

PREA AUDIT REPORT INTERIM FINAL

JUVENILE FACILITIES

Date of report: June 10, 2016

Auditor Information			
Auditor name: Peter Plant			
Address: 6302 Benjamin Road, Suite 400, Tampa, FL 33634			
Email: pplant@prodigy.net			
Telephone number: (813) 784-4478			
Date of facility visit: May 11-12, 2016			
Facility Information			
Facility name: Camp Barrett			
Facility physical address: 21077 Lyons Valley Road, Alpine, CA 91901			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (619) 401-4901			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Chrystal Sweet			
Number of staff assigned to the facility in the last 12 months: 93			
Designed facility capacity: 156			
Current population of facility: 87			
Facility security levels/inmate custody levels: General Population/Court Commitments; Open Setting			
Age range of the population: 14-18 years old			
Name of PREA Compliance Manager: Sherry Marcue		Title: Supervising Probation Officer	
Email address: Sherry.Marcue@sdcounty.ca.gov		Telephone number: (619) 401-4906	
Agency Information			
Name of agency: County of San Diego Probation Department			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 9444 Balboa Ave., Suite #500, San Diego, CA 92123			
Mailing address: <i>(if different from above)</i>			
Telephone number: (858) 514-3148			
Agency Chief Executive Officer			
Name: Adolfo Gonzales		Title: Chief Probation Officer	
Email address: Adolfo.Gonzales@sdcounty.ca.gov		Telephone number: (858) 514-3200	
Agency-Wide PREA Coordinator			
Name: Robert Sayasane		Title: Supervising Probation Officer	
Email address: Robert.Sayasane@sdcounty.ca.gov		Telephone number: (858) 514-3161	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Onsite audit of Camp Barrett in Alpine, California, was conducted on May 11-12, 2016 by Peter Plant from Tampa, FL, a U.S. Department of Justice Certified PREA Auditor for juvenile and adult facilities. The audit was initiated on March 30, 2016 with the sending of the Pre-Audit Questionnaire, PREA Audit announcement posters, and instructions as to how the data and materials should be organized. These materials were well organized on a flash drive and timely received.

Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted several questions that needed to be answered, as well as obtaining clarifications of some of the policies and procedures that were submitted. Several calls between this auditor and the PREA Coordinator were held during the Pre-Audit period to begin the process of communication that lasted through the Onsite visit and up to the submission of the Final Report.

At the request of the agency PREA Coordinator, an entrance meeting was held to explain the PREA audit process and answer any questions the management team might have. Present were the Supervising Probation Officer, who also serves as the Compliance Manager for the facility, Division Chief (i.e., Superintendent), the PREA Coordinator, and PREA Assistant. After the meeting this auditor was provided a private office space where private interviews could be conducted. This auditor was then led on a tour of the facility (detailed in the following section) by the Division Chief/PREA Compliance Manager, the PREA Coordinator, and PREA Assistant.

Subsequent to the tour resident rosters and resident supervision (security) staff schedules were provided so that random samples of both residents and staff could be selected for private interviews, both on- and off-site. Also scheduled for interviews were the PREA Coordinator; Division Chief; Supervising Probation Officer; PREA Compliance Manager; Medical staff; Mental Health; staff who provide Intake/Risk Screening and Clinical; and, Human Resources staff. The Assistant Chief Probation Officer, designated as the Agency Head, was also interviewed.

The facility reported that there were two allegations of sexual abuse and nine allegations of sexual harassment during the previous twelve months.

The facility has a current rated capacity of 156; however, on the day of the site visit there were 87 residents housed in the facility in two dorms. This facility is currently undergoing major renovations. A number of residents are currently being housed at the agency's East Mesa JDC until the renovations are completed.

Ten residents from the two dorms were randomly selected for private interviews. None of the residents currently at the facility had reported sexual abuse, were disabled or limited English proficient, or who identified as gay, bisexual, transgendered, or intersex. No resident had disclosed sexual victimization during risk screening.

The facility operates on three shifts daily and staff rotate through shifts. There is a staff rotation every three to four months. Twenty-eight staff were on duty during the site visit. At least three staff are assigned to each dorm. Ten staff from the two dorms were randomly selected for private interviews.

The agency maintains an expansive PREA section on its website that includes a detailed description of the PREA, frequently asked questions (which includes how juveniles and parents can report allegations), training and Eblasts, and statistics.

DESCRIPTION OF FACILITY CHARACTERISTICS

Camp Barrett is located in the rural community of Alpine, near Descanso. Camp Barrett provides two commitment options to the Juvenile Court. The first commitment, Breaking Cycles and Drug Court, serve youth ages 13 to 18 years old and accommodates commitment programs from 28 to 240 days, with an average stay of approximately 90 days. The second commitment, Camp Barrett, is focused on a higher level of delinquent males, ages 16.5 through 18 years committed to 365 days with a possibility of getting released as early as five months for good behavior and excellent participation in programming.

Camp Barrett's goal is to provide committed youths with the training and skills necessary for successful reintegration into society. To accomplish this goal, each youth is required to attend school, complete assigned camp work tasks, and complete a demanding structured program designed support their successful reintegration back into the community. Youth with disabilities, who meet the criteria for a camp commitment are accommodated and Close Captioning is available.

Programs offered include: Aggression Replacement Therapy, Building/Ground Maintenance, Cal I.D., College Education, Community Service, County Operations Road Crews, Culinary Arts, Fire Science, GED, Graphic Arts Design, High School Diploma, Green Technology, Parenting Classes, Reading Legacies, Religious Services, Social Tolerance/Gang Awareness, Special Education, Substance Abuse Education and Treatment, Team Leadership Training, Teen Relationship Violence, and Work Readiness. In addition to the programs provided, integrated behavioral intervention strategies area utilized to enhance the intrinsic motivation of youth's behavior change to promote pro-social values and accountability for their own actions. As part of this process, the youth must complete Camp Barrett's Steps to Success Phase program along with mandatory programs designed to increase the likelihood of successful reintegration. Camp Barrett has a fully accredited high school on site. Residents have the opportunity to obtain their high school diploma or their GED.

This auditor was led on a tour of the facility by the Division Chief, PREA Compliance Manager, the PREA Coordinator, and the PREA Assistant. Detailed site and building plans were provided, which greatly assisted in understanding the site configuration, adjacencies, housing unit layout (including the showers and toilet areas in each), and camera placements of this rural campus. The physical plant is undergoing improvements to outdoor areas and living quarters, including new staff housing, new laundry area in each dorm, and the addition of school trailers, as well as a medical trailer. The Camp, itself, consists of an administration building, staff housing, a school, kitchen and dining area, counselor's offices, a recreation building, and three dorms. Two open-bay dorms are currently used to house residents. Each has a staff post in the middle with the beds on either side. All beds are in direct line of sight of staff posted there. Supervision is supported by cameras and convex observation mirrors at either end of the dorm. All restrooms and shower areas have partitions and curtains to provide privacy, and importantly, all residents interviewed stated that their privacy is respected. Boxes for grievances and sick call (i.e., two means provided residents for making reports) and writing materials were observed in both housing units. Cameras were observed throughout the facility, both outside and in all inside areas where residents are allowed.

Notices of the PREA Audit that were sent to initiate the audit were observed posted throughout the facility. Also, posters and signs, regarding PREA services and reporting resources to outside agencies, were prominently posted on each housing unit. The phone number of the agency Ombudsman was recited by many of the residents interviewed. None of the residents interviewed stated they had been hindered in making phone calls.

Regular meetings of Alcoholics Anonymous, Narcotics Anonymous, and visits by Protestant and Catholic Church groups are also available to interested residents.

SUMMARY OF AUDIT FINDINGS

The agency and facility is to be commended for an extraordinary commitment to both the letter and intent of the Prison Rape Elimination Act. At the conclusion of the PREA Audit, this Auditor conducted a post-audit briefing complimenting staff on the work that the agency's administration and the facility staff, in particular, has done to comply with the PREA standards in this first PREA Audit. It is evident from the results discussed in this Report that policies, procedures, and practices have been developed and effectively implemented to prevent, detect and respond to allegations of sexual abuse and sexual harassment. The leadership and support of the PREA Coordinator and the PREA Assistant has been critical in achieving this outcome and are individually commended for their efforts.

Number of standards exceeded: 5

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

Agency policy 802 is a detailed and comprehensive policy that outlines the agency's approach to preventing, detecting, and responding to sexual misconduct.

Agency policy 802.3 states that the purpose of this policy is to establish a zero tolerance toward sexual abuse and sexual harassment and to ensure compliance with the Prison Rape Elimination Act of 2003 (PREA) standards that includes, but is not limited to, procedures regarding prevention, detection and reporting of sexual misconduct, which is defined in the policy as sexual abuse and sexual harassment. Further, the agency states on its website that the San Diego County Agency has a zero-tolerance policy, regarding sexual assault, sexual abuse and sexual harassment within all agency facilities. Residents of probation facilities, individuals under probation supervision, probation staff, volunteers and collaborative partners have a right to an environment that is free from sexual abuse, sexual assault and sexual harassment.

An upper level agency staff has been designated as the agency-wide PREA Coordinator. He is assisted by another agency staff. The agency Assistant Chief Probation Officer supervises these staff. All three are USDOJ Certified PREA Auditors. The facility PREA Compliance Manager is a Supervising Probation Officer. Their positions within the agency and their lines of reporting are reflected in the agency's Table of Organization. Both the PREA Coordinator and the facility PREA Compliance Manager report they have sufficient time and authority to develop, implement, and oversee the efforts to comply with the PREA standards in the agency and facility, respectively. This is clearly evident within the facility and throughout the agency.

The agency and facility leadership and staff demonstrate an extraordinary commitment to both the spirit and requirements of the Prison Rape Elimination Act. Signs and posters stating a zero tolerance toward sexual abuse and sexual harassment are found throughout the agency and in all of its facilities. Upon entering the facility visitors must sign in. The sign-in form contains a statement of PREA zero tolerance at the top of every sign-in sheet that each visitor is required to read and required to acknowledge on the sheet by checking a box and signing in order to enter the facility.

Within the facility and its living units this commitment is further evidenced by a daily morning announcement, seven days a week, in English (and in Spanish, if necessary), as follows:

While at our facility you have a right to be safe and free from sexual abuse and sexual harassment. Sexual abuse and sexual harassment is against the law and you will be protected from it. WHAT ARE EXAMPLES OF SEXUAL ABUSE/HARASSMENT? Grabbing, touching or pinching Using profanity Calling out dirty names Passing sexual notes or pictures Grabbing someone's buttocks Starting sexual rumors or telling stories about someone Writing sexual graffiti about someone Threats or insults Bumping into someone or brushing up against the person Standing in someone's way or standing too close Comments about a person's body Whistles or rude noises Staring at someone's body Gestures or looks – winking, licking lips or suggestive body movements Exposing your genitals or buttocks Pulling down someone's pants as a joke Requests for sex, assault, or rape WHAT YOU MAY FEEL IF YOU ARE A VICTIM: Afraid, ashamed, helpless, put down, cheap, angry, embarrassed. REMEMBER: SEXUAL ABUSE/HARASSMENT IS NEVER THE FAULT OF THE VICTIM. YOU WILL NOT GET IN TROUBLE IF YOU ARE A VICTIM. AVOIDING SEXUAL ABUSE/SEXUAL ASSAULT AND SEXUAL HARASSMENT Here are some things you can do to protect yourself. Do not accept gifts or favors from staff or youth Do not accept an offer from another person to be your "protector" Be direct and firm if others ask you to do something you don't want to do. Do not give mixed messages to other youth regarding your wishes for sexual activity. Trust your instinct. If you sense that a situation may be dangerous or inappropriate, it probably is. If you fear for your safety or the safety of another youth, report your concerns to staff or the

Ombudsman at (858) 514-3161. ARE YOU SEXUALLY HARASSING SOMEONE? ASK YOURSELF THESE QUESTIONS Would it be okay for someone to say or do these things to my brother, sister, loved one, or other relative? Would I say or do these things in front of my parents, guardian, or grandparents? Would I do these things to my parents, guardian, or grandparents? Would my family, girlfriend, or boyfriend like it if what I did or said was reported in the newspaper or on television? HOW TO REPORT SEXUAL ABUSE/HARASSMENT Tell a staff member or any adult in this facility you feel safe with Tell your parent, guardian, or other family member Tell the Ombudsman Fill out a grievance or a sick call slip and place in the locked grievance or sick call box You do not have to name the person who sexually abused, harassed or assaulted you to receive assistance, but specific information may make it easier for staff to help you You have the right to confidentiality, counseling and medical services and to be free from retaliation for reporting sexual abuse/harassment REMEMBER, IT'S NOT YOUR FAULT SOME PEOPLE THINK THAT IGNORING SEXUAL ABUSE AND SEXUAL HARASSMENT WILL MAKE IT GO AWAY. IT RARELY DOES. IN FACT, IT MAY JUST GET WORSE

All residents and staff interviewed confirmed that this announcement is made every morning. The facility conducts one group meeting every week, exclusively devoted to discussing the PREA requirements, the right not to be sexually abused or sexually harassed, and the various internal and external ways that residents can report any PREA-related allegations. All of the residents interviewed confirmed they participate in these weekly groups.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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.

This standard is N/A. The agency does not contract with private agencies or other entities for the confinement of residents.

Standard 115.313 Supervision and monitoring

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

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.

Agency Policy 802.6 addresses supervision and monitoring. It states that the agency ensures that each juvenile facility it operates has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. Staff to youth ratios are strictly maintained at a 1:15 during the day and evening shifts and 1:30 on the over-night shift. All open bay beds are in a direct line of sight of staff in each dorm.

The staffing plan (Policy 2.2) submitted by the facility incorporates the requirements of state law Sections 1321 and 1323, Title 15; Section 832, California Code of Regulations, which in combination with the facility's resident PREA Audit Report

classification system, meets the requirements of the standard. It must be noted, however, that all things remaining the same, the current staffing plan will not be in compliance with Standard 115.313(c) after October 1, 2017, when a 1:8 staff to youth ratio will be required. Only security/line staff with the necessary training requirements can be counted towards the 1 to 8 (daytime waking hours) and 1 to 16 (sleeping hours) staffing ratio. These staff must remain with the residents at all times to maintain the 1 to 8 or 1 to 16 ratio, whether it be in the units, in a classroom, or out in the quad/field for recreation. School, programming or collaborative staff without the necessary training such as defensive tactics and de-escalation cannot be counted towards the staffing ratio.

Policy 802.6 also states that the Watch Commander or back up watch commander will conduct a minimum of one unannounced round each shift to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts, as well as day shifts. Each secure facility shall have a policy to prohibit 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. A review of the shift reports for all housing units in January, February, and March 2016 found that from two to five random unannounced rounds occur on every living unit throughout the month. All staff interviewed confirmed that these rounds are regularly conducted and that they are not aware or told when they will occur.

Standard 115.315 Limits to cross-gender viewing and searches

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

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.

Facility policy 5.16.2 states that strip searches and pat down searches on residents shall be conducted by officers of the same sex as the resident. It also states that opposite sex searches shall not be conducted at any time. Facility policy 5.16.3 adds an exception for exigent circumstances and is consistent with agency policy 802.7 that would allow such searches in exigent circumstances. No such searches were conducted during the previous twelve months. Both the agency policy and the facility policy state that facility staff shall never conduct any form of body cavity search. None of the staff interviewed stated that they had witnessed a cross-gender strip or pat search of a resident. All of the residents interviewed confirmed that they had never been searched by a female staff.

Agency policy 802.7 states that residents will be allowed an opportunity 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 room checks. It further states that staff of the opposite gender shall announce their presence at the beginning of each shift. The policy does not address such announcements subsequent to the beginning of each shift; however, all of the residents interviewed confirmed that they are told or are very aware that female staff will be working in the facility on all shifts. This includes teachers, clinical staff, and medical staff, in addition to correctional officers. All residents interviewed confirmed that their privacy is respected by staff. They reported that there are procedures in place that require both male and female staff to remain at a certain distance away from the shower doors.

This policy also states that facility staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. If the youth's genital status is unknown, it may be determined during conversations with the youth, 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. No transgender or intersex residents were admitted to the facility in the previous twelve months.

Training files of the security staff who were interviewed were reviewed to determine whether they had received training on how to conduct cross-gender pat down searches and searches of transgender and intersex residents. These files, as is the case with most of the documentation in the facility is maintained electronically, documented that they had received the

training. All of the staff interviewed stated that the transgender or intersex resident would be asked whether they would like a male or female staff to conduct the pat search, that that choice would be honored, and that the method used would be a blade of hand pat search technique.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

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.

Agency policy 802.8 states that offenders with disabilities (i.e. offenders who are deaf or hard of hearing, blind or have low vision, or have intellectual, psychiatric, or speech disabilities), will 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. To ensure effective communication with offenders who are deaf or hard of hearing an interpreter will be provided by those who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The agency will ensure written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including youth who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The agency has working arrangements with other San Diego County agencies who can provide qualified staff to assist in ensuring effective communications. Also, several teachers at the facility are certified in special education and can assist in communicating with lower functioning residents.

For those offenders who are limited English proficient agency staff shall provide qualified interpreters to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has contracted with Interpreters Unlimited for oral language interpreting services in all languages. Agency policy 802.8 states that it does not rely on residents to interpret 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 or the investigation of the resident’s allegations. All of the staff interviewed knew that they are not to ask residents to help interpret, unless there is an emergency situation. The most predominant foreign language heard at this facility is Spanish, and many of the staff at the facility speak both English and Spanish. All staff were aware that they could access other language interpreters through their supervisors, if needed.

Standard 115.317 Hiring and promotion decisions

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

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.

Agency policy 802.9 addresses hiring and promotion decisions. An extensive background investigation to include criminal background check, Computer Voice Stress Analyzer, Child Protective Services, and psychological evaluations are conducted

prior to the hiring of any new employees. The agency does not hire or promote anyone, or enlist the services of any contractor who may have contact with youth who:

- (a) 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);
- (b) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- (c) Has been civilly or administratively adjudicated to have engaged 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.

Policy 802.9 further states that in determining whether to hire or promote anyone or enlist the services of any contractor the agency considers any incidents of sexual harassment prior to hiring or promoting the candidate.

Policy 802.9 requires the agency, prior to hiring any new employee, as part of the hiring process, must:

- (a) Conduct a criminal background records check;
- (b) Consult the child abuse registry maintained by the State of California; and
- (c) 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.

An agency human resources manager was interviewed and confirmed that these activities are also conducted before enlisting the services of any contractor who may have contact with residents.

Included in the background check all applicants are asked about previous misconduct in written applications or interviews for hiring. When considering promotions employees are asked about previous misconduct and the questions include:

- (a) Have you ever been convicted of engaging or attempting to engage in sexual activity 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?
- (b) Have you ever been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity 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?

This policy also requires agency staff to self-report law enforcement contacts. The state Department of Justice, as well as local law enforcement agencies, contact the department when arresting an agency staff.

Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination, according to this policy. Agency policy 903.6.9(a) states that a failure of any employee to promptly and fully report activities on his/her part or the part of any other employee where such activities resulted in contact with any other law enforcement agency or that may result in criminal prosecution or discipline under this policy. This was confirmed by the human resources manager during an interview.

California law (Cal. Lab. Code §1053) states that an employer may furnish upon request a truthful statement concerning the reason for the discharge of an employee or why an employee voluntarily left the service of an employer. Agency policy states that upon receiving a request from an institutional employer for whom a former agency employee has applied to work, the agency will disclose information, as allowed by state law.

Finally, the agency Background Unit Supervisor confirmed that the agency conducts background screenings of employee applicants and every five years thereafter. He also confirmed that his Unit checks with the state child abuse registry, as well as prior institutional employers, prior to hiring any staff who may have contact with children. Contractors are subject to the same background screening activities as prospective agency employees.

Standard 115.318 Upgrades to facilities and technologies

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

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.

Additional cameras have been installed. All youth restrooms have been renovated, and separate restrooms for staff have been added to each dorm.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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.

The agency conducts administrative investigations of allegations of sexual harassment. Criminal investigations are conducted by San Diego Police Department or the San Diego Sheriff’s Office, using a procedure, 6.11, for physical examination of sex crime victims and suspects. This procedure has separate sections and procedures for victims 18 years of age and older and those who are 17 years of age and younger. Importantly, this procedure requires that juvenile victims be examined at Children’s Hospital Chadwick Center, rather than the agency where adult victims are examined.

Agency policy 802.11(a) states that resident victims are offered access to a forensic medical examination, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. All incidents are documented via an incident report. The report shall contain efforts made to obtain a forensic medical examination, if available from local law enforcement. San Diego Police Department Procedure 6.11 states that all forensic examinations are offered at no charge to the patient.

Agency policy 802.11(b) states that the victim has access to a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, services are made available by a qualified staff member from a community-based organization or a qualified agency staff member. It further states at (c) that as requested by the victim, the victim advocate or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The agency provided documentation that it recently attempted to enter into an MOU with the Rape Crisis Center/Center for Community Solutions in San Diego. The Center responded that its services are offered at no charge to anyone who is a victim of sexual abuse, and that an MOU would not be necessary. San Diego Police Department Procedure 6.11 states that it has an MOU with the Center for Community Solutions to provide advocacy services for sexual assault victims. It further states that once notified, a rape crisis advocate will respond to the designated hospital. This was confirmed.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Agency policy 802.11.2 states that the PREA Coordinator shall ensure:

- (a) An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment;
- (b) Allegations of sexual abuse are referred to local law enforcement for investigation;
- (c) Allegations are documented on grievances, documented on an incident report, Internal Affairs report or a special findings report.
- (d) Yearly data is posted on the probation website regarding the number of administrative or criminal investigation completed for all allegations of sexual abuse and sexual harassment as well as data on how many referrals were made and accepted by local law enforcement agencies for investigation.

The agency has a website that includes a designated section for PREA. It states, “The department fully investigates and immediately addresses all allegations of sexual assault, sexual abuse and sexual harassment to include criminal and administrative sanctions as appropriate. Probation and collaborative staff working in any San Diego County Probation facility is required to immediately report any instance of suspected or observed sexual abuse, sexual assault or sexual harassment verbally to the facility’s Watch Commander, the department Ombudsman/PREA Coordinator, or administrator and must document the matter in writing within 24 hours. Probation staff are required to immediately intervene when they suspect or observe sexual abuse, sexual assault or sexual harassment.” Under the section’s FAQ page it states that local law enforcement is contacted for a possible investigation into the allegation of sexual abuse.

Standard 115.331 Employee training

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

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.

Agency policy 802.12.1 states that staff receive training related to the PREA Standards within 90 days of working in the facilities. Refresher training will be conducted every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, staff are provided refresher information on current sexual abuse and sexual harassment policies.

The four-hour PREA training module is entitled, *Crossing the Line*, and contains all the subjects required by the standard. It is entirely focused on juveniles, but is gender specific. All staff interviewed stated they had received this training. All training is documented through staff signature or electronic verification. A review of staff training records confirmed that staff received the major training module, as well as the two hour annual refresher training. The agency supplements these PREA trainings with monthly Eblasts (online) that address specific topics and issues, relating to PREA.

Standard 115.332 Volunteer and contractor training

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

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.

Agency policy 802.12.2 states that all contract and volunteer staff receive training on the Department’s zero-tolerance policy, regarding sexual abuse and sexual harassment, and informed how to report such incidents. All educational staff receives training, regarding prevention, detection, and reporting in line with agency policies through the County Office of Education and/or Probation. Documentation is maintained confirming that volunteers and contractors understand the training they received.

The facility has developed a two-hour version of its “*Crossing the Line*” employee training curriculum for its volunteers and contractors. It is detailed and comprehensive and provides volunteers and contractors on the facility’s approach to preventing, detecting and reporting sexual abuse and sexual harassment. Documentation of training is maintained at the facility.

Standard 115.333 Resident education

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

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.

Agency policy 802.12.3 addresses youth education. During the intake process, residents receive a brochure explaining the agency’s zero tolerance policy, regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment. Thereafter through weekly programs residents receive a comprehensive age-appropriate education that includes areas such as their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, policies and procedures for responding to such incidents and any other relevant information to assist in preventing, detecting and reporting sexual abuse and sexual harassment. Education is provided verbally, and/or in writing and with an interpreter, if necessary, for all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency maintains documentation of resident participation in these education sessions.

Each youth receives a brochure and rule book that includes information on their rights to be free from sexual abuse and sexual harassment, how to report and community resources available to them. In facility lobbies signs are displayed informing all who enter the facility the agency’s zero tolerance to sexual abuse and sexual harassment, as well as posters in each unit/dorm.

Within the facility and its living units a daily morning announcement, seven days a week, in English (and in Spanish, if necessary), as follows:

While at our facility you have a right to be safe and free from sexual abuse and sexual harassment. Sexual abuse and sexual harassment is against the law and you will be protected from it. WHAT ARE EXAMPLES OF SEXUAL ABUSE/HARASSMENT? Grabbing, touching or pinching Using profanity Calling out dirty names Passing sexual notes or pictures Grabbing someone's buttocks Starting sexual rumors or telling stories about someone Writing sexual graffiti about someone Threats or insults Bumping into someone or brushing up against the person Standing in someone's way or standing too close Comments about a person's body Whistles or rude noises Staring at someone's body Gestures or looks – winking, licking lips or suggestive body movements Exposing your genitals or buttocks Pulling down someone's pants as a joke Requests for sex, assault, or rape WHAT YOU MAY FEEL IF YOU ARE A VICTIM: Afraid, ashamed, helpless, put down, cheap, angry, embarrassed. REMEMBER: SEXUAL ABUSE/HARASSMENT IS NEVER THE FAULT OF THE VICTIM. YOU WILL NOT GET IN TROUBLE IF YOU ARE A VICTIM. AVOIDING SEXUAL ABUSE/SEXUAL ASSAULT AND SEXUAL HARRASSMENT Here are some things you can do to protect yourself. Do not accept gifts or favors from staff or youth Do not accept an offer from another person to be your "protector" Be direct and firm if others ask you to do something you don't want to do. Do not give mixed messages to other youth regarding your wishes for sexual activity. Trust your instinct. If you sense that a situation may be dangerous or inappropriate, it probably is. If you fear for your safety or the safety of another youth, report your concerns to staff or the Ombudsman at (858) 514-3161. ARE YOU SEXUALLY HARASSING SOMEONE? ASK YOURSELF THESE QUESTIONS Would it be okay for someone to say or do these things to my brother, sister, loved one, or other relative? Would I say or do these things in front of my parents, guardian, or grandparents? Would I do these things to my parents, guardian, or grandparents? Would my family, girlfriend, or boyfriend like it if what I did or said was reported in the newspaper or on television? HOW TO REPORT SEXUAL ABUSE/HARASSMENT Tell a staff member or any adult in this facility you feel safe with Tell your parent, guardian, or other family member Tell the Ombudsman Fill out a grievance or a sick call slip and place in the locked grievance or sick call box You do not have to name the person who sexually abused, harassed or assaulted you to receive assistance, but specific information may make it easier for staff to help you You have the right to confidentiality, counseling and medical services and to be free from retaliation for reporting sexual abuse/harassment REMEMBER, IT'S NOT YOUR FAULT SOME PEOPLE THINK THAT IGNORING SEXUAL ABUSE AND SEXUAL HARASSMENT WILL MAKE IT GO AWAY. IT RARELY DOES. IN FACT, IT MAY JUST GET WORSE

All residents and staff interviewed confirmed that this announcement is made every morning. The facility conducts one group meeting every week, exclusively devoted to discussing the PREA requirements, the right not to be sexually abused or sexually harassed, and the various internal and external ways that residents can report any PREA-related allegations. All of the residents interviewed confirmed they participate in these weekly groups.

Standard 115.334 Specialized training: Investigations

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

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.

