Medical services exceed community level of care standards. The Medical Department is NCCHC certified. If pregnancy results from a sexual abuse while detained, victims are given timely information and access to all lawful pregnancy-related services. Referrals for these services will be made to an OBGYN the same day. Mental Health staff stated that outside mental health counseling services would be put into place. Such entities would come into the facility to provide needed services. Resident victims are referred to an independent licensed provider for mental health evaluations and treatment and such referrals would be made immediately.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's PREA Policy requires that the facility conduct 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. The facility would ordinarily conduct 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. The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>In the past 12 months, the facility has not had any criminal or administrative investigations of alleged sexual abuse. At time of audit, there were no residents who reported sexual abuse to interview. There was no documentation to review of completed criminal or administrative investigations of sexual abuse, to include sexual abuse review team minutes or reports.</p> <p>Interviews were conducted with the superintendent and sexual abuse review team members. Staff stated that a sexual abuse incident review team would be brought together by incident. The incident would determine who would be a part of the review team. The review team could consist of upper level management, supervisors, investigators, and medical and mental health professionals. Others may be added if warranted. 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 group dynamics at the facility. The team would examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. The team would assess the adequacy of staffing levels in that area during different shifts. Also, the team would assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Staff stated that the team would meet weekly to review all incidents and observe areas of facility in question.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's Data Collection and Review for Corrective Action Policy includes data review, data storage, publication, and destruction. The policy references that the agency will collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency maintains, collects, and reviews data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The facility will provide, upon request, data from the previous calendar year, to the Department of Justice. The agency redacts all personally identifiable information and reports only data.</p> <p>The Mohave County Juvenile Detention Yearly PREA Statistics Report includes data comparison and progress for years 2017, 2018, and 2019. In 2019, there were no allegations of sexual abuse or sexual harassment reported.</p> <p>The facility does not contract with other entities for the confinement of its residents.</p> <p>Summary of findings:</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 facility's Data Collection and Review for Corrective Action Policy states the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ul style="list-style-type: none"> · 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 the facility <p>The Mohave County Juvenile Detention Yearly PREA Statistics Report includes data comparison and progress in addressing sexual abuse for years 2017, 2018, and 2019. In 2019, there were no allegations of sexual abuse or sexual harassment reported.</p> <p>The auditor was able to verify that the agency makes its annual report readily available to the public at least annually through its website www.Mohavecourts.az.gov. The annual reports are approved by the agency head prior to publishing.</p> <p>Interviews were conducted with the agency head and the PREA Coordinator. Staff stated that incident-based sexual abuse data is used to assess and improve sexual abuse prevention, detection, response policies, practices, and training. The reports are approved by the agency head. The PREA Coordinator reviews all grievances for data collection purposes. The agency prepares an annual report of its findings from its data review and any corrective actions. Data reported is numbers only and the report does not contain any personally identifiable information.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's Data Collection and Review for Corrective Action Policy ensures that incident-based and aggregate data are securely retained. Agency policy requires that aggregated sexual abuse data from the facility be made readily available to the public, at least annually, through its website. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data for at least 10 years after the date of initial collection.</p> <p>The auditor was able to review the website Mohavecourts.az.gov to verify that aggregated sexual abuse data has been published.</p> <p>The Mohave County Juvenile Detention Yearly PREA Statistics Report includes data comparison and progress in addressing sexual abuse for years 2017, 2018, and 2019. In 2019, there were no allegations of sexual abuse or sexual harassment reported. The report did not contain any personal identifiers.</p> <p>An interview was conducted with the PREA Coordinator. The PREA Coordinator collects all sexual abuse data and securely retains it in a locked area within the facility.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Rights of Juveniles Policy states that correspondence to attorneys is kept confidential. Staff and residents understand that the auditor correspondence should be handled in the same manner as attorney correspondence.</p> <p>The agency has only one facility that it operates. This is the first year of the current audit cycle. During the prior three-year audit period, the agency ensured that the facility was audited within that time frame.</p> <p>The facility provided the auditor with full access to all areas of the audited facility. The auditor has access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was able to conduct private interviews with residents and staff. Interviews were conducted in a private room. The auditor was able to interview all residents.</p> <p>Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive any correspondence from residents, staff, contractors, or visitors of the facility.</p> <p>The auditor was able to review the facility’s website for previous audits and found a Final Audit Report 2017 was conducted during the prior three-year audit cycle.</p> <p>During the tour of facility, the auditor observed the Notice of Audit posted in all wings of the facility and at the front visitor entrance. The notice was dated, and the auditor was emailed photos of the document posted to verify the date the notices were displayed and the locations they were displayed in. Notices were posted six weeks in advance of the audit.</p> <p>During resident interviews, the auditor asked each resident if they were aware of the notice, how long it was posted, and if they were told what the posters were for. All residents stated that the notices were hung weeks ago, and they were told that they could write a letter to the auditor if they had any concerns.</p> <p>Summary of findings:</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>The audit was able to verify on the facility's website www.Mohavecourts.az.gov that the facility's Final Audit Report 2017 is published and available for public viewing.</p> <p>Summary of findings:</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	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
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)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	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.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

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

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

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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 or the agency does not employ medical staff.)	na
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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	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).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes