

PREA Facility Audit Report: Final

Name of Facility: Canyon State Academy

Facility Type: Juvenile

Date Interim Report Submitted: 10/14/2019

Date Final Report Submitted: 05/08/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: William Benjamin	Date of Signature: 05/08/2020

AUDITOR INFORMATION	
Auditor name:	Benjamin, William
Address:	
Email:	wbenjami@aol.com
Telephone number:	
Start Date of On-Site Audit:	08/14/2019
End Date of On-Site Audit:	08/16/2019

FACILITY INFORMATION

Facility name:	Canyon State Academy
Facility physical address:	20061 E. Rittenhouse Rd., Queen Creek, Arizona - 85142
Facility Phone	480-987-9700
Facility mailing address:	

Primary Contact

Name:	Dana Bennett
Email Address:	dana.bennett@rop.com
Telephone Number:	4809872087

Superintendent/Director/Administrator

Name:	Sheldon King
Email Address:	sheldon.king@rop.com
Telephone Number:	480-987-9700

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	
Name:	Sheldon King
Email Address:	sheldon.king@rop.com
Telephone Number:	M: 520-241-7455

Facility Health Service Administrator On-Site

Name:	Angela Pope
Email Address:	angela.pope@rop.com
Telephone Number:	480-987-9700

Facility Characteristics

Designed facility capacity:	407
Current population of facility:	316
Average daily population for the past 12 months:	186
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	12-18
Facility security levels/resident custody levels:	Staff secure
Number of staff currently employed at the facility who may have contact with residents:	100
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION

Name of agency:	Rite of Passage, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	2560 Business Parkway Suite A, Minden, Nevada - 89423
Mailing Address:	
Telephone number:	775-267-9411

Agency Chief Executive Officer Information:

Name:	S. James Broman
Email Address:	sbroman@rop.com
Telephone Number:	775-267-9411

Agency-Wide PREA Coordinator Information

Name:	Karen Murray	Email Address:	karen.murray@rop.com
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AUDIT FINDINGS

Narrative:

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

Rite of Passage, Inc. (ROP) contracted with William Benjamin, DOJ certified PREA Auditor for adult and juvenile facilities from Benjamin Correctional Consulting, LLC, to conduct the Prison Rape Elimination Act (PREA) on-site audit of the Canyon State Academy starting on August 14th, 2019 and ending on August 16th, 2019. ROP owns and operates the Canyon State Academy, located in Queen Creek, Arizona. The scope of the audit was limited to the Adjudicated Placement Program (the Juvenile Justice Program) portion of the facility and all areas accessed by those residents. During the course of the audit, the Auditor conducted the documentation review, informal interviews with random staff and residents, formal interviews with random staff and specialized staff, and authored this report.

Kick-off meeting

On May 2, 2019, a kick off call was held with the Agency PREA Coordinator (PC) Ms. Dana Bennett. The purpose of the meeting was to brief ROP/CSA on the PREA audit process, discuss the logistic and planning for the onsite audit, the Auditors requirement of the use of the Online Audit System (OAS) for the audit and the submission due date of June 20, 2019 for the Pre-Audit Questionnaire (PAQ). Also discussed was the date of May 30, 2019 for the Audit Notice to be posted at facility and instructions for the posting and resident mail access.

Audit Notice:

On May 30, 2019, ten weeks prior to the actual on-site portion of the audit, a notification was posted by the facility in all living areas, common areas, education areas, administrative areas, program areas, and medical areas of Canyon State Academy announcing the upcoming PREA audit along with the Auditor's contact information. The Audit Notice was posted with the originally scheduled audit dates of July 15 -18, 2019. Due to a death in the Auditor's family, the audit was rescheduled for August 14 - 16, 2019. The Audit notice was modified on July 12, 2019 with the new audit dates as follows:

NOTICE OF PRISON RAPE ELIMINATION ACT (PREA) AUDIT

The Canyon State Academy will be undergoing an audit for compliance with the United States Department of Justice's National PREA Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for Prisons and Jail standards during the following period:

August 14-16, 2019

Any person with information relevant to this compliance audit may confidentially correspond with the auditors via the following address:*

*Mr. William Benjamin
P.O. Box 1184
Versailles, Kentucky 40383*

**CONFIDENTIALITY – All written and verbal correspondence and disclosures provided to the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally breached. Exceptions include, but are not limited to the following:*

- if the person is an immediate danger to her/himself or others (e.g. suicide or homicide);*
- allegations of suspected child abuse, neglect or maltreatment;*
- In legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.*

While on site, the Auditor observed the audit notification in various locations throughout the facility, including all resident living units, programming and work areas, visiting room, and staff access areas. This ensured that Canyon State Academy staff, residents, and visitors had the information and opportunity to contact the Auditor. During the pre-audit document review, the Agency PREA Coordinator (PC) Ms. Dana Bennett provided photos of the placement of these notices. The notices were verified to be in those locations during the on-site portion of the audit. The Auditor did not receive any correspondence prior to the date of the on-site audit, nor were any received while on-site or following the audit up to the date of this report.

Pre-Audit Phase

On June 19, 2019, The Agency PREA Coordinator provided a completed the Pre-Audit Questionnaire (PAQ) and other supporting documents, via Online Audit System (OAS), allowing for a full review before the on-site portion of the audit. These documents were reviewed by the Auditor and communication with the Agency PREA Coordinator allowed for clarification as needed. The provided documents contained all relevant information pertaining to the PREA standards and the audit. This included, but was not limited to, the PAQ, relevant agency policies, facility procedures, memorandums of understanding and contracts, inmate posters, brochures and handbooks, compliance memorandums for each standard, and training documentation.

Prior to the on-site review, the Auditor reviewed all submitted documentation and exchanged numerous emails with the Facility PREA Compliance Manager (PCM) and the Agency PREA Coordinator related to follow-up questions regarding the received documentation. An issue log was developed and provided to the facility requesting clarification of policies and procedures, additional information and supporting documents. The Auditor also reviewed the Canyon State Academy PREA Audit Report from their last PREA audit, the Canyon State Academy public website and related PREA information, and the Canyon State Academy annual PREA Report. Prior to the on-site portion of the audit, the Auditor conduct phone interviews with the Agency Head, Contracts Administrator, and Agency PREA Coordinator. A daily audit schedule was provided to the facility and interviewed with key staff were prescheduled.

Just Detention International (JDI) was contacted pre-onsite. JDI reported that there has not been contacted by any resident from Canyon State Academy in the past 12 months. They also stated that, if contacted by any resident from Canyon State Academy, they would provide a survivor package with resources to various local agencies and services.

On-site Phase:

On August 14th, 2019, the Auditor arrived Canyon State Academy at 0830 and began the on-site portion of the audit. The Auditor began with an initial meet and greet in the Administrative building which is located adjacent to the main entrance to the facility and outside of the secure perimeter. The meeting was attended by members of the Facility Executive Management Team, the Agency PREA Coordinator, and support staff. This included:

- Brain Heath, Executive Director
- Sheldon King, Program Director/PREA Manager
- Dana Bennett, Regional Compliance/PREA Coordinator
- Philip Geiger, Superintendent
- Emily Wetter, Clinical Director
- Jared Arthur, Case Management Coordinator
- Tanner David, Case Manager
- Emily Beard, Case Plan Coordinator
- Derrick Jamerson, Site Trainer

After the opening meet and greet, the Auditor was provided with a work space in the administrative building and given rosters of all staff available at the facility for the three days of the audit, indicating post and shift hours. In addition, rosters were received indicating which individuals filled each specialized staff position. A roster was received detailing all residents housed at the facility on the first day of the audit along with rosters of all specialized categories of residents. These were used to select the staff and residents to participate in the random and specialized interviews.

Shortly after the Auditor reviewed the provided on-site documents and rosters, he entered the facility to conduct a complete site review of the facility. Upon entry into the facility, the Public Access staff verified the Auditor's identification and was directed to review and sign the ROP/Canyon State Academy PREA zero-tolerance policy and training information regarding sexual abuse and sexual harassment.

Upon clearance of the Public Access area, the Auditor was provided with a tour of the facility that included but was not limited to the administration areas, clinical and therapist areas, case management/intake area, food service/dining hall, education/programs, medical unit, living (housing) units, sports complex, and the warehouse. While touring, the Auditor paid particular attention to camera placement, lines of sight, and privacy for residents in specified areas, PREA reporting/victim advocacy and audit notification posters, door and key security, resident movement, receiving process, and staff and resident interactions.

The Auditor also conducted information discussions with staff and residents encountered while touring. The tour was led by the Facility PCM and the Agency PREA Coordinator. The Auditor noted the exceptional cleanliness of the facility. In addition, all staff encounters were extremely professional, friendly and helpful. The Auditor observed positive and productive interactions between staff and residents that exhibited a respectful working and living environment. Staff were observed monitoring residents and conducting quality security checks in work, program, and living areas.

Facility Site Review:

During the three (3) hour facility site review, the Auditor toured and thoroughly examined all areas of the entire Adjudicated Placement Program (the Juvenile Justice Program) portion of the campus and all areas accessed by those residents, this included informal discussions with staff and residents and the

successful testing of the resident phone reporting system. The Auditor observed some issues around line of sight and authorized areas that were of concern. The facility staff were advised of these issues and they were corrected while the on-site portion of the audit was being conducted, in many cases while the Auditor was still present in the area. The following deficiencies and recommendations were identified during the site review.

- *Kitchen Dry Storage Area* - This area is adjacent to the main kitchen with open staff and resident access, the storage area has high shelves for dry goods and canned goods which block the staff's view from the kitchen and the camera view, especially when the overhead lights are turned off. The Auditor noted that the lights were out, the light switch was turned off, and a staff person was back in the storage area on a break. The Auditor required that the facility maintain artificial light illumination of the dry storage area when the kitchen is operational. as a temporary measure, the facility immediately added a label over the switch stating that the switch must remain in the on position at all times. The next day the facility submitted a work order through the facility's maintenance department requesting that the light switch be changed to a motion type switch. This was corrected by the facility, assessed and verified as corrected by the Auditor, and is now deemed *closed*.
- *Kitchen Walk-in Coolers* – Two large walk-in coolers are located within the main kitchen cooking area. These coolers could provide residents with unsupervised access out of sight of staff and cameras. By policy, residents are not authorized in this area without staff supervision, but the walk-in cooler doors are not marked with this resident restriction. This was corrected the next day with signage added to both walk-in coolers stating no residents are allowed into the cooler without staff supervision. This verified as corrected by the Auditor, and is now deemed *closed*.
- *Library Office* – A staff office in the resident access library had a full-length window which was covered with black paper, creating an unnecessary blind area. The Auditor pointed out his concern to the escort team and this issue was corrected while Auditor was still in the area. Staff in the area were given instruction to not cover the window in that location due to security and safety concerns. This was corrected by the facility, assessed and verified as corrected by the Auditor, and is now deemed *closed*.
- *Medical Exam Office* – The resident medical examination room on the same hallway with the dental exam rooms was recently converted from a staff office. The resident medical examination room appears more like a private office as it contains a desk and several personal items. The room and door lack any identifiable features that it is a medical examination area unlike the other rooms on the hallway which are appropriately labeled. In a discussion with the PC and the medical staff, it was agreed the medical exam room needs to be properly labeled and made to look like a medical exam room so residents feel more comfortable during private examination. This was corrected by the facility, assessed and verified as corrected by the Auditor, and is now deemed *closed*.
- *Case Manager Area* – This area is used by the case managers to interview residents and conduct the intake process. It was noted that the alcove where the printer and secondary entrance are located has little to no artificial illumination, creating a very dark area in an otherwise well-lit work space. Residents with access to the alcove could be out of sight of staff or exit through it as it is a secondary egress. The Auditor recommended that the facility consider adding additional lighting to the printer alcove. This was corrected by the facility, assessed and verified as corrected by the Auditor, and is now deemed *closed*.
- *Gym Locker Room Shower Area* – The Gym Locker Room has a group shower. The Gym group shower is not used by residents after physical exercise. The residents are escorted back to their living units to use the individual showers in the living units later in the day because the Gym group shower lacks individual privacy. The Auditor recommended that the Gym group shower be modified to individual

showers by adding shower partition panels with curtains. This item is still being considered by the facility, currently residents do not use the Gym locker room showers, Response is acceptable and this is deemed *closed*.

- *Main Dining Room* – The resident restroom in this area was not marked as such. The dining room also serves as the visitation room. The visitor restroom was clearly marked but the resident restroom had no signage. The Auditor recommended that signage be added to the resident restroom. This was corrected by the facility, assessed and verified as corrected by the Auditor, and is now deemed *closed*.

During the site reviews, no other areas of concern was noted by the Auditor, staff interaction with the residents was professional, staff cross-gender announcements were noted, bathrooms and showers allowed privacy and staffing ratios were always within standards.

On-site Interviews:

Following the facility site review tour, interviews began with specialized staff, randomly selected staff, and residents. During this on-site portion of the audit, a total 22 interviews were conducted with staff covering all three shifts, 11 of which were randomly selected staff and 11 were specialized staff, some who are responsible for more than one protocol. A total of 13 interviews were conducted with residents, 12 of which were randomly selected and 1 targeted resident. The staff and residents interviewed were selected to ensure a representation from all shifts, all housing units, and different programming and operational areas of the facility. Since no correspondence was received prior to or during the audit, no additional interviews were conducted with staff or residents. Interviews conducted were as follows:

- Random Staff – 11
- Agency Head/Designee – 1
- Program Director – 1
- Agency Contract Administrator – 1
- Agency PREA Coordinator – 1
- Facility PREA Compliance Manager – 1
- Intermediate or higher-level supervisors – 3
- Education and program staff who supervise residents – 1
- Medical Staff -1
- Mental Health Staff – 1
- Non-medical staff that conduct cross gender strip searches - 0
- Human resources staff – 1
- Volunteers/Contractors – 1
- Investigative staff – 2
- Staff who perform risk screening – 2
- Staff who monitor retaliation – 1
- Incident review team members – 2
- Intake Staff – 2
- First Responders – 1
- Community Based Victim Advocate – 1

The number of residents housed at Canyon State Academy on the first day of the on-site review was 316, of which only 23 residents were in the Adjudicated Placement Program (the Juvenile Justice Program). A total of 13 resident interviews were conducted:

- Random residents – 12

- Physically disabled, blind, deaf, and/or hard of hearing residents – 0 (No residents housed at Canyon State Academy matched this criteria)
- Cognitively disabled residents – 0 (No residents housed at Canyon State Academy matched this criteria)
- Limited English Proficient (LEP) residents – 0 (No residents housed at Canyon State Academy matched this criteria)
- Gay, lesbian and/or bisexual residents – 1
- Transgender or intersex residents - 0 (No residents housed at Canyon State Academy matched this criteria)
- Residents in segregation for risk of victimization - 0 (No residents housed at Canyon State Academy matched this criteria)
- Residents who reported sexual abuse – 0 (No residents housed at Canyon State Academy matched this criteria)
- Residents who disclosed victimization during a risk assessment - 0 (No residents housed at Canyon State Academy matched this criteria)

All residents interviewed were consistent in their responses. Residents confirmed the facility's compliance with the standards that requires rules against sexual abuse and sexual harassment, their right to not to be sexually harassed or sexually abused, and how to report such incidents. Each resident was able to detail several different ways to report sexual abuse and sexual harassment allegations, including reporting anonymously and via third party. Residents stated that staff of the opposite gender announce their presence when entering the living units and that they are not seen by staff of the opposite gender while they are using the toilet, shower, or changing clothes. All residents reported feeling safe and sexually safe. The areas of concern noted by the Auditor were that only three residents reported seeing the facility's PREA education video, none understood how to request an advocate from the Child Abuse Hotline, and none were aware of who is the facility's PREA Compliance Manager or the facility's PREA Coordinator.

While on-site, the Auditor conducted a test of the PREA reporting hotline. The call is directly received by the Arizona Child Protective Services (CPS) hotline attendee, who receives the information and immediately forwards a resident's report of sexual abuse and sexual harassment to CPS agency officials. CPS allows the resident to remain anonymous upon request. The Auditor found this reporting system acceptable and deemed this test successful. The Auditor also conducted a phone interview with Just Detention International (JDI) which provides sexual abuse advocacy and tracking services. They have received no reports of sexual abuse at Canyon State Academy within the past 12 months or at any other time. They also stated that, if contacted by any resident from Canyon State Academy, they would provide a survivor package containing resources to various local agencies and services.

Throughout the on-site review, staff were observed engaging in positive interactions with the resident population and with other staff. The Auditor was very impressed when every staff member's response to questions regarding the reporting of allegations was to first ensure the safety of the resident and others.

On-site Documentation Review:

A document review was completed on three (3) investigative reports for completeness and objectivity and on 13 resident files for documentation of PREA education, screening risk assessment, and appropriate bed and housing assignment. Training records were reviewed for two (2) PREA Investigators. The facility's Human Resource staff provided 23 staff and one (1) volunteer files to show background checks

and PREA education had been done. As part of the audit, the Auditor observed a resident intake and viewed the video used for resident PREA education.

The Auditor also reviewed the resident grievance form and during an interview, the PREA Coordinator explained the facility's grievance process. There were no PREA related grievances reported in the past 12 months preceding the PREA Audit.

The Auditor concluded the on-site portion of the audit on 08/16/19. An out-brief was conducted and attended by:

- Dana Bennett, Regional Compliance/PREA Coordinator
- Nancy DeMoss, Medical Office Manager
- Michael Scott, Program Manager
- Sumer Buening, HR Manager
- Toni Abdo, Case Management Coordinator
- Tanner David, Case Manager
- Louis Ruesing, Vice Principal
- Emily Beard, Case Plan Coordinator
- Derrick Jamerson, Site Trainer

Post-Site Audit Phase:

After the on-site portion of the audit, the Auditor began the Evidence Review phase utilized the Auditor Compliance Tool for Juvenile Facility as a guide to determine compliance with each standard. The Auditor utilized information from the PAQ as provided prior to the audit, policies and procedures, information observed from the site review, documents collected while on-site, and information obtained from both the staff and resident interviews to complete the a systematic review and determination of compliance for each provision of every standard and write a professional and thorough audit report. The auditor also had several follow-up conversations with the PREA Coordinator during this phase.

At the completion of all phases of this PREA audit, the Auditor identified six (6) standards requiring corrective action, causing an interim report to be issued. The interim report was forwarded to the facility on October 14, 2019.

Following this, the facility and the Auditor entered into a 180-day corrective action phase. Throughout the 180-days, the facility maintained a correction action plan, which was updated monthly and provided to the Auditor. The facility provided supporting documentation and other evidence to the Auditor throughout this period to support compliance with the corrective action and recommendations. The final corrective action items were received, reviewed, and accepted on April 24, 2020. The final PREA Audit Report was completed and issued to the facility on May 8, 2020.

AUDIT FINDINGS

Facility Characteristics:

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

Canyon State Academy is open campus style, modeled after a high school campus, with dorm style living units. The Adjudicated Placement Juvenile Justice Program being audited has two (2) dorm buildings, with a total capacity of 96 adjudicated placement juvenile male residents (students), ages 11-19 years old. Currently, 88 students reside in the two (2) Student Cottage dorms, Superstition and San Tan (44 students in each). Each dorm living unit has two (2) wings, with six (6) bedrooms housing four (4) students each in bunk bed style accommodations. Each wing has a secure group bathroom with individual showers, urinals, and toilet stalls. Each living unit has a "control bubble" in the center which can view both wings. Each dorm's Case Manager and Unit Manager have offices that open into the control bubble.

The following living units are also on campus, but are not part of the Adjudicated Placement Juvenile Justice Program being audited: Eight (8) Academy Cottages (which house social services students), five (5) Assessment and Stabilization Center Cottages (which house shelter social services temporary placements), and two (2) Independent Living Cottages (which house transitional students).

The campus has seven (7) student accessible buildings as follows: Administration, Kitchen/Dining Room, Academic (School Classrooms/Theater and Library), Vocation Programs (Barber Shop, Coffee Shop and thrift store), Sports Complex (Gym/Weight Room), and Refocus.

Rite of Passage, Inc. (ROP) has owned and operated Canyon State Academy since March, 2000, providing residential services to male adolescents. Canyon State Academy's staff work with a diverse population of youths ranging from 11-19 years of age. Strengths-based services are provided in a normalized academic environment, enabling students to gain skills to enhance their opportunities for success. Features of Canyon State Academy's Program includes: Strengths-based approach with many educational, vocational, athletic, and community service opportunities; highly trained, experienced staff to guide at-risk students; Cognitive behavioral curricula including Aggression Replacement Training (ART) and Thinking for a Change (T4C); and an Accredited Voucher School Facility.

The population at the time of the audit was 88 residents and the average length of stay is eight (8) months. ROP and Canyon State Academy refer to their residents as "students" and "students/athletes".

Therapeutic and Case Management Services assigns each student a Masters level therapist who provides individual counseling in a prescriptive treatment plan and provides comprehensive case management services. All students participate in core groups and have the option to attend specialized groups based on individual needs. Each student also has access to psychiatric services and treatment by a licensed medical practitioner.

Canyon State Academy's recreation program is designed to improve physical fitness and promote healthy, positive lifestyle choices. The students may participate in intramural sports, art, music, board games, and other leisure activities that teach them to use their time positively and productively. Students

are also given the opportunity to participate in many off-site activities. Community resources and assets are accessed to help students discard delinquent and anti-social behavior and embrace pro-social behavior. Using this approach, Canyon State Academy strives to rebuild the relationships students have with their community by connecting them to resources and providing community service opportunities. Family visitations and treatment services are responsive to the unique needs of all students and their families.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	1
Number of standards met:	42
Number of standards not met:	0

On August 14-16, 2019, a three (3) day PREA compliance audit was completed at Canyon State Academy located in Queen Creek, Arizona. The final results indicate:

Number of Standards Exceeded: **1**

Number of Standards Met: **42**

Number of Standards Not Met: **0**

Standard Summary List:

Standard Exceeded: 115.331 Employee Training - the Auditor determined that the facility was exceeding compliance with this standard by providing all employees with PREA training every six months to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. This exceeds the standard's requirement for employee training. No corrective action was required.

Standards Met: 115.311; 115.312; 115.313; 115.315; 115.316; 115.317; 115.318; 115.321; 115.322; 115.332; 115.333; 115.314; 115.335; 115.341; 115.342; 115.351; 115.352; 11353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.354; 115.366; 115.367; 115.368; 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.381; 115.382; 115.383; 115.386; 115.387; & 115.388; 115.389; 115.401 & 115.403

Standards Not Met: None.

Required Corrective Actions:

1. *115.313 Supervisor and monitoring:* The facility must at least once every year, in collaboration with the agency's PREA Coordinator, review the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the

staffing plan and to document such reviews. *Status:* The PREA Site Compliance Manager, PREA Coordinator, Business Manager, and Program Director have conducted an annual assessment to determine if staffing patterns, video monitoring systems, other technologies, and resources are adequate to ensure the protection of students against sexual abuse. The meeting was held February 19, 2020, and the Staffing Plan was updated accordingly. A copy of the meeting minutes was provided to the Auditor. The facility has implemented a process that such reviews will be included during its Annual Director's Meeting. The Auditor reviewed the corrective action which noted adjustments to the staffing plan and the supporting documentation of the meeting. The Auditor found these actions acceptable.

Standard compliance was further supported by an interview with the PREA Coordinator. *This item is deemed closed. [115.313]*

2. *115.333 Resident Education:* The facility must, within 10 days of intake, provide an age-appropriate comprehensive education to residents either in-person or through video regarding: a. Their rights to be free from sexual abuse and sexual harassment; b. Their rights to be free from retaliation for reporting such incidents; and c. Agency policies and procedures for responding to such incidents. The facility must maintain documentation of resident participation in these education sessions. *Status:* This was corrected by the facility on August 18, 2019, by implementing an update to the resident training curriculum and ensuring all students now receive and sign a form indicating that they have received the comprehensive PREA education via an ROP PREA video. The resident sign-in records were verified by the Auditor and deemed to be acceptable. *This item is deemed closed. [115.333]*

3. *115.353 Resident access to outside confidential support services and legal representation:* The facility must attempt to enter into a Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The facility must also maintain copies of agreements or documentation showing attempts to enter into such agreements. *Status:* The facility reattempted to enter in an MOU with Mercy Care Medical Center, a Sexual Assault Response's Advocacy Community service provider, on February 10, 2020, to provide residents with confidential emotional support services related to sexual abuse. The medical center did not sign the MOU, but the facility is maintaining that documentation to show it attempted to enter into such agreements. The Auditor reviewed the corrective action and the supporting documentation for the attempted MOU. The MOU attempt is acceptable and compliance was supported by an interview with the PREA Coordinator. *This item is deemed closed. [115.353]*

4. *115.386 Sexual Abuse Incident Reviews:* The facility must establish a Sexual Abuse Incident Review Team that includes the Program Director, the Regional Improvement PREA Coordinator, and the PREA Manager and must develop supporting documentation on the establishment of such a team. The facility's Sexual Abuse Incident Review Team must prepare a report of its findings from sexual abuse incident reviews and submit a completed SES Administrative and Response Review Form to the Executive Director and the CEO within 30 days of the conclusion of their investigation. The team must demonstrate that the facility: (a) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) Considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility; (c) Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (d) Assesses the adequacy of staffing levels in that area during different shifts; (e) Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (f) Prepares a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement, and submit such report to the Facility Head and the PREA Compliance Manager. *Status:*

This was corrected by the facility on September 2, 2019, by implementing and establishing a new Administrative and Response Review Form to be completed by the Sexual Abuse Incident Review Team after every sexual abuse incident review. The form provides supporting documentation to demonstrate that the facility implemented the recommendations for improvement or documents its reasons for not implementing them. The Auditor reviewed the corrective action and the supporting documentation. The correction action and the new form is acceptable and compliance was supported by an interview with the PREA Coordinator. *This item is deemed closed. [115.386]*

5. *115.387 Data Collection:* The facility must maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. *Status:* This was corrected by the facility on September 2, 2019, by implementing and establishing a new Administrative and Response Review Form to be completed by the Sexual Abuse Incident Review Team after every sexual abuse incident review as supporting documentation and a binder was created and updated with all current data. Information from all future allegations will be collected, reviewed, and maintained. A photocopy of the binder was submitted as supporting documentation. Therefore, the facility demonstrate compliance with this provision. Based upon this analysis, the Auditor finds the facility is substantially compliant with this standard. *This item is deemed closed. [115.387]*

6. *115.388 Data Review for Corrective Action:* The Agency must modify and publish Canyon State Academy's annual PREA report such that it includes a comparison of the current year's data and corrective actions with those from the prior years. It must also include an assessment of the agency's progress in addressing sexual abuse. *Status:* This was corrected by the facility on March 1, 2020, by revising its 2019 Annual Report to include a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The new Annual Report was added the facility's website and the Auditor verified that all required elements were contained in the updated Annual Report. *This item is deemed closed. [115.388]*

Recommendations

1. *115.331 Staff Training:* That the resident education video be incorporated into the staff training program, so staff could be better prepared to answer residents' questions about PREA, based upon the information they are presented. *Status:* The resident education video is now shown to staff at the 6-month refresher trainings and will be included in the UltiPro trainings when the online system is implemented. The Auditor reviewed and verified copies of the staff training plan. This response was deemed acceptable; *this recommendation is closed.*
2. *115.331 Staff Training:* That the staff training form 13.44 be modified to state the term "PREA" training and not "SES" Safe Environmental Standards. *Status:* The PREA staff training form 13.44 was updated to include the acronym PREA, while also retaining SES, to meet all contract and licensing requirements. The new modified form was provided to and verified by the Auditor. This response was deemed acceptable; *this recommendation is closed.*
3. *115.333 Resident Education:* That the facility adds to the PREA education posters, the facility's PREA Compliance Manager's name and contact information. *Status:* The PREA education posters were updated to include the facility's PREA Compliance Manager's name and contact information and a process was established to ensure that if a different PREA Compliance Manager is named, stickers are created, printed, and are put on the PREA Education Posters. Photographic evidence of updated posters

was provided to the Auditor. This response was deemed acceptable; *this recommendation is closed.*

4. *115.342 Placement of residents in housing, bed, program, education and work assignment:* That the facility label (apply numbers to the bed frames) all of the residents' beds in the living unit with numbers consistent with the bed assignment for each resident. *Status:* The facility determined formal numbering would not be added to the beds at this time; however overnight staff documentation would continue to have the bed / bedroom layout documented. This response was deemed acceptable; *this recommendation is closed.*

5. *115.365 Coordinated Response:* That the facility develops and provide a PREA Incident Response Follow Chart card for Shift Supervisors to carry on their person for quick reference to coordinate actions that would need to be taken in response to an incident of sexual abuse. *Status:* The facility chose to create posters of the PREA Incident Response Follow Chart. Posted were created, framed, and hung in various offices, including the Shift Supervisor and Employee Services Center. Photographic evidence of the posters in various locations was provided to the Auditor. This response was deemed acceptable; *this recommendation is closed.*

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.311 (a): ROP/ Canyon State Academy has a comprehensive PREA Policy # 600.600 and Safe Environment Standards (SES) that were reviewed by the auditor. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting and responding to such conduct. The PREA Policy addresses "Preventing" sexual abuse and sexual harassment through provisions detailing the designation of a PREA Coordinator and PREA Compliance Manager, the requirements to conduct Criminal History Background Checks and Child Abuse Registry Checks (Staff, Contractors, and Volunteers, as applicable), Training (Staff, Volunteers, and Contractors), Staffing, Intake Screening, Classification, Resident Education, Posting of Signage (PREA Posters, etc.), and Contract Monitoring. "Detecting" sexual abuse and sexual harassment is addressed through provisions detailing protocols for Training (Staff, Volunteers, and Contractors) and Intake Screening. Finally, "Responding" to allegations of sexual abuse and sexual harassment is addressed through provisions detailing Reporting, Investigations, Victim Services, Medical and Mental Health Services, Disciplinary Sanctions for Staff (including notification of licensing agencies), Incident Review Teams, and Data Collections and Analysis. This PREA policy is detailed, comprehensive and consistent with the PREA standards and outlines the agency's overall approach to sexual safety. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the agency head and the program director.</p> <p>115.311(b): ROP Policy SES, Page 5, outlines the roles and responsibilities of the PREA Coordinator (PC); it calls for the position to be allowed sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in each facility. The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide; the job description confirms the PC's responsibilities. The PC reports directly to the agency's deputy executive director. The PC was interviewed and she reported having enough time to focus on the PREA standards and the freedom to divert responsibilities to other staff as needed to focus on implementing and sustaining the PREA efforts. She stated that she has direct access to the agency director and can implement policies and practices as necessary to ensure sexual safety requirements. She oversees PREA compliance managers and has been the PC for two years during which time she oversaw the agency's implementation of PREA. During the site review, the PC demonstrated knowledge of the agency policies and practices designed to promote sexual safety in the facility and was very forthcoming about the institutionalization of the practices in the facility. The evidence shows that the agency has designated an upper-level, agency-wide PC as verified through the organizational chart, policy directives, job description of the position and the interview with the PC. The PC has worked in her position for two years and has been directing the successful implementation of the agency's comprehensive ongoing PREA efforts. Based on the review of the Pre-audit questionnaire and related documents submitted, PREA implementation appears to be organized and well-documented under the leadership of the PC. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices demonstrates that the PC has sufficient time and authority to accomplish PREA responsibilities for the agency. Additionally, the PC's ability to delegate other duties, when necessary, further demonstrates she has sufficient time for overseeing PREA and sexual</p>

safety practices in the agency.

115.11(c): ROP Policy SES, Page 5, Page 8, outlines the roles and responsibilities of the PREA Compliance Manager (PCM); it calls for the position to be allowed sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility's organizational chart reflects that the PCM position is an upper-level management position in the facility; the job description confirms the PCM's responsibilities. The PCM reports directly to the facility's Program Director (PD). During the interview with the PCM, he stated that he has sufficient time to focus on implementing the PREA standards and necessary practices to ensure sexual safety in the facility; the position is 100% full time devoted to PREA compliance and sustainability. The PCM reports directly to the PD and has been given authority to direct all PREA compliance in the facility. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices at the facility level demonstrates that the PCM has sufficient time and authority to accomplish PREA responsibilities for the facility. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the Program Director, PREA Coordinator and PREA Compliance Manager.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring a zero-tolerance policy and the designation of a PC and PCM. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.312 (a): ROP is a private agency and this standard has been audited at the agency-level. The audit confirmed Canyon State Academy does not contract with other entities for the confinement of residents. Compliance with this provision was confirmed by interview of the Executive Director.</p> <p>115.312 (b): ROP/CSA does not contract with other entities for the confinement of residents. Compliance with this provision was confirmed by interview of the Executive Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard regarding the contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.313 (a): ROP/Canyon State Academy 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. The facility's staff plan takes into consideration the 11 criteria in calculating adequate staffing levels and determining the need for video monitoring. The staffing appears to be adequate during waking hours and sleeping hours. Compliance with this provision was based upon interviews with the Program Director and PREA Compliance Manager and a review and observation of the staffing plan.</p> <p>115.313 (b): CSA complied with the staffing plan except during limited and discrete exigent circumstances. The facility documented when it deviated from its staffing plan during this audit period. Compliance with this provision was based upon the Auditor's observation from the site tour, a review of staffing records and interview with the Program Director.</p> <p>115.313 (c): CSA maintain staff ratios of a minimum of 1:6 during waking hours and 1:8 during sleeping hours. Per the Arizona License: Article 74, Age 12 and above: a. At least one paid staff member for each 10 children when children are under the licensee's direct supervision and awake. Compliance with this provision was based upon the auditor's observation from the site tour, a review of staffing records and interview with the Program Director.</p> <p>115.313 (d): CSA has no annual review meeting minutes or reports by the facility, in collaboration with the agency's PREA Coordinator, to review the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. PREA Coordinator states such meetings happen annually but not recorded nor are minutes taken. Non-compliance with this provision was based upon the Auditor's review of staffing records and interviews with the Program Director and PREA Coordinator.</p> <p>115.313 (e): CSA supervisory staff conduct and document unannounced rounds on all shifts. Such rounds are recorded on a shift supervisor unannounced form and are maintained by the PREA Manager. Supported by interviews with Intermediate or Higher-Level Facility Staff. Compliance with this provision was based upon the Auditor's observation from the site tour, a review of the facility's records of announced rounds and interviews the mid-level supervisors and three (3) shift supervisors.</p> <p>Evidence used to determine standard compliance includes: Auditor's observations from the site tour, the facility's staffing plan, the facility's policy for having Intermediate and higher-level supervisors conduct and document unannounced rounds; review of staffing records and interviews of random staff, Intermediate or Higher-Level Facility Staff, the Agency Head, the Program Director and the PREA Coordinator.</p> <p>The final analysis of the evidence indicates the facility has a policy for holding annual meetings to assess, determine, and document whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. However, the policy is not supported due to the lack of documentation of such annual meetings and therefore cannot demonstrate compliance with the standard.</p> <p>Corrective action was required and completed by the facility. The PREA Site Compliance Manager, PREA Coordinator, Business Manager, and Program Director have conducted an</p>

annual assessment to determine if staffing patterns, video monitoring systems, other technologies, and resources are adequate to ensure the protection of students against sexual abuse. The meeting was held February 19, 2020, and the Staffing Plan was updated accordingly. A copy of the meeting minutes was provided to the Auditor. The facility has implemented a process that such reviews will be included during its Annual Director's Meeting. The Auditor reviewed the corrective action which noted adjustments to the staffing plan and the supporting documentation of the meeting. The Auditor found these actions acceptable.

Standard compliance was further supported by an interview with the PREA Coordinator. This item is deemed closed.

Based upon this analysis, the Auditor finds the facility is substantially compliant with this provision.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.315 (a): ROP/CSA prohibits cross-gender pat-down searches of residents under all circumstances. In the past 12 months, zero (0) number of cross-gender pat-down searches of residents were conducted. Compliance with this provision was based upon the auditor's observations during the tour of the facility and supported by interviews with random residents and staff.</p> <p>115.315 (b): CSA does require staff of the opposite gender to announce their presence when entering a resident housing unit. This practice was observed by the Auditor and confirmed during resident interviews. Residents shower, perform bodily functions, and change clothing without being viewed by staff. Policy and practice verified by interviews of staff and residents and the Auditor's observation.</p> <p>115.315 (e): ROP/CSA has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with random resident and staff.</p> <p>115.315 (f): All CSA staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with random staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring limits to cross-gender viewing and searches. No corrective action is required.</p>

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.316 (a): Canyon State Academy has many Spanish speaking staff and provides disabled residents with access to interpreters through Language Line Solutions. Non-English PREA posters and other signage were noted throughout the facility during the tour. ROP takes appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who are deaf or hard of hearing; who are blind or have low vision; who have intellectual disabilities; who have psychiatric disabilities; and who have speech disabilities. The facility ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: have intellectual disabilities; have limited reading skills; and are blind or have low vision. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the agency head and the Program Director.</p> <p>115.316 (b): CSA takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. This includes providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, through the Language Line Solutions. No residents with disabilities were available to interview at the facility during the time of the audit. Random staff and other resident interviews support this policy and practice. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the agency head and the Program Director.</p> <p>115.316 (c): ROP/SSA policy prohibits residents from being used as interpreters. There was no documented use of residents as interpreters in the past 12 months. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the agency head and the Program Director.</p> <p>Evidences used to determine standard compliance includes: a review of case files and interviews of random staff, residents, the Agency Head and the Program Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) to 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. No corrective action is required.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.317 (a): By SES policy #115.317, ROP/CSA prohibits the hiring or promotion of anyone who may have contact with residents who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Personnel files were reviewed for all staff hired or promoted within the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. The facility conducts criminal record checks and child abuse record checks of all new employees prior to hiring and again every five years. Compliance with this provision was based upon a review of the employee records and supported by interviews the Human Resources staff.</p> <p>115.317 (b): ROP/CSA, by policy SES #115.317, considers any incident of sexual harassment or sexual abuse prior to hiring and promoting any staff or enlisting the services of any contractor. Compliance with this provision was based upon the review of SES policy # 115.317 and interviews with the HR staff and the Program Director.</p> <p>115.317 (c): ROP/CSA considers any incident of sexual harassment or sexual abuse before hiring new employees who may have contact with residents and promoting any staff or enlisting the services of any contractor. CSA consults any child abuse registry maintained by the State or locality in which the employee would work and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Compliance with this provision was based upon the review of SES policy # 115.317 and interviews with the HR staff and the Program Director.</p> <p>115.317 (d): A criminal background records check is completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. This was verified during the PREA Audit though interviews with the HR Director and the Program Director.</p> <p>115.317 (e): ROP/CSA considers any incident of sexual harassment or sexual abuse before hiring new employees who may have contact with residents and promoting any staff or enlisting the services of any contractor. CSA consults any child abuse registry maintained by the State or locality in which the employee would work and 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. This was verified during the PREA Audit though interviews with the HR staff and the Program Director.</p> <p>115.317 (f): A criminal background records check is completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. This was verified during the PREA Audit though interviews with the HR staff and the Program Director.</p> <p>115.317 (g): CSA conducts criminal background records checks at least every five years of all current employees and contractors who may have contact with residents. This was verified during the PREA Audit though interviews with the HR staff and the Program Director.</p> <p>115.317 (h): ROP/CSA requires all employees to disclose any previous misconduct and imposes upon them a continuing affirmative duty to disclose any allegations of sexual</p>

misconduct or abuse. This was verified during the PREA Audit though interviews with the HR staff and the Program Director.

115.317 (g): ROP policy and practice is that material omissions regarding misconduct or the provision of materially false information by an employee, is grounds for termination.

Compliance with this provision was based upon the review of SES policy # 115.317 and interviews with the HR staff and the Program Director.

115.317 (h): ROP provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Compliance with this provision was based upon interviews with the HR staff and the Program Director.

Evidences used to determine standard compliance include a review of Policy SES 115.317 and employee files and interviews with the Human Resources staff and the Program Director. Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring hiring and promotion decisions. No corrective action is required.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.318 (a): N/A, ROP/Canyon State Academy has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit. By Policy SES # 115.318, ROP would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse if it designed or acquired any new facility or planned any substantial expansion or modification of existing facilities. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews the agency head and the Program Director.</p> <p>115.318 (b): N/A, ROP/Canyon State Academy has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Compliance with this provision was based upon the Auditor's observations during the tour of the facility, a review of the video monitoring system and supported by interviews the agency head and the Program Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring upgrades to facilities and technologies to consider the protection of residents from sexual abuse if it designed or acquired any new facility or planned any substantial expansion or modification of existing facilities. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.321 (a): By Policy, SES# 115.321, ROP/CSA follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. Canyon State Academy conducts administrative investigations for alleged sexual abuse and misconduct after the Department of Child Safety and the Sheriff Officers conducts their investigations. The Maricopa County Sheriff's Office is responsible for conducting criminal sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct. Compliance with this provision was based upon the Auditor's observations during the tour of the facility, review of agency policy and supported by interviews with PREA Coordinator.</p> <p>115.321 (b): CSA uses the "National Protocols for Sexual Assault Medical Forensic Examination, Adults/Adolescents". These protocols are appropriate for youth. Compliance with this provision was based upon the Auditor's observations during the tour of the facility, review of agency policy and supported by interviews with Medical staff.</p> <p>115.321 (c): CSA does not conduct SAFE/SANE exams as confirmed by Medical staff. All victims of sexual abuse have access to forensic medical examinations at the Honor Health Medical Center for SAFE/SANE program and crisis intervention services. The facility claims they have never had a request nor requirement for a SAFE/SANE exam. Compliance with this provision was based upon the Auditor's observations during the tour of the facility, review of agency policy and supported by interviews with Medical staff.</p> <p>115.321 (d): Department of Child Safety Hotline provides the victims with advocate services via the CSP hotline. The facility does not document its efforts to secure services from rape crisis centers. Compliance with this provision was based upon the Auditor's observations during the tour of the facility, review of agency policy and supported by interviews with PREA Coordinator.</p> <p>115.321 (e): By Policy, SES 115.32, the facility would provide, upon request by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. Compliance with this provision was based upon the Auditor's review of the facility's policy and interviews with the agency head and the PREA Coordinator.</p> <p>115.321 (f): Maricopa County Sheriff's Office is responsible for conducting criminal sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct. Compliance with this provision was based upon the Auditor's review of the facility's website and interviews with the Program Director and the PREA Coordinator.</p> <p>Evidences used to determine standard compliance include a review of residents' medical files and interviews of medical staff, random residents, the Program Director and the PREA Coordinator.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring Evidence protocol and forensic medical examinations. No corrective action is required.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.322 (a): ROP/ Canyon State Academy has ensured that all administrative investigations of allegations of sexual abuse and sexual harassment were completed. In the past 12 months, there were three (3) allegations resulting in an administrative investigation and one (1) allegation was referred for criminal investigation. Compliance with this provision was based upon the Auditor's review of the facility's PREA investigative case files and supported by interviews with the facility investigators and the PREA Coordinator.</p> <p>115.322 (b): The facility has a policy, SES #115.322, that states "allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior". The facility has document all such referrals. Investigative policies were verified on the facility's website and the referral form for third-party reporting was also verified on-line. Compliance with this provision was based upon the Auditor's review of the facility's policy to ensure referrals of allegations for investigations and supported by interviews with the facility investigators and the PREA Coordinator.</p> <p>115.322 (c): CSA's website describes that the Maricopa County Sheriff's Office is responsible for conducting criminal sexual abuse investigations and has the legal authority to conduct criminal investigations. Compliance with this provision was based upon the Auditor's review of the facility's website and supported by interviews with the facility investigators and the PREA Coordinator.</p> <p>Evidences used to determine standard compliance include a review of the facility's policies to ensure referrals of allegations for investigations, a review of PREA investigative case files, and interviews with the facility investigators, the facility's PREA Compliance Manager and the PREA Coordinator.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring Policies to ensure referrals of allegations for investigations. No corrective action is required.</p>

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.331 (a): ROP/CSA employee training program includes all of the required elements for this standard. A review of the facility lesson plan shows they train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in juvenile facilities; The common reactions of juvenile victims of sexual abuse and sexual harassment; How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and covers the relevant laws regarding the applicable age of consent. This was supported by the interview of 11 random staff. Compliance with this provision was based upon the Auditor's review of the facility employees' PREA training lesson plan and supported by interviews of random staff and the facility's site trainer.</p> <p>115.331(b): ROP/CSA training lesson plans are tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at CSA. Compliance with this provision was based upon the Auditor's review of the facility employees' PREA training lesson plan and supported by interviews of random staff and the facility's site trainer.</p> <p>115.331 (c): ROP/CSA provided PREA training to all current employees in 2015 and all new employees hired after 2015 at the start of their employment. All employees are provided refresher training every six months to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. This exceeds the standard's two-year requirement for refresher training. Compliance with this provision was based upon the Auditor's review of the facility employees' PREA training records and supported by interviews of random staff and the facility's site trainer.</p> <p>115.331 (d): ROP/CSA maintains training documents in both hard copy and digital versions with all employees' signatures verifying comprehension of training. Compliance with this provision was based upon the Auditor's review of the facility employee's PREA training records.</p> <p>Evidences used to determine standard compliance include a review of the facility's PREA Training Lesson plans and CSA employees' PREA training records and was supported by interviews of random staff and the facility's site trainer.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is exceeding compliance with this standard by providing all employees with PREA training every six months to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. This exceeds the standard's requirement for employee training. No corrective action is required.</p> <p>Recommendations:</p>

1. That the resident education video be incorporated into the staff training program, so staff could be better prepared to answer residents' questions about PREA, based upon the information they are presented. Status: The resident education video is now shown to staff at the 6-month refresher trainings and will be included in the UltiPro trainings when the online system is implemented. The Auditor reviewed and verified copies of the staff training plan. This response was deemed acceptable; *this recommendation is closed.*
2. That the staff training form 13.44 be modified to state the term "PREA" training and not "SES" Safe Environmental Standards. Status: The PREA staff training form 13.44 was updated to include the acronym PREA, while also retaining SES, to meet all contract and licensing requirements. The new modified form was provided to and verified by the Auditor. This response was deemed acceptable; *this recommendation is closed.*

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.332 (a): All volunteers and contractors who have contact with residents have been trained on their responsibilities under ROP's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Compliance with this provision was based upon a review of the training records and interviews with a contractor and the facility's site trainer.</p> <p>115.332 (b): CSA training records for volunteers and contractors who have contact with residents, were reviewed by the Auditor and verified that they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and have been informed how to report such incidents. Compliance with this provision was based upon the Auditor's review of the volunteers' and contractors' PREA training records.</p> <p>115.332 (c) CSA maintains very good documentation confirming that the volunteers and contractors understand the training they have received. ROP/CSA maintains training documents in both hard copy and digital versions with all employees signatures verifying comprehension of training. Compliance with this provision was based upon the Auditor's review of the volunteers' and contractors' PREA training records.</p> <p>Evidences used to determine standard compliance includes a review of the facility's training records for their volunteers and contractors and interviews with a contractor and the facility's site trainer.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring volunteer and contractor PREA training. No corrective action is required.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.333 (a): All PREA required information is provided to residents upon intake. Residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment and this information is presented in an age-appropriate fashion. Compliance with this provision was based upon the Auditor's observations during the tour of the facility and supported by interviews with the intake staff, interviews with randomly selected residents, and review of residents' files. All residents sign a PREA acknowledgement training record document.</p> <p>115.333 (b): CSA has comprehensive PREA education via an ROP-developed video that was to be provided to residents no more than 3 days after intake. Prior to the audit, this video was taken out of the residents' orientation program. During the on-site interviews with the randomly selected residents, none confirmed that they had seen the PREA education video at all. This was corrected by the facility by implementing an update to the resident training curriculum to include the student video within 3 days after intake. These training records were verified by the Auditor and confirmed by resident interviews. This item is deemed closed.</p> <p>115.333 (c): Comprehensive PREA education via an ROP-developed video was not consistently provided to residents within 3 days after intake. Not all residents signed a PREA training record. This was corrected by the facility on August 18, 2019, by implementing an update to the resident training curriculum and ensuring all students now receive and sign a form indicating that they have received the comprehensive PREA education via an ROP PREA video. The resident sign-in records were verified by the Auditor and deemed to be acceptable. This item is deemed closed.</p> <p>115.333 (d): PREA education is in formats accessible to all residents, including those who have limited reading skills. The facility has access to Language Line Solution and maintains a list of bilingual staff. Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with the PREA Coordinator and the Program Director.</p> <p>115.333 (e): All resident-signed PREA training records were verified by the Auditor and confirmed to be securely maintained; however during the on-site audit, there is no record of the video being viewed. This was corrected by the facility and the training records now reflect that the students have viewed the training video. Compliance with this provision is based upon the Auditor's review of the PREA training records for all residents. The Auditor verified the initial PREA acknowledgement forms were signed by residents and were securely maintained.</p> <p>115.333 (f): PREA education and reporting posters are placed throughout the facility. The Student (Resident) Handbook is comprehensive and issued to all residents upon intake. The PREA posters could be better as they lack the PREA Manager/Coordinator contact info. Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with the PREA Coordinator and the Program Director.</p> <p>Evidences used to determine standard compliance includes a review of case files and interviews of randomly selected residents, the PREA Coordinator and the intake staff. Canyon State Academy's residents are informed about ROP's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during the intake process. The facility does show an age-appropriate comprehensive educational PREA video to all</p>

residents. In addition to providing such education, key PREA information is continuously and readily available or visible to residents through posters, the Student Handbook, or other written formats. Canyon State Academy has access to the Language Line and maintains a list of all bilingual facility staff. The facility never uses other residents for residents training.

Based upon the review and analysis of all the available evidence, the Auditor finds the facility is substantially compliant with this standard.

Recommendation:

That the facility adds to the PREA education posters, the facility's PREA Compliance Manager's name and contact information. Status: The PREA education posters were updated to include the facility's PREA Compliance Manager's name and contact information and a process was established to ensure that if a different PREA Compliance Manager is named, stickers are created, printed, and are put on the PREA Education Posters. Photographic evidence of updated posters was provided to the Auditor. This response was deemed acceptable; *this recommendation is closed*.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.334 (a): ROP/CSA conducts administrative investigations only and has ensures that its investigators have received training in conducting sexual abuse investigations in confinement settings. Training records for the facility's two sexual abuse investigators were reviewed by the Auditor and confirmed that the dates and type of training received was consistent with the requirements of this provision.</p> <p>115.334 (b): CSA specialized training for investigators includes: Techniques for interviewing juvenile sexual abuse 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. Compliance with this provision was based upon the Auditor's review of the training records and supported by interviews with the Investigative Staff.</p> <p>115.334 (c): CSA maintains documentation of its investigators' training certificates. This was verified by the Auditor in a review of the facility's training records. Canyon State Academy has two (2) trained investigators. Compliance with this provision is based upon the Auditor's review of the training records and is supported by interviews with the Investigative Staff.</p> <p>Evidences used to determine standard compliance includes a review of training records and interviews with the Investigative Staff and the Program Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring that investigators are trained in conducting sexual abuse investigations in a confinement settings. No corrective action is required.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.335 (a): Training and personnel records were reviewed by the Auditor and verified that all Medical and Mental Health Staff have been PREA trained. The training includes: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Compliance is based upon training and personnel records being reviewed by the Auditor and verifying that Medical and Mental Health Staff have been PREA trained. This is supported by interviews with Medical and Mental Health staff.</p> <p>115.335 (b): N/A, CSA's medical staff do not conduct forensic medical exams. Residents are taken to an outside hospital as needed.</p> <p>115.335 (c): Training records and personnel records were reviewed by the Auditor and verified that all Medical and Mental Health Staff have been PREA trained. Compliance is based upon training and personnel records being reviewed by the Auditor and verifying that all Medical and Mental Health Staff have been PREA trained.</p> <p>115.335 (d): All medical and mental health care practitioners employed and contracted by facility and those volunteering at the facility received training mandated for employees. Compliance is based upon training and personnel records being reviewed by the Auditor and verifying that all Medical and Mental Health Staff have been PREA trained. Evidences used to determine standard compliance includes a review of medical staff training records and interviews with the Medical and Mental Health Staff. Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring that medical and mental health care practitioners employed and contracted by facility and those volunteering at the facility received specialized PREA training. No corrective action is required.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.341 (a) ROP/Canyon State Academy has a policy SES #115.341, that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Within a few hours of the resident's arrival at the facility, the Case Managers complete the intake Vulnerability Assessment Instrument. The form includes the resident's sexual ID and preference. The facility also updates the resident's information periodically throughout the resident's stay. All 13 resident files were reviewed and verified by the Auditor to have completed forms within 72 hours of the resident's arrival at the facility. Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used, the resident case files, and observations during the tour of the facility. This is supported by interviews with randomly selected residents and the staff responsible for Risk Screening.</p> <p>11.341 (b): All resident PREA screening assessments are conducted using an objective screening instrument, the PREA Vulnerability Assessment Instrument. The Vulnerability Assessment Instrument objectively ascertains gender nonconforming appearance or manner whether the resident may therefore be vulnerable to sexual abuse. The form does ask residents if they identify as lesbian, gay, bisexual, transgender, or intersex. The information is also collected on the Clinic Assessment. Resident files were reviewed and verified by the Auditor. Compliance with this provision is based upon the Auditor's assessment of the screening instrument used and review of the resident case files. This is supported by interviews with randomly selected residents and the staff responsible for Risk Screening.</p> <p>115.341 (c): The Vulnerability Assessment Instrument ascertains gender nonconforming appearance or manner whether the resident may therefore be vulnerable to sexual abuse. The form does ask the residents if they identify as lesbian, gay, bisexual, transgender, or intersex; prior sexual victimization or abusiveness; current charges and offense history; and the resident's age. The information collected at the Clinic Assessment includes the resident's level of emotional and cognitive development; their physical size and stature; any mental illness or mental disabilities; Intellectual or developmental disabilities; the resident's own perception of vulnerability; and other information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used and review of the resident case files. This is supported by interviews with randomly selected residents and the staff responsible for Risk Screening.</p> <p>115.341 (d): During the PREA screening assessment, the information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. Compliance with this provision is based upon the Auditor's observation from the facility tour and is supported by interviews with staff responsible for Risk Screening.</p> <p>115.341 (e): ROP/CSA has implemented appropriate controls on the dissemination of all sensitive information ascertained at intake. Resident files are secured and controlled at all</p>

times. This was verified by the Auditor's observations. Only the Case Managers, Clinical Managers and Therapeutic Managers have access to the resident's Vulnerability Assessment Instrument. Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used and the review of the resident case files. This is supported by interviews with randomly selected residents, the staff responsible for Risk Screening, and the PREA Coordinator.

Evidences used to determine standard compliance includes ROP Policy SES# 115.341, a review of 13 resident case files, and interviews with randomly selected staff, residents, the PREA Coordinator, and the Staff Responsible for Risk Screening.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring that residents be screened for risk of sexual victimization or risk of sexually abusing. No corrective action is required.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.342 (a): ROP/CSA uses information from the Vulnerability Assessment Instrument to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The living unit bed assignment is made by the unit manager in conjunction with the resident's case manager based upon the information collected in the risk screening. However, it was noted that the beds themselves, although not required by PREA standard, lack an identification number on the frames. Compliance with this provision is based upon the Auditor's assessment of the intake process and the screening instrument used, bed assignment records, the residents' case files, and observations during the tour of the facility. This is supported by interviews with the PREA Compliance Manager and the staff responsible for Risk Screening.</p> <p>115.342 (b): ROP/CSA does not isolate residents. Resident files were reviewed by the Auditor to verify residents were not placed in isolation. Compliance with this provision is based upon the Auditor's review of resident files, observations during the tour of the facility, and interviews with the PREA Compliance Manager and the staff responsible for Risk Screening.</p> <p>115.342 (c): ROP/CSA prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility refrains from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive. Compliance with this provision is based upon the Auditor's review of SES policy 115.342 and an interview with the PREA Compliance Manager.</p> <p>115.342 (d): ROP/CSA, by policy, makes facility, housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis, considering whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems. Compliance with this provision is based upon the Auditor's review of SES policy 115.342 and an interview with the PREA Compliance Manager.</p> <p>115.342 (e): ROP/CSA, by policy, reassesses the placement and programming assignments for each transgender or intersex resident at least twice each year to review any threats to safety experienced by the resident. Compliance with this provision is based upon the Auditor's review of SES policy 115.342 and an interview with the PREA Compliance Manager.</p> <p>115.342 (f): ROP/CSA, by policy, states that a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration when making facility and housing placement decisions and programming assignment. The Auditor verified this by an interview with the PREA Compliance Manager. Compliance with this provision is based upon the Auditor's review of SES policy 115.342 and interviews with the PREA Compliance Manager.</p> <p>115.342 (g): All residents shower separately from other residents. The Auditor verified this by observation of the shower areas and interviews with residents and the PREA Compliance Manager.</p> <p>115.342 (h): N/A - ROP/CSA does not isolate residents for protection from sexual victimization. Compliance with this provision is based upon the Auditor's observations during the tour of the facility and interviews with the PREA Compliance Manager and the staff responsible for Risk Screening.</p> <p>115.341 (I): ROP/CSA does not isolate residents. By policy and only as a last resort, when less</p>

restrictive measures are inadequate to keep them and other residents safe, would ROP use isolation. Also by policy, the need for isolation would be reviewed every 30 days by the Program Director. Compliance with this provision is based upon review of all living units and an interview with the Program Director.

Evidences used to determine standard compliance include ROP Policy SES# 115.342, a review of 13 residents' case files, bed assignment documents, and interviews with randomly selected staff and residents, the PREA Coordinator, and the staff responsible for Risk Screening.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the proper placement of residents. No corrective action is required.