Agency policy 802.12.4 states that although the agency does not conduct criminal investigations, Division Chiefs and Supervisors assigned to Institutions and Internal Affairs must receive specialized training to ensure the integrity of local law enforcement criminal investigations and how to interview victims of sexual abuse. This specialized training includes techniques for interviewing juvenile sexual abuse/sexual harassment victims, proper

use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The facility provided documentation of participation by four agency staff in a seven-hour specialized training entitled, "Investigator/Interviewer Training, presented by the Oregon Youth Authority in October 2013.

Standard 115.335 Specialized training: Medical and mental health care

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

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.

Agency policy 802.12.5 requires all medical and mental health staff assigned to the facility to receive training in the following areas:

- (a) How to detect and assess signs of sexual abuse and sexual harassment;
- (b) How to respond effectively and professional to juvenile victims of sexual abuse and sexual harassment; and,
- (c) How and whom to report allegations or suspicions of sexual abuse and sexual harassment.

Medical and mental health staff interviewed and documentation confirmed they had received this training.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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.

Agency policy 802.13.1 addresses obtaining information from residents. It states that upon intake and prior to assignment to a living unit and periodically throughout the resident's confinement, staff shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon an resident. The assessments are conducted using an objective screening instrument. Information obtained during the assessment includes:

- (a) Prior sexual victimization or abusiveness;
- (b) 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;
- (c) Current charges and offense history;
- (d) Age;
- (e) Level of emotional and cognitive development;
- (f) Physical size and stature;
- (g) Mental illness or mental disabilities;

- (h) Intellectual or developmental disabilities;
- (i) Physical disabilities;
- (j) Resident's own perception of vulnerability; and
- (k) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth. The information is ascertained through conversations with the resident during the intake process and medical/mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident files. Any information collected is disseminated on a right and need to know basis in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other youth.

The agency uses an objective screening instrument that addresses all areas and issues required by the standard. It is first administered by intake staff at the Kearney Mesa Detention Facility where all residents are initially admitted. Upon transfer to this facility that risk screen is reviewed with the resident and update or corrected, as appropriate. All of the residents interviewed recalled being screened at Kearney Mesa and all confirmed that intake staff at this facility reviewed that screen with them when they were transferred.

Screening instruments are electronically maintained in a central database known as the Probation Case Management System. Access is limited on a need to know basis. All staff allowed access to this system are required to review and comply with four policies – Policy 212 Public Information, Policy 324 Information Technology Use, Policy 348 Confidentiality and Probation Case Files, and Policy 903 Standards of Conduct. Any suspected violations of these policies are referred to the agency's Internal Affairs unit for investigation and potential disciplinary actions, including termination of employment.

Standard 115.342 Use of screening information

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

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.

Agency policy 802.13.2 addresses placement of youth in housing bed, program, education and work assignments. It requires that screening for risk of sexual victimization and abusiveness be used in determining housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

This policy further states that residents may be 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 safe can be arranged. During any period of isolation, residents shall not be denied Title 15 requirements, including but not limited to daily large-muscle exercise, work opportunities, programs, free-time, correspondence, and legally required educational programming/special education services. If isolated, the resident shall receive daily visits from a medical or mental health care clinician. If a youth is isolated, staff shall clearly document in the Probation Case Management System:

- (a) The basis for concern for the resident's safety; and,
- (b) The reason why no alternative means of separation can be arranged.

Each week the Division Chief reviews the resident's segregation file to determine whether there is a continuing need for separation from the general population.

According to this policy, lesbian, gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does staff consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. In deciding whether to assign a transgender or intersex resident to a male or female unit/dorm, and in making other housing and programming assignments, staff are required to consider on a case-by case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Serious consideration must be taken, regarding the resident's own view with respect to his/her own safety. Placement and programming assignments for each transgender or intersex resident is reassessed during their confinement at least twice each year to review any threats to safety experienced by the resident. Transgender and intersex youth are given the opportunity to shower and use bathroom facilities separately from other youth.

Two open-bay dorms are currently used to house residents. Each has a staff post in the middle with the beds on either side. All of the residents interviewed expressed that they felt safe in their housing unit and all stated that they believed staff would protect them, if necessary. It was observed both during the tour and interviews on the units that staff and residents interacted in a positive manner.

Standard 115.351 Resident reporting

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

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.

Agency policy 802.14.1 addresses youth reporting and states that residents have access to written or verbal communication within the community and facilities in order to easily, privately, and securely report any sexual abuse, retaliation or staff neglect that may have contributed to an incident of sexual abuse, e.g., grievance, sick call slips, youth request forms, citizen complaints, and outside agencies. Residents or their family members can report sexual abuse to any entity within the agency or outside public entity. This was confirmed during interviews with residents. All knew their rights, how to access the phones on the unit (both collect and staff free), and the various methods they could use to make a report (although none stated they had made an allegation since being admitted to the facility. The latter includes simply telling a staff, filing a grievance (forms and writing materials were observed on the units), or making a sick call. All the residents stated that they could call the agency Ombudsman (currently the PREA Coordinator). Posters with his phone number were observed in all the living units.

The policy further states that staff accepts reports made verbally, in writing, anonymously and from third parties. Staff will document any report of sexual abuse/harassment. All staff interviewed confirmed this understanding. All staff stated that they could make a report privately, although none had occasion to do so.

The policy further states that phone numbers and addresses to outside agencies are provided to residents during the intake process. The agencies provided are able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the residents to remain anonymous upon request. Federal hold residents are provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security (although none were held at this facility during the previous twelve months). Each resident is given a PREA brochure that includes the contact information of seven agencies outside of the Probation Department that residents can contact either to make a report or request support services, including the Consulate General of Mexico.

This policy also states that staff accepts reports made verbally, in writing, anonymously, and from third parties and are required to promptly relay the report to the Watch Commander and document any such verbal reports. Residents are provided pencil and paper in each unit/dorm. Each unit/dorm has grievances in a place where residents can access them without asking. Residents can privately report sexual abuse and sexual harassment through the locked grievance, sick call and Chaplain boxes. They may also request to speak to any staff privately to make such a report or ask their family members to make a report.

Standard 115.352 Exhaustion of administrative remedies

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

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.

Agency policy 802.14.2 addresses exhaustion of administrative remedies and states all of the following:

The Agency does not put a time limit on when a resident may submit a grievance, regarding any allegations of misconduct, including sexual abuse.

Generally, residents are encouraged to resolve matters at the lowest possible level. However, the agency does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Residents may submit a grievance to any staff member in the unit or by placing the grievance in the locked grievance box located in each unit/dorm. All grievances placed in the locked grievance box will be collected by the late night Watch Commander when conducting late night rounds. The Watch Commander will follow the grievance protocol, as referenced in Institutional Services facility manual section 7.4 and will not refer the grievance to the staff member who is the subject of the complaint.

A final departmental decision will be made within 90 days of the initial filing of a grievance. The agency may claim an extension of up to 70 days to make a final decision. The victim will be notified in writing of any extension and will be provided with a date by which a decision will be made. If a victim requests the grievance not be processed, the agency shall document that request. The agency may require the alleged victim to personally pursue additional steps in the administrative remedy process. The department shall allow the parent(s) or legal guardian(s) to file a grievance. Computation of the 90-day time period shall not include time consumed by youth in preparing any administrative appeal. 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, the resident may consider the absence of a response to be a denial at that level.