Recommendation:

That the facility label (apply numbers to the bed frames) all of the residents' beds in the living unit with numbers consistent with the bed assignment for each resident. Status: The facility determined formal numbering would not be added to the beds at this time; however overnight staff documentation would continue to have the bed / bedroom layout documented. This response was deemed acceptable; *this recommendation is closed*.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.351(a): CSA provides multiple ways for residents to privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect, or violation of responsibilities that may have contributed to such incidents. This could include, but is not limited to, the following: Student Grievance Form; Student Statement Form; Medical Request Form; Student One-on-One Request Form; the Grievance Procedure; direct verbal reporting to any staff member, and/or calling the abuse hotline number.</p> <p>Phones are accessible through staff in living units. Canyon State Academy's residents have weekly calls home, are allowed visits at the facility every weekend, and may also be allowed to go on home visits. Compliance with this provision was confirmed by the Auditor's personal observations and by interviews with randomly selected staff and residents.</p> <p>115.351 (b): CSA provides multiple ways for residents to report sexual abuse or sexual harassment to a public entity that is not part of the agency. Child Protective Services (CPS) receives and immediately forwards a resident's report of sexual abuse and sexual harassment to agency officials. CPS allows the resident to remain anonymous upon request. No residents are detained solely for civil immigration purposes. Compliance with this standard was confirmed by the Auditor's personal observations and by interviews with randomly selected residents.</p> <p>115.351 (c): CSA staff members are required to accept reports of sexual abuse and sexual harassment that are made verbally, in writing, anonymously, and from third parties. Verbal reports are promptly documented and called into the CSP Hotline. Compliance with this standard was confirmed by the review of PREA investigative files and by interviews with randomly selected staff.</p> <p>115.351 (d) Residents are provided with pens, paper, envelopes, grievance forms and one on one staff request forms. Compliance with this standard was confirmed by interviews with randomly selected residents and with the PREA Compliance Manager.</p> <p>115.351 (e) ROP/CSA provide a method for staff to privately report sexual abuse and sexual harassment of residents. Compliance with this standard was supported by interviews with randomly selected staff.</p> <p>Evidences used by the Auditor to determine compliance with the standard include review of the facility's policy SES# 115.351, the resident's handbook, and the facility's website; observations of reporting information during the site tour; and interviews with randomly selected staff and residents and with the PREA Compliance Manager.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring third-party reports of sexual abuse and sexual harassment. No corrective action is required.</p>

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.352 (a) ROP/CSA has an administrative procedure, Policy SES #115.352, for dealing with resident grievances regarding sexual abuse. Therefore, the facility is not exempt from this standard. ROP/Canyon State Academy has an administrative procedure for dealing with resident grievances regarding sexual abuse. The administrative procedure is the "Student Grievance Process" and information about how to utilize the grievance process is provided in the Student Handbook.</p> <p>115.352 (b): According to the CSA Student Handbook and Policy, SES #115.352, the facility permits residents to submit a grievance regarding an allegation of sexual abuse without any type of time limit and does not require an informal grievance process. Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with randomly selected residents, the agency head, and the Program Director.</p> <p>115.352 (c): ROP/CSA policy, SES #115.352 allows a resident who alleges sexual abuse to submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint. Residents have free access to grievance forms and each living unit has a free-access locked grievance mailbox. The PREA Compliance Manager and the weekend Shift Supervisor have sole access to the grievance mailbox. Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with the agency head and the Program Director.</p> <p>115.352 (d): ROP/Canyon State Academy issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance, but may extend the period longer if needed, up to 70 additional days.</p> <p>115.352 (e): ROP/CSA policy SES# 115.352 permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing grievances. Residents can decline third-party assistance. There were zero (0) grievances alleging sexual abuse filed by residents or filed with third party assistance in the past 12 months. Compliance with this provision is based upon the Auditor's observations during the tour of the facility and is supported by interviews with randomly selected residents, the agency head, and the program director.</p> <p>115.352 (f): ROP/CSA policy SES #115.352 allows for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The policy requires an initial response within 48 hours and a final agency decision within 5 days. The agency reported that there were zero (0) emergency grievance alleging substantial risk of imminent sexual abuse filed in the past 12 months.</p> <p>115.352 (g): ROP/CSA policy SES #115.352 allows the facility to discipline a resident for filing a grievance alleging sexual abuse where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, no residents grievances alleging sexual abuse were filed that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. Compliance with this provision is based upon the Auditor's review of the grievance files and is supported by interviews with the agency head and the Program Director.</p> <p>Evidences used to determine standard compliance include a review of grievance files and</p>

interviews with randomly selected staff and residents, the PREA Compliance Manager, and the Program Director.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the exhaustion of administrative remedies. No corrective action is required.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.353 (a): ROP/CSA provides residents with access to outside victim advocates for emotional support services related to sexual abuse via the toll-free Child Abuse Hotline at 1-888-SOS-CHILD (1-888-767-2445) provided by the Arizona Department of Child Safety (DCS), Child Protective Services (CPS) child abuse hotline telephone number. The facility allows reasonable communication between residents and this agency, in as confidential a manner as possible. Following investigation, the DCS team determines if the report should be substantiated or unsubstantiated. When a report is substantiated it means that the information gathered supports a finding of child abuse or neglect. CPS may provide services to the family or refer them to services in the local community. When a report is unsubstantiated it means that the information gathered does not support a finding of child abuse or neglect. DCS may end its involvement with the family unless the family requests additional help. A confidential record of all DCS reports and outcomes is maintained in a computer database. The facility does not detain persons solely for civil immigration purposes. Compliance with this provision is based upon the Auditor's review of the facility policy SES #115.353, a review of the Arizona Department of Child Safety Website, and interviews with randomly selected staff and residents, the Program Director, and the PREA Compliance Manager.</p> <p>115.353 (b): ROP/CSA informs the residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. ROP/CSA policy requires all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any 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. This policy was supported by staff interviews. Compliance with this provision is based upon the Auditor's review of the facility's policy SES #115.353 and interviews of randomly selected residents and the PREA Compliance Manager.</p> <p>115.353 (c): CSA did not have an MOU request with a Sexual Assault Response's Advocacy Community service provider on file and did not have supporting documentation of an MOU request with a Sexual Assault Response's Advocacy Community service provider. This was corrected by the facility reattempting to enter in an MOU with Mercy Care Medical Center, a Sexual Assault Response's Advocacy Community service provider, on February 10, 2020, to provide residents with confidential emotional support services related to sexual abuse. The medical center did not sign the MOU, but the facility is maintaining that documentation to show it attempted to enter into such agreements. The Auditor reviewed the corrective action and the supporting documentation for the attempted MOU. The MOU attempt is acceptable and compliance was supported by an interview with the PREA Coordinator. This item is deemed closed.</p> <p>115.353 (d): ROP/CSA provides residents with reasonable and confidential access to their attorneys or other legal representation and provides residents with reasonable access to parents or legal guardians. This was supported by interviews with residents. Compliance with this provision is based upon the Auditor's review of the facility's policy SES #115.353 and</p>

interviews with randomly selected residents and the PREA Compliance Manager.