In practice this procedure would never be needed because the facility responds to a PREA-related grievance or sick call within 24 hours. Of the three allegations made by residents thus far in 2016 (one abuse, two sexual harassment), none were reported through the grievance system. Two were unfounded and one is pending SDSO investigation. The entire process from the sexual harassment allegations to the findings took less than two weeks.

Residents are allowed assistance from third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, in filing requests for administrative remedies, relating to allegations of sexual abuse, and are 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 an 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. However, if the resident declines to have the request processed on his or her behalf, the resident's decision shall be documented in the Probation Case Management System by the PREA Compliance Manager or PREA Coordinator/Ombudsman.

A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance is not conditioned upon the juvenile agreeing to have the request filed on his/her behalf.

Any person or resident is allowed to file an emergency grievance, if a resident feels they are a subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the staff shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the watch commander for immediate action. The watch commander shall provide an initial response within 24 hours, and shall issue a final decision within 5 calendar days. The initial response and final decision shall be documented as to the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Again, in practice the staff's response to protect the resident would be immediate

Staff may discipline a resident for filing a grievance related to alleged sexual abuse only when the agency demonstrates the grievance was filed in bad faith.

Standard 115.353 Resident access to outside confidential support services

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

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.

Agency policy 802.14.3 addresses youth access to outside support services and legal representation and states that residents are provided access to outside victim advocates for emotional support services related to sexual abuse. Residents are provided a brochure at intake with information regarding mailing addresses and telephone numbers, including toll free hotline numbers, where available, victim advocacy, and rape crisis organization. Non United States Residents are provided an opportunity to contact their consulate. The agency provides an opportunity for reasonable communication between youth and their consulate, in as confidential a manner as possible. The policy requires staff to inform residents, prior to giving them access, of the extent to which such communications are monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Finally, the policy states that all residents shall have reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

A copy of the brochure given to residents at intake was reviewed and found to contain contact information for five agencies that provide victim support services, as well as contact information for the San Diego Police Department and Consulate General of Mexico. Residents interviewed confirmed they were advised of these resources and could contact them, if needed.

Policy 802.14.3 also requires the agency to 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. The agency provided documentation that it recently attempted to enter into an MOU with the Rape Crisis Center/Center for Community Solutions in San Diego. The Center responded that its services are offered at no charge to anyone who is a victim of sexual abuse, and that an MOU would not be necessary. The Center is one of the five agencies that provide victim support services listed on the brochure given to residents at admission.

Standard 115.354 Third-party reporting

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

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.

Agency policy 802.14.4 states that third-party reports of sexual abuse and sexual harassment can be submitted verbally or in writing on behalf of a resident:

- (a) To any staff member in the facility;
- (b) To the case work probation officer;
- (c) To the Ombudsman (PREA Coordinator);
- (d) Compliance Manager;
- (e) To the Chief Probation Officer;
- (f) On the Agency website; or
- (g) On the County Ethics hotline

The agency website has a dedicated PREA page that includes under FAQs “How can a parent or third party report a PREA incident” that provides the answer that “A parent or third party can call any of the department's juvenile facilities and report their concerns to any staff or report via the department web site, under Commendations and Complaints.”

Standard 115.361 Staff and agency reporting duties

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

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.

Agency policy 802.15.1, Staff and Agency Reporting Duties, states that all staff are required to report immediately to the facility Watch Commander, Supervisor, Division Chief or compliance manager any knowledge, suspicion, or information they receive, regarding an incident of sexual abuse or sexual-harassment that occurred in a facility, retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Also, Probation Officers, medical and mental health personnel and teaching staff are mandated reporters by California law. All staff must comply with mandatory

child abuse reporting laws. Medical and mental health practitioners must report sexual abuse to the facility Division Chief, as well as to Child Protective Services, as required by mandated reporting laws. Such practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The policy further states that apart from reporting to designated supervisors or officials and designated State or local services agencies, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, those having a right and need to know as specified in policy, to make treatment, investigation, and other security and management decisions.

This policy continues to state that upon receiving any allegation (including third-party) of sexual abuse or sexual harassment the Division Chief or his/her designee shall promptly report the allegation, as appropriate, to:

- (a) Child Protective Services;
- (b) Local law enforcement;
- (c) Deputy Chief of Institutional Services;
- (d) Agency Ombudsman;
- (e) Casework Probation Officer;
- (f) Social Worker;
- (g) Victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified;
- (h) Juvenile Justice Commission;
- (i) Juvenile Court Presiding Judge; and
- (j) Attorney or legal representative of record.

Notification to legal representatives must be completed within 14 days of receiving the allegation.

All staff interviewed stated they were mandated reporters under both agency policy and state law. During the course of interviews with medical staff there was some confusion, regarding notice of limitations of confidentiality. To ensure that residents receive notice of the limits of confidentiality, they will be provided that notice during the intake process. The medical program manager has revised the Daily Medical Intake List form to add that documentation on the List. Also, signs have been posted in the medical units of all four of the agency's facilities that remind residents of these limits. Finally, the requirement that staff received informed consent from residents 18 and older prior to reporting child abuse is consistent with state law.

Standard 115.362 Agency protection duties

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

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.

Agency policy 802.15.2 states that when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the resident. The facility reported that there were no instances during the previous twelve months where a resident was subject to a substantial risk of imminent sexual abuse. All of the staff interviewed stated that their first duty was to protect residents from harm. All residents interviewed stated that they believed staff would protect them from being harmed.

Standard 115.363 Reporting to other confinement facilities

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

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.

Agency policy 802.15.3 states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Division Chief shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided no later than 72 hours after receiving the allegation and shall document the notification in the resident’s Probation Case Management System file. The facility reports that there were no instances during the previous twelve months where the facility received information that a resident was abused while confined at another facility.

Standard 115.364 Staff first responder duties

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

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.

Agency policy 802.15.4 details staff first responder duties. It states that upon learning of an allegation that a youth was sexually abused, the first staff member to respond to the report shall be required to:

- (a) Separate the alleged victim and abuser;
- (b) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (c) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating;
- (d) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and,
- (e) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify Sworn Probation staff.

The facility reports that there were two allegations that a resident was sexually touched through clothing during the previous twelve months. Staff reported the allegations to the San Diego Sheriff’s Office Child Abuse Unit and the state Protective Services office. In the case on 11/27/2015 the finding was unsubstantiated and the matter was referred to the District Attorney’s Office, who later rejected the charges. In the other case on 3/11/2016 the finding was substantiated and the matter was referred to the District Attorney’s Office, who also rejected the charges.

All staff are considered first responders, and all staff interviewed could state their first responder duties in detail.

Standard 115.365 Coordinated response

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

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.

Agency policy 802.15.5 states that the agency has policies and procedures in place for preserving the crime scene on any alleged sexual abuse. This includes calling local law enforcement to begin an investigation. Included in the response planning is a referral to a victim advocate. The department shall coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and the Ombudsman. When an alleged act of a sexual nature has occurred, the following steps shall be followed to preserve the crime scene and chain of evidence (In accordance with the Institutional Manuals in Section 4). Notify the Ombudsman via chain of command. The following actions shall be implemented:

(a) Remove victim from the area(s) in which the crime occurred and separate the Victim(s) and the Suspect(s) into isolated rooms to await local law enforcement. Disturb as little as possible in the area where the crime occurred and have as little contact with the victim as possible.