The final analysis of the evidence indicates the facility has a policy providing residents with access to outside confidential support services and legal representation that is consistent with the requirements of this PREA standard. CSA does now have any supporting documentation of MOU request with a Sexual Assault Response's Advocacy Community service provider and therefore, they can demonstrate compliance with the standard. Based upon this analysis, the Auditor finds the facility is substantially compliant with this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354 (a): ROP/Canyon State Academy accepts all verbal, written, and anonymous reports from any source, including third parties. Notices of how to report allegations are posted in the lobby and other areas of the facility with the toll-free hotline number and other available reporting options. This information is also included in the PREA Orientation materials and the PREA education video for residents. Third party reporting forms are available to visitors in the Lobby area of the facility and as a PDF form on the facility's website.</p> <p>Evidences used by the Auditor to determine standard compliance includes review of the facility's policy SES# 115.354 and the facility's website; observations during the site tour; and interviews with PREA Compliances Manager and randomly selected staff and residents.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring third-party reports of sexual abuse and sexual harassment. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.361 (a): ROP/CSA policy requires all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any 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. This policy was supported by staff interviews.</p> <p>115.361 (b): ROP/CSA requires all staff to comply with any applicable mandatory child abuse reporting laws. Mandated reports are required by law, as defined by ARS 13-3620, to report all concerns of child abuse or neglect. Department of Child Safety (DCS) provides this secure website for mandated reports of child abuse and neglect and to report non-emergency concerns, as authorized by ARS 13-3620. Compliance with this provision was based upon the review of the DCS website and interviews of randomly selected staff.</p> <p>115.361 (c): ROP/CSA prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Compliance with this provision was based upon interviews with randomly selected staff.</p> <p>115.361 (d): ROP/CSA policy requires all medical and mental health staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility. Compliance with the provision was supported by inters with Medical and Mental Health staff.</p> <p>115.361 (e): ROP/CSA reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. When the facility receives any allegation of sexual abuse, the Program Director promptly reports the allegation to the alleged victim's parents or legal guardians If the alleged victim is under the guardianship of the child welfare system, the Program Director reports the allegation to the alleged victim's caseworker instead of the parents or legal guardians. This is supported by interview with the PREA Compliance Manager and a review of investigation reports.</p> <p>115.361 (f): ROP/CSA reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators who then reports it the Child Protective Services. This is supported by interviews with the Program Director and the PREA Compliance Manager.</p> <p>Evidences used to determine standard compliance includes a review of case files and interviews with randomly selected staff, Medical and Mental Health staff, the Program Director, the PREA Compliance Manager, and the PREA Coordinator.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring staff and agency reporting duties. No corrective action is required.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.362 (a): ROP/Canyon State Academy's "Prevention of Resident Sexual Assault and Abuse" policy SES# 115.362 meets the components of this standard. The policy states that when it learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident. Standard practice is for the Shift Supervisor to temporarily move the resident to another bedroom and/or living unit and put the resident in protective status. There were no reported cases of residents that were subject to a substantial risk of imminent sexual abuse in the past 12 months. Compliance with this standard was based upon an assessment of the facility policy which was found to be consistent with the standard and is supported by interviews with the Agency Head, Program Director, Shift Supervisors, and randomly selected staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring agency protection duties. No corrective action is required.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.363 (a): ROP/Canyon State Academy's policy SES# 115.363 requires that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The facility received zero (0) allegations in the past 12 months that a resident was abused while confined at another facility. Compliance of this provision was determined by policy review and by interviews with the Agency Head and the Program Director.</p> <p>115.363 (b): By CSA policy SES# 115.363, the Program Director would notify the facility where the alleged abuse occurred via an immediate telephone call, following up within 24 hours with an email. The facility received zero (0) allegations in the past 12 months that a resident was abused while confined at another facility. Compliance of this provision was determined by policy review and by interviews with the Agency Head and the Program Director.</p> <p>115.363 (c): By CSA policy SES# 115.363, the Program Director would document that such notification was provided within 72 hours of receiving the allegation that a resident was abused while confined at another facility. The facility received zero (0) allegations in the past 12 months that a resident was abused while confined at another facility. Therefore, no documentation for such notification exists to verify. Compliance of this provision was determined by policy review and by interviews with the Agency Head and the Program Director.</p> <p>115.363 (d): By CSA policy SES# 115.363, the Program Director would follow up by email to ensure that the allegations were appropriately investigated. Compliance of this provision was determined by policy review and by interviews with the Agency Head and the Program Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring reporting to other confinement facilities. No corrective action is required.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.364 (a): ROP/Canyon State Academy policy SES# 115.364 requires the first responder to an alleged resident sexual abuse incident: to separate the alleged victim from the abuser; preserve and protect the crime scene; and ensure the victim and the abuser don't destroy evidence. Compliance with this provision is based upon the Auditor's review of the policy and is supported by interviews with staff first responders who all answered the questions consistently with the facility policy.</p> <p>115.364 (b): All staff are trained as first responders to ensure that alleged victims do not destroy any physical evidence. This policy was confirmed by Security Staff and Non-Security Staff First Responders interviewed, who all stated that they would request that the alleged victim not take any actions that could destroy physical evidence, and then notify Security Staff. There were no allegations made via the local hotline. There were three (3) allegations of past abuse reported to the case managers and therapist. The time delay provided no opportunity for collection of physical evidence to support the allegations. Compliance with this provision was determined by review of facility's investigative files and by interviews with the Security Staff and Non-Security Staff First Responders.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring staff first responder duties. No corrective action is required.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.365 (a): ROP/Canyon State Academy has a written action plan and a PREA Incident Response Follow Chart for responding to an incident of sexual abuse. The written plan coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership. It specifies which entities within the facility are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions. The ROP PREA Incident Response Follow Chart is very comprehensive and includes the institutional plan to coordinate actions that are taken in response to an incident of sexual abuse. However, Shift Supervisors were not consistent in their understanding of the procedures. Compliance with this standard was determined by a review of facility's investigative files and by interviews with the PREA Compliance Manager and Shift Supervisor Specialized Staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring coordinated response. No corrective action is required.</p> <p>Recommendation:</p> <p>That the facility develops and provide a PREA Incident Response Follow Chart card for Shift Supervisors to carry on their person for quick reference to coordinate actions that would need to be taken in response to an incident of sexual abuse. <i>Status:</i> The facility chose to create posters of the PREA Incident Response Follow Chart. Posted were created, framed, and hung in various offices, including the Shift Supervisor and Employee Services Center. Photographic evidence of the posters in various locations was provided to the Auditor. This response was deemed acceptable; <i>this recommendation is closed.</i></p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.366 (a): There is no collective bargaining agreements at Canyon State Academy with its employees or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents, pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in the facility's policies inhibits the facility's ability to protect residents from contact with abusers. This was verified by interviews with the Agency Head and the Program Director. Compliance with this standard was determined by reviewing the facility's employment records and by interviews with the PREA Compliance Manager and Human Resource Staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.367 (a): ROP/CSA has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility has designated its Program Director as the person charged with monitoring retaliation from staff-to-staff and staff-to-residents. Resident-to-resident retaliation is monitored by the Director of Student Services and the Program Director.</p> <p>115.367 (b): ROP/CSA employs multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Such measures include housing changes, transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services. No documentation of protective measures exists as there has not been any reported fears of retaliation from residents or staff. Compliance with this standard was determined by a review of the facility's investigative files and by interviews with the Agency Head, the PREA Compliance Manager, and Shift Supervisors.</p> <p>115.367 (c): ROP/CSA monitors the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. No incidents of retaliation occurred in the past 12 months. Compliance with this standard was determined by a review of the facility's investigative files and by interviews with the Program Director, the PREA Compliance Manager, and Shift Supervisors.</p> <p>115.367 (d): CSA's retaliation monitoring does include periodic status checks of residents. Compliance with this standard was determined by a review of the facility's investigative files and by interviews with the Program Director, the PREA Compliance Manager, and Shift Supervisors.</p> <p>Evidences used to determine standard compliance include a review of case files and interviews of randomly selected staff and residents, the Agency Head, and the Program Director.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring agency protection against retaliation. No corrective action is required.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.368 (a) ROP/CSA does not isolate residents. However, their policy states that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. No resident who alleged to have suffered sexual abuse has been placed in isolation in the past 12 months. Compliance with this standard was determined by a review of the facility's case files and by interviews with the Program Director, the PREA Compliance Manager, and Medical Staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring Post-allegation protective custody. No corrective action is required.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.371 (a): CSA has a policy (although not required) for administrative investigations of all allegations of sexual abuse and harassment. Based upon the Auditors review of all the investigations of sexual abuse and harassment reports, they were done promptly, thoroughly, and objectively. This was supported by interviews of investigative staff.</p> <p>115.371 (b): CSA uses investigators who have received specialized training in sexual abuse investigations involving juvenile victims. The training records of the two sexual abuse investigators and a specialized sexual abuse investigator's training lesson plan were reviewed and deemed acceptable.</p> <p>115.371 (c): CSA conducts administrative investigations only. The facility's investigators do not gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. However, they would gather and preserve any available electronic monitoring data. They would interview alleged victims, suspected perpetrators, and witnesses and also review prior complaints and reports of sexual abuse involving the suspected perpetrator. This was supported by interviews of investigative staff and reviews of the administrative investigative reports.</p> <p>115.371 (d): CSA by policy, does not terminate an investigation solely because the source of the allegation recants the allegation. This was supported by review of this policy and interviews of investigative staff who state that the facility always refrains from terminating an investigation solely because the source of the allegation recants the allegation.</p> <p>115.371 (e): CSA refers sex abuse cases for criminal investigation when the quality of evidence appears to support criminal prosecution, this was supported by reviews of investigate reports and interviews of the investigative staff. CSA does not conducting compelled interviews, it would be beyond the scope of their authority. This was supported by interviews of investigators and reviews of the investigative reports.</p> <p>115.371 (f): CSA Investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as a resident or staff. The facility does not use polygraphs in any form for determining a resident's credibility. This was supported by interviews of investigative staff.</p> <p>115.371 (g): CSA administrative investigations 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 evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. This was supported by interviews of investigative staff and reviews of the administrative investigative reports.</p> <p>115.371 (h): CSA does not conduct criminal investigations. This was supported by interviews of investigative staff and review of the administrative investigative reports.</p> <p>115.371 (i): CSA appears to refer all substantiated allegations of sexual misconduct or abuse that appear to be criminal for prosecution. One (1) allegation of conduct that appears to be criminal was referred for prosecution in the last 12 months. This was supported by interviews of investigative staff and review of the administrative investigative reports.</p> <p>115.371 (j): CSA retains all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter retention period. This was supported by review of the administrative investigative reports.</p>

115.371 (k): CSA appears to ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. This was supported by interviews of investigative staff and review of the administrative investigative reports.

115.371 (m): When an outside entity investigates sexual abuse, CSA appears to provide full cooperation to outside investigators and endeavors to remain informed of the investigation's progress. This was supported by interviews with the Program Director, the PREA Compliance Manager, and investigative staff.

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring criminal and administrative agency investigations . No corrective action is required.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.372 (a): Canyon State Academy does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. CSA has a comprehensive PREA policy and procedures, SES 115.372, that states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This policy was verified by interviews with the Investigative Staff and the Program Director and the Auditor's review of investigative reports.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring evidentiary standards of no higher than a preponderance of the evidence for administrative investigations. No corrective action is required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.373 (a) Canyon State Academy has a comprehensive policy, SES 115.373, that requires any resident who makes an allegation of having suffered sexual abuse to be informed verbally and in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. There were three (3) alleged sexual abuse investigations completed in the past 12 months. Two residents were not notified because they had exited the program and returned to their home state prior to the completion of the investigation. The third student was not named and therefore could not be notified. This policy was verified by interviews with the facility investigator and the Auditor's review of the investigative files.</p> <p>115.373 (b): The facility only conducts administrative investigations. More information is requested from the Sheriff's Office as needed to inform the residents. This was verified by interviews with the Investigative Staff and the Program Director.</p> <p>115.373 (c): CSA does subsequently inform a resident, following a substantiated or unsubstantiated resident's allegation that a staff member has committed sexual abuse against the resident, that the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. This was verified by an interview with the PREA Compliance Manager and the Auditor's review of investigative files</p> <p>115.373 (d) CSA, by policy, informs the resident victim when it learns that an alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. This policy was verified by an interview with the PREA Compliance Manager.</p> <p>115.373 (e) CSA documents all such notifications or attempted notifications described in this standard. This was verified by an interview with the PREA Compliance Manager and the Auditor's review of resident case files.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring reporting to residents. No corrective action is required.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376 (a): Canyon State Academy's SES Policy 115.376 states that staff are subject to disciplinary sanctions up to and including termination for violating ROP's sexual abuse or sexual harassment policies. This policy was confirmed by interview with the PREA Compliance Manager.</p> <p>115.376 (b): The facility has not terminated staff or had staff resign prior to termination for violating the agency's sexual abuse or sexual harassment policies in the past 12 months. This information was confirmed by interview with the PREA Compliance Manager.</p> <p>115.376 (c): There is no record of discipline against facility staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. The facility's disciplinary sanction 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. This information was confirmed by interview with the PREA Compliance Manager.</p> <p>115.376 (d): No facility staff were terminated or resigned (who would have been terminated if they hadn't resigned) in the past 12 months for violations of agency sexual abuse or sexual harassment policies. By ROP policy, the facility would report sexual abuse or sexual harassment violations to law enforcement unless clearly not criminal. This policy was confirmed by interview with the Program Director and review of investigative reports.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring disciplinary sanctions for staff. No corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.377 (a): CSA policy SES 115.377 requires any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. They would also be reported to law enforcement and any relevant licensing bodies. There was no documented referral to law enforcement in the past 12 months for any incident of a contractor or volunteer engaging in sexual abuse with residents. This information was confirmed by interview with the PREA Compliance Manager.</p> <p>115.377 (b) CSA Policy SES 115.377 states the facility would take appropriate remedial measures and consider whether to prohibit a contractor or volunteer having further contact with residents following any other violation of agency sexual abuse or sexual harassment policies. An interview with the Program Director supports the facility's policy where any contractor or volunteer alleged to have conducted sexual abuse would be barred from the facility and not have any further contact with the resident.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring corrective action for contractors and volunteers. No corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.378 (a): Canyon State Academy residents may be subject to disciplinary sanctions, by policy SES 115.378, following an administrative finding that a resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The resident may be subject to disciplinary sanctions but only pursuant to a formal disciplinary process. This policy was confirmed by interview with the PREA Compliance Manager. In the past 12 months, there has been no administrative findings nor criminal findings of guilt for resident-on-resident sexual abuse that have occurred at this facility.</p> <p>115.378 (b): It appears that the disciplinary sanctions are 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 past 12 months, no residents were placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. This was supported by interviews with the Program Director and the PREA Compliance Manager and the Auditor's review of residents' case files.</p> <p>115.378 (c): Based upon CSA policy SES 115.378, the disciplinary process does 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. This was supported by interviews with the Program Director and the Auditor's review of investigative reports.</p> <p>115.378 (d): CSA offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. The Program Director conducts a Multi-Disciplinary Team (MDT) meeting to consider whether to offer the offending resident participation in such interventions. The program 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 of access to general programming or education. This policy was confirmed by interviews with the Medical and Mental Health Staff.</p> <p>115.378 (e): CSA, by policy SES 115.378, may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There was no record of disciplinary action against residents for sexual conduct with staff in the last 12 months. This policy and information was confirmed by interview with the PREA Compliance Manager.</p> <p>115.378 (f): CSA, by policy SES 115.378, prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred. This policy was confirmed by interview with the PREA Compliance Manager.</p> <p>115.378 (g): CSA, by policy SES 115.378, prohibits all sexual activity between residents. This policy was confirmed by interview with the PREA Compliance Manager.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring Interventions and disciplinary sanctions for residents. No corrective action is required.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.381 (a): All students meet with their Therapeutic Managers within 14 days of intake. By policy, residents at Canyon State Academy who disclose any prior sexual victimization during a screening are offered a follow-up meeting with a mental health practitioner within 14 days of intake. This policy is supported by interviews with the case workers and medical staff. In the past 12 months, no residents disclosed prior victimization during screening. There is no supporting evidence that Medical and Mental Health Staff maintain secondary materials (e.g., form, log) documenting compliance with the required services.</p> <p>115.381 (b): CSA, by policy, offers all residents who have ever previously perpetrated sexual abuse a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This was supported by interviews with the facility's Medical Staff.</p> <p>115.381 (c): Access to information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management. This was supported by the Auditor's observations and questions noted during site reviews of the medical area.</p> <p>115.381 (d): Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. This is supported by interviews with the facility's Medical Staff and the Auditor's review of the residents' medical records.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring medical and mental health screenings and history of sexual abuse. No corrective action is required.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.382 (a): Canyon State Academy, by policy, provides resident victims of sexual abuse 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. This policy was supported by Medical and Mental Health Staff interviews.</p> <p>115.382 (b): When Medical and Mental Health Staff are not on duty and a facility learns that a resident is subject to a substantial risk of imminent sexual abuse, first responders take preliminary steps to protect the victim and the appropriate Medical and Mental Health Staff are immediately notified. This was supported by interviews with Security Staff.</p> <p>115.382 (c): By policy, CSA offers resident victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care and where medically appropriate. This policy was confirmed by interviews with medical staff.</p> <p>115.382 (d): CSA provides treatment services 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. This policy was confirmed by interviews with medical staff.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring access to emergency medical and mental health services. No corrective action is required.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.383 (a): Canyon State Academy, by policy, offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Compliance determination of this was supported by interviews with the Medical and Mental Health Staff.</p> <p>115.383 (b): CSA's evaluation and treatment of victims does include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Compliance was supported by interviews with the Medical and Mental Health Staff.</p> <p>115.383 (c): CSA, by policy, provides such victims with medical and mental health services consistent with the community level of care. Compliance was determined by the Auditor's review of medical records and interviews with Medical Staff.</p> <p>115.383 (g): CSA provides treatment services 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. Compliance determination of this was supported by interviews with medical staff and the Auditor's review of policy SES 115.383.</p> <p>115.383 (h): CSA does attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Compliance determination of this was supported by the Auditor's review of medical records and interviews with Medical and Mental Health Staff.</p> <p>115.383(d-e): N/A; CSA Adjudicated Placement Program (the Juvenile Justice Program) portion of the facility is male only.</p> <p>115.383 (f): By policy, CSA resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Compliance determination of this was supported by interviews with medical staff and the Auditor's review of policy SES 115.383.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.386 (a): By policy, Canyon State Academy conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In 2018, there were three (3) allegations of sexual abuse which all 3 were determined to be unsubstantiated. The PREA Coordinator states that sexual abuse incidents reviews were conducted, however, there was no supporting documentation nor review team meeting minutes or reports for such reviews. This was corrected by the facility on September 2, 2019, by implementing and establishing a new Administrative and Response Review Form to be completed by the Sexual Abuse Incident Review Team after every sexual abuse incident review. The form provides supporting documentation to demonstrate that the facility implemented the recommendations for improvement or documents its reasons for not implementing them. The Auditor reviewed the corrective action and the supporting documentation. The correction action and the new form is acceptable and compliance was supported by an interview with the PREA Coordinator. This item is deemed closed.</p> <p>115.386 (b): The PREA Coordinator states that sexual abuse incidents reviews were conducted, however, there was no supporting documentation or review team meeting minutes or reports for such reviews to substantiate that the reviews were done within 30 days of the conclusion of the investigation. This was corrected by the facility on September 2, 2019, by implementing and establishing a new Administrative and Response Review Form to be completed by the Sexual Abuse Incident Review Team after every sexual abuse incident review. The form provides supporting documentation to demonstrate that the facility implemented the recommendations for improvement or documents its reasons for not implementing them. The form also substantiate that the reviews were done within 30 days of the conclusion of the investigation, however there have been no allegations since that date to show a completed form. The Auditor reviewed the corrective action and the supporting documentation. The correction action and the new form is acceptable and compliance was supported by an interview with the PREA Coordinator. This item is deemed closed.</p> <p>115.386 (c): According to the PREA Coordinator, the sexual abuse incident review team includes the Program Director, the Regional Improvement PREA Coordinator, and the PREA Manager. By policy, the sexual abuse incident review team reviews all sexual abuse incidents and allows for input from line supervisors, investigators, and medical or mental health practitioners. There was no facility-supporting documentation of the review team inclusions. This was corrected by the facility on September 2, 2019 by reestablishing a Sexual Abuse Incident Review Team that includes the Program Director, the Regional Improvement PREA Coordinator, and the PREA Manager and providing supporting documentation on the establishment of such a team. The correction action is acceptable and compliance was supported by an interview with the PREA Coordinator. This item is deemed closed.</p> <p>115.386 (d): By policy, the facility prepares a report of its findings from sexual abuse incident reviews and submits a completed SES Administrative and Response Review Form to the Executive Director and the CEO within 30 days of the conclusion of the investigation. There</p>