(b) Secure the area where the crime occurred and do not let anyone enter in order to preserve the crime scene. Limit all access to the area. If it is necessary to have staff access the area, document their name, time of entry and exit, and the purpose of entering the area. Also document any items brought in or removed from the area.

(c) The area where the crime took place is not to be released for regular use until released by the local law enforcement.

(d) Victim(s) and Suspect(s) should be discouraged from using the bathroom, washing their hands, changing their clothing or drinking water until after an interview by local law enforcement.

(e) Keep Victim(s) and Suspect(s) isolated from all other staff and residents until interviewed by local law enforcement.

(f) Seek appropriate medical treatment for victim.

(g) Victim(s) and Suspect(s) shall be referred for psychological evaluation.

When the crime is revealed/discovered in an untimely fashion, preservations of the crime scene is not necessary. Follow the reporting procedures and assist the investigating local law enforcement agency.

The policy further states that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan was reviewed and met the requirements of the standard.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

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.

Agency policy 802.15.6 states that the agency has not entered into an agreement with any collective bargaining unit that limits the agency's ability to remove an alleged staff sexual abuser from contact with youth pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. All staff on youth investigations are maintained by the Internal Affairs' unit and are limited to review. If a no-contact assignment was imposed it may be included in the file following a determination that the allegation of sexual abuse is not substantiated.

The current Memorandum of Agreement Between the County of San Diego and the San Diego County Probation Officers' Association was reviewed. Article 11, Section 6 addresses disciplinary actions. Nothing in this Memorandum prevents the agency from limiting the agency's ability to remove alleged staff sexual abusers from contact with residents.

Standard 115.367 Agency protection against retaliation

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

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.

Agency policy 802.15.7 addresses agency protection against retaliation. It states that all youth and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigation are protected from retaliation by other youth or staff. The Division Chief, Supervisor and/or PREA Compliance Manager of the facility will be designated with monitoring residents and the Agency Human Resource Manager will monitor staff to ensure there is no retaliation. In order to protect youth and staff the facility manager will employ protection measures, including determining the need for housing, transfers, imposing no-contact orders, offering emotional support services for youth or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The policy further states that the agency will monitor the conduct and treatment of residents and staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff, and shall act promptly to remedy any such retaliation for at least 90 days following a report of sexual abuse. Items monitored include status of the resident, resident disciplinary reports, housing, program changes, or negative performance reviews or reassignments of staff. The agency will continue such monitoring beyond 90 days, if the initial monitoring indicates a continuing need. If any individual who cooperates with an investigation expresses a fear of retaliation, the agency will take appropriate measures to protect that individual against retaliation. Finally, the agency's obligation to monitor shall terminate, if the agency determines that the allegation is unfounded.

The facility reports that no incidents of retaliation have occurred during the previous twelve months. None of the residents interviewed reported they were the targets for retaliation and none were aware of any incidents of retaliation since they were admitted to the facility. None of the staff interviewed were aware of any incidents of retaliation.

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Agency policy 802.15.8 states that if the Division Chief of the facility determines a need to use segregated housing to protect a resident who is alleged to have suffered sexual abuse, the Division Chief shall ensure the resident is 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. During any period of isolation, residents shall not be denied Title 15 requirements, including but not limited to daily large-muscle exercise, work opportunities, programs, free-time, correspondence, and legally required educational programming/special education services. If isolated the resident shall receive daily visits from a medical or mental health care clinician. There were no instances where segregated housing was used to protect a resident from sexual abuse during the previous twelve months.

Standard 115.371 Criminal and administrative agency investigations

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

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.

Agency policies 802.16.1 and 802.16.2 address criminal and administrative investigations. They state that the agency does not conduct criminal investigations. When reports of suspected sexual abuse occur, local law enforcement is contacted for possible investigation. Local law enforcement gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and, review prior complaints and reports of sexual abuse involving the suspected perpetrator. If local law enforcement determines no crime occurred, an administrative fact-finding will be completed to determine if a referral should be made to the department’s internal affairs unit. All fact findings and investigations are completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. All staff must cooperate with the investigative process.

These policies further states that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not be determined by the person's status as resident or staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device, as a condition for proceeding with the investigation of an allegation.

Policy requires that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. All written reports are retained 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 PREA Audit Report

shorter period of retention. The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation.

There were two allegations of youth on youth sexual touching during the previous twelve months which were referred to and investigated by the San Diego Sheriff's Office Child Abuse Unit. In the case on 11/27/2015 the finding was unsubstantiated and the matter was referred to the District Attorney's Office, who later rejected the charges. In the other case on 3/11/2016 the finding was substantiated and the matter was referred to the District Attorney's Office, who also rejected the charges. There were nine administrative investigations for allegations of sexual harassment during the previous twelve months. Five investigations of staff on youth allegations resulted in three being substantiated and two being unfounded. Four investigations of youth on youth allegations resulted in two being substantiated and two being unfounded.

Standard 115.372 Evidentiary standard for administrative investigations

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

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.

Agency policy 802.16.3 states that for administrative findings the agency uses a preponderance of evidence standard in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed in an interview with staff from the agency's human resources section.

Standard 115.373 Reporting to residents

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

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.

Agency policy 802.16.4 addresses reporting to youth. Following an investigation into allegation(s) of sexual abuse suffered in an agency facility, the agency informs the resident(s) as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. For criminal investigations by local law enforcement the agency will request the relevant information from the investigative agency in order to inform the resident.

This policy further states that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency subsequently informs the resident (unless the agency has determined the allegation is unfounded) whenever:

- (a) The staff member is no longer posted within the resident's unit;
- (b) The staff member is no longer employed at the facility;

- (c) The Agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or,
- (d) The Agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation that he or she has been sexually abused by another resident, the agency informs the alleged victim whenever:

- (a) The Agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or,
- (b) The Agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications are documented in the resident's Probation Case Management record.

Finally, the policy states that the agency's obligation to report under this standard terminates, if the resident is released from the custody.

The facility reported two investigations were conducted during the previous twelve months. In the case on 11/27/2015 the finding was unsubstantiated and the matter was referred to the District Attorney's Office, who later rejected the charges. In the other case on 3/11/2016 the finding was substantiated and the matter was referred to the District Attorney's Office, who also rejected the charges. Staff from Camp Barrett reported the findings verbally to the residents in those cases.

Standard 115.376 Disciplinary sanctions for staff

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

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.

Agency policy 802.17.1 states that staff are subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of 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.

The facility reported that no staff have been terminated (or resigned prior to termination) or disciplined for violating agency sexual abuse or sexual harassment policies in the previous twelve months.

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Agency policy 802.17.2 states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and shall be denied access to any agency facility. Any contractor or volunteer who engages in sexual harassment may be prohibited from contact with residents and denied access to any agency facility.

The facility reported that no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of residents in the previous twelve months.

Standard 115.378 Disciplinary sanctions for residents

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

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.

Agency policy 802.17.3 addresses interventions and disciplinary sanctions for residents. Once there is an administrative finding that a resident engaged in resident on resident sexual abuse or following a true finding for resident on resident sexual abuse a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process, which are detailed in the agency's Institutional Services Policy 7.0. Disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, staff shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The policy further states that the Division Chief or designee shall consider whether to offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse to the resident. The Division Chief or designee may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education. The Division Chief or designee may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The policy also states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Finally, the policy states that sexual activity is prohibited in agency facilities. The Division Chief or designee may discipline residents for such activity. However, such activity does not constitute sexual abuse, if it is determined the activity is not coerced.

The facility reported that there were no administrative or criminal findings of guilt during the previous twelve months, thus there were no disciplinary hearings during this period.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

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.

Agency policy 802.18.1 states that if the risk screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting a medical or mental health practitioner within 14 days of the intake screening. If the risk screening indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

This policy further states that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the youth under the age of 18.

During the course of interviews with medical staff there was some confusion, regarding notice of limitations of confidentiality. To ensure that residents receive notice of the limits of confidentiality, they will be provided that notice during the intake process. The medical program manager has revised the Daily Medical Intake List form to add that documentation on the List. Also, signs have been posted in the medical units of all four of the agency’s facilities that remind residents of these limits. Finally, the requirement that staff received informed consent from residents 18 and older prior to reporting child abuse is consistent with state law.

Standard 115.382 Access to emergency medical and mental health services

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

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.

Agency policy 802.18.2 addresses access to emergency medical and mental health services. It states that residents who are 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

The policy further states that residents who are 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 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 medical and mental health staff interviewed confirmed that any services needed would be offered within six hours of learning of the need. During the course of interviews with medical staff there was some confusion, regarding notice of limitations of confidentiality. To ensure that residents receive notice of the limits of confidentiality, they will be provided that notice during the intake process. The medical program manager has revised the Daily Medical Intake List form to add that documentation on the List. Also, signs have been posted in the medical units of all four of the agency's facilities that remind residents of these limits. Finally, the requirement that staff received informed consent from residents 18 and older prior to reporting child abuse is consistent with state law.

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

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

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.

Agency policy 802.18.3 addresses ongoing medical and mental health care for sexual abuse victims and abusers. It states all of the following:

- (a) The facility offers medical and mental health evaluations and treatment to all youth who have been victimized by sexual abuse as appropriate.
- (b) The evaluation and treatment of such victims includes, 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.
- (c) All medical and mental health services provided are consistent with the community level of care.
- (d) Offenders who are victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
- (e) If pregnancy results from conduct specified in paragraph d of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.
- (f) Offenders who are victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- (g) 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.

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

Medical and mental health staff interviewed confirmed that all residents are afforded emergency medical or mental health services, as needed, either at the facility to at Children's Hospital. Medical staff confirmed that they are authorized to offer both information and access to sexually transmitted infections prophylaxis. Medical and mental health staff confirmed that all services are provided without cost or conditions.

Standard 115.386 Sexual abuse incident reviews

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

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.

Agency policy 802.19.1 addresses sexual abuse incident reviews. The agency conducts a review of all sexual abuse incidents 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. The review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Ombudsman, the Deputy Chief Probation Officer, facility Division Chief, a Supervisor, an Internal Affairs Probation Officer, the medical program manager/assistant manager and a mental health provider.

The policy further requires the review team to do all of the following:

- (a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (b) Consider whether the incident or allegation was motivated by race; ethnicity, gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (d) Assess the adequacy of staffing levels in that area during different shifts;
- (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and,
- (f) Prepare a report of its findings and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Finally, the policy requires the facility to implement the recommendations for improvement, or it must document its reasons for not doing so.

There were two criminal investigations of alleged sexual abuse completed at the facility during the previous twelve months. In the case on 11/27/2015 the finding was unsubstantiated and the matter was referred to the District Attorney's Office, who later rejected the charges. In the other case on 3/11/2016 the finding was substantiated and the matter was referred to the District Attorney's Office, who also rejected the charges. The disposition of the 3/11/2016 allegation was received during the audit. The incident review is scheduled to be conducted during the first week in July

Standard 115.387 Data collection

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

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.

Agency policy 802.19.2 addresses data collection. It states that the Agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Agency aggregates the incident-based sexual abuse data at least annually. The incident-based data collected includes, 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. The Agency maintains, reviews, and collects data as needed from all available incidents based documents, including reports, grievances, investigation files, and sexual abuse incident reviews. The Agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its youth.

According to this policy, the data collected includes:

- Nonconsensual Sexual Acts on Youth by Youth
- Substantiated Nonconsensual Sexual Acts on Youth by Youth
- Unsubstantiated Nonconsensual Sexual Acts on Youth by Youth
- Unfounded Nonconsensual Sexual Acts on Youth by Youth
- Investigation Ongoing Nonconsensual Sexual Acts on Youth by Youth
- Attempted Nonconsensual Sexual Acts on Youth by Youth
- Abusive Sexual Contacts on Youth by Youth
- Substantiated Abusive Sexual Contacts on Youth by Youth
- Unsubstantiated Abusive Sexual Contacts on Youth by Youth
- Unfounded Abusive Sexual Contacts on Youth by Youth
- Investigation Ongoing Abusive Sexual Contacts on Youth by Youth
- Staff/Collaborative Staff Sexual Misconduct on Youth
- Substantiated Staff/Collaborative Staff Sexual Misconduct on Youth
- Unsubstantiated Staff/Collaborative Staff Sexual Misconduct on Youth
- Unfounded Staff/Collaborative Staff Sexual Misconduct on Youth
- Investigation Ongoing Staff/Collaborative Staff Sexual Misconduct on Youth
- Staff/Collaborative Staff Sexual Harassment on Youth
- Substantiated Staff/Collaborative Staff Sexual Harassment on Youth
- Unsubstantiated Staff/Collaborative Staff Sexual Harassment on Youth
- Unfounded Staff/Collaborative Staff Sexual Harassment on Youth
- Investigation Ongoing Staff/Collaborative Staff Sexual Harassment on Youth

Finally, it states that upon request the Agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year.

The data reports for 2015 and 2016 (thus far) were reviewed and were found to be complete and detailed.

Standard 115.388 Data review for corrective action

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

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.

Agency policy 802.19.3 addresses data review for corrective action. It states that all data collected and aggregated required by the standard by the agency is reviewed in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- (a) Identifying problem areas;
- (b) Taking corrective action on an ongoing basis; and
- (c) Preparing an annual report of its findings and corrective actions.

This report must comply with all of the following:

1. The report includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse.
2. The Agency's report is approved by the Chief Probation Officer and made readily available to the public through its website.
3. Information may be redacted from reports when publication would present a clear and specific threat to the safety of the facility, but must indicate the nature of the material redacted.

Standard 115.389 Data storage, publication, and destruction

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

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.

Agency policy 802.19.4 addresses data storage, publication and destruction. It states that all data collected is securely maintained by the agency. All aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, is published annually on the Agency. All aggregated sexual abuse data made publicly available has all personal identifiers removed. All sexual abuse data collected required by the standards is available for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Signature

June 10, 2016

Date