were no review team meeting minutes or reports to demonstrate that the facility. This was corrected by the facility by implemented a plan on September 2, 2019 and establishing a new Administrative and Response Review Form to be completed after Directors' Meeting discussion and sent to Executive Director of Facility Operations and Corporate Compliance Director was finalized and submitted it as supporting documentation. The new form includes the findings from sexual abuse incident reviews and submit a completed SES Administrative and Response Review Form to the Executive Director and the CEO within 30 days of the conclusion of the investigation. The facility considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility; Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assesses the adequacy of staffing levels in that area during different shifts; Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; or Prepares a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The form demonstrate that the facility: Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility; Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assesses the adequacy of staffing levels in that area during different shifts; Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and report of the findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement. The form is submitted to the Executive Director of Facility Operations and Corporate Compliance Director. The correction action and the new form is acceptable and compliance was supported by an interview with the PREA Coordinator. This item is deemed closed.

115.386 (e): There was no review team meeting minutes or reports to demonstrate that the facility implements the recommendations for improvement or documents its reasons for not doing so. This was corrected by the facility by implemented a plan on September 2, 2019 and establishing a new Administrative and Response Review Form submitted as supporting documentation, the form demonstrates that the facility implements the recommendations for improvement or documents its reasons for not doing so. The correction action and the new form is acceptable and compliance was supported by an interview with the PREA Coordinator. This item is deemed closed.

The final analysis of the evidence indicates the facility has a Sexual Abuse Incident Review Team that includes the Program Director, the Regional Improvement PREA Coordinator, and the PREA Manager and providing supporting documentation on the establishment of such a team. The facility also has a policy for conducting sexual abuse incident reviews within 30 days that is consistent with the requirements of this PREA standard the practice is now supported by documentation in the form of review team meeting reports of such reviews of sexual abuse incidents that were either found to be unsubstantiated or substantiated. Therefore, the facility demonstrate compliance with these provisions. Based upon this

analysis, the Auditor finds the facility is substantially compliant with this standard.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.387 (a): Canyon State Academy collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Compliance with this provision was based upon the Auditor's review of aggregated data from the facility and supported by an interview with the PREA Coordinator.</p> <p>115.387 (b) CSA aggregates the incident-based sexual abuse data annually. Compliance with this provision was based upon the Auditor's review of aggregated data from the facility and supported by an interview with the PREA Coordinator.</p> <p>115.387 (c) ROP's incident-based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Compliance with this provision was based upon the Auditor's review of aggregated data from the facility and supported by an interview with the PREA Coordinator.</p> <p>115.387 (d): ROP maintains and collects data as needed from all available incident-based documents, including reports, investigation files, but not sexual abuse incident reviews. Non-compliance with this provision was based upon the Auditor's review of aggregated data from the facility and supported by an interview with the PREA Coordinator. This was corrected by the facility on September 2, 2019, by implementing and establishing a new Administrative and Response Review Form to be completed by the Sexual Abuse Incident Review Team after every sexual abuse incident review as supporting documentation and a binder was created and updated with all current data. Information from all future allegations will be collected, reviewed, and maintained. A photocopies of the binder was submitted as supporting documentation. Based upon this analysis, the Auditor finds the facility is substantially compliant with this provision. This item is deemed closed.</p> <p>115.387 (e): N/A; CSA does not contract for the confinement of its residents. Compliance with this provision was based upon the Auditor's interviews with the PREA Coordinator and Agency Head.</p> <p>115.387 (f): N/A; DOJ has not requested agency data. Compliance with this provision was based upon the Auditor's interviews with the PREA Coordinator and Agency Head.</p> <p>The final analysis of the evidence indicates the agency/facility has a policy to maintain, review, and collect data as needed from all available incident-based documents, including reports, and the investigation files. The facility maintains, reviews, and collects data from the sexual abuse incident reviews and therefore can demonstrate compliance with the standard. Based upon this analysis, the Auditor finds the facility is substantially compliant with this standard.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.388 (a) CSA claims to review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training according to interviews with the Agency Head and the PREA Coordinator. However, this cannot be substantiated as no reports or meeting minutes were provided to support their claim. This was corrected by the facility by implemented on Sept 2, 2019 by establishing a new Administrative and Response Review Form to be completed as supporting documentation after every sexual abuse incident review. Therefore, the facility demonstrate compliance with this provision.</p> <p>115.388 (b): The facility's annual report does not include a comparison of the current year's data and corrective actions with those from prior years. It also does not provide an assessment of the agency's progress in addressing sexual abuse. This was corrected by the facility on March 1, 2020, by revising its 2019 Annual Report to include a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The new Annual Report was added the facility's website and the Auditor verified that all required elements were contained in the updated Annual Report. This item is deemed closed.</p> <p>115.388 (c): CSA makes its annual report readily available to the public, at least annually, through its website.</p> <p>115.388 (d): ROP policy allows for redacting material from the annual report for publication. The redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of the facility. No redactions appear in the current annual report.</p> <p>The final analysis of the evidence indicates the agency/facility has an annual report which is published on the facility's public website. The facility's annual report does nowt include a comparison of the current year's data and corrective actions with those from prior years. It also does provides an assessment of the agency's progress in addressing sexual abuse. Based upon this analysis, the Auditor finds the facility is substantially compliant with this standard.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389 (a): Canyon State Academy ensures that data collected pursuant to § 115.387 are securely retained. Incident reports are retained by the PREA Coordinator in a secure location. Compliance with this provision was based upon the Auditor's interviews with the PREA Coordinator and the Agency Head</p> <p>115.389 (b): ROP policy requires that aggregated sexual abuse data from facilities under its direct control be made readily available to the public, at least annually, through its website. A review of all of the reports on the ROPs facilities' websites demonstrates compliance. Compliance with this provision was based upon the auditor's interviews the PREA Coordinator and Agency Head</p> <p>115.389 (c): ROP/CSA has removed all personal identifiers from its aggregated sexual abuse data report published on its website. Compliance with this provision was based upon the Auditor's review of the facility's PREA Annual Report published on its website.</p> <p>115.389 (d): ROP policy requires that it maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection. Compliance with this provision was based upon the Auditor's interviews with the PREA Coordinator and the Agency Head.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring data storage, publication, and destruction. No corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41 (a): ROP has ensured that each of its operated facilities has been audited during a three-year period starting in August 20, 2013. This is Canyon State Academy's second PREA Audit in 6 years. Based upon a review of all ROP facility PREA reports, the agency has met this standard during the prior three-year audit cycle.</p> <p>115.401 (b): This is the third year of the current audit cycle and ROP has ensured that at least two-thirds of each facility type operated by ROP were audited during the first two years of the current audit cycle.</p> <p>115.401 (h): The Auditor had access to, and the ability to observe, all areas of the audited facility without restrictions and during other shifts.</p> <p>115.401 (i): ROP provided the Auditor with copies of all requested documents and information, including electronically stored information and videos.</p> <p>115.401 (m): The Auditor was allowed to conduct private interviews with staff and residents, selected at random and without restrictions.</p> <p>115.401 (n): PREA Notice of Audit posting was provided by the Auditor and contained all of the required information. The Notices of Audit were reported posted in all living units on May 30, 2019. This was observed on the facility tour and the posting date was confirmed by interviews with residents. Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring frequency and scope of audits. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f): A review of all ROP operated facilities supports that ROP has posted all PREA reports on its facility websites within 90 days of being finalized.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined that the agency is fully compliant with this standard requiring publishing audit contents and findings. No corrective action is required.</p>

Appendix: Provision Findings

115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	

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

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches?	no
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

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

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	no
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	no

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	no
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

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

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

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

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

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

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

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

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

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

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

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

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

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

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

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

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

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

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

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

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes