PREA Facility Audit Report: Final

Name of Facility: Central Valley Juvenile Detention and Assessment Center
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 07/28/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Elaine Bridschge	**Date of Signature:** 07/28/2026

AUDITOR INFORMATION	
Auditor name:	Bridschge, Elaine
Email:	risingsunauditing@gmail.com
Start Date of On-Site Audit:	07/22/2026
End Date of On-Site Audit:	07/23/2026

FACILITY INFORMATION	
Facility name:	Central Valley Juvenile Detention and Assessment Center
Facility physical address:	900 East Gilbert Street, San Bernardino, California - 92415
Facility mailing address:	

Primary Contact

Name:	Tanya Delaney
Email Address:	Tanya.delaney@prob.sbcounty.gov
Telephone Number:	(909)387-5659

Superintendent/Director/Administrator	
Name:	Bernadette Galicia
Email Address:	Bernadette.galicia@prob.sbcounty.gov
Telephone Number:	(909)387-6909

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

Facility Health Service Administrator On-Site	
Name:	Alice Gandia
Email Address:	Alice.gandia@prob.sbcounty.gov
Telephone Number:	(909) 387-7120

Facility Characteristics	
Designed facility capacity:	280
Current population of facility:	106
Average daily population for the past 12 months:	102
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	12-25
Facility security levels/resident custody levels:	Low risk levels to high risk levels
Number of staff currently employed at the facility who may have contact with residents:	237
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	114
Number of volunteers who have contact with residents, currently authorized to enter the facility:	22

AGENCY INFORMATION	
Name of agency:	San Bernardino County Probation Department
Governing authority or parent agency (if applicable):	
Physical Address:	175 West 5th Street, 4th Floor, San Bernardino, California - 92415
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Tanya Delaney	**Email Address:**	tanya.delaney@prob.sbcounty.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
5	• 115.313 - Supervision and monitoring • 115.316 - Residents with disabilities and residents who are limited English proficient • 115.331 - Employee training • 115.333 - Resident education • 115.351 - Resident reporting
Number of standards met:	
38	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-07-22
2. End date of the onsite portion of the audit:	2026-07-23

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Partners Against Violence.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	280
15. Average daily population for the past 12 months:	102
16. Number of inmate/resident/detainee housing units:	14
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	(●) Yes ( ) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	99
24. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	0
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	23
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	21
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	7

30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	6
31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	3
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	12
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The first-day population was 99. Current specialized-population rosters identified 0 individuals with a physical disability, 23 with a cognitive or functional disability, 21 who were blind or had low vision, 0 who were deaf or hard-of-hearing, 7 who were LEP, 6 who identified as lesbian, gay, or bisexual, 3 who identified as transgender or intersex, 0 who had reported sexual abuse in the facility, 12 who disclosed prior sexual victimization during screening, and 0 placed in isolation for risk of sexual victimization.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	237
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	20
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	97
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	First-day records identified 237 staff, 20 volunteers with contact, and 97 contractors with contact. These figures were reconciled to the completed RSAS-081 and the current rosters provided at the entrance meeting
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	9

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Individuals were selected from multiple housing areas using the first-day roster and onsite movement observations.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Nine random individuals in custody were interviewed confidentially. The minimum interview requirement was met.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

46. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees. ☐ The inmates/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).	There were none at the facility
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	No individuals with a physical disability were identified on the first-day roster. The Auditor reviewed the completed first-day data, disability roster, intake and screening records, accommodation practices, staff interviews, and onsite accessibility observations.
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	No individuals who were deaf or hard-of-hearing were identified on the first-day roster
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	No individual had been placed in isolation for risk of sexual victimization. The Auditor reviewed first-day data, housing and classification information, screening records, staff interviews, and the facility's isolation practices.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Seven targeted individuals in custody were interviewed using multiple applicable protocols: 1 LEP, 3 cognitive/functional disability, 1 blind/low vision, 1 lesbian/gay/ bisexual, 1 transgender/intersex, 1 who reported sexual abuse, and 2 who disclosed prior sexual victimization. Some interviewees qualified for more than one targeted category.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Twelve random staff were interviewed across shifts, assignments, and operational areas. The minimum interview requirement was met.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17
63. Were you able to interview the Agency Head?	◉ Yes ○ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☑ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Seventeen specialized-role respondents were documented through role-specific questionnaires and onsite follow-up. Coverage included agency and facility leadership, PREA oversight, human resources, intake and screening, incident review, retaliation monitoring, first response, supervision, medical and mental health, contract administration, and investigations. No volunteer or contractor was separately interviewed; those populations were evaluated through questionnaires, rosters, background records, and role-specific documentation.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The Auditor reviewed all accessible facility areas, including 14 housing units, intake, medical, common areas, reporting mechanisms, privacy practices, supervision, signage, and camera coverage. Six housing units were temporarily closed for beautification.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Auditor-selected samples included 20 employee background checks, 20 initial risk screenings, 20 reassessments, one complete retaliation-monitoring file, and one sexual abuse incident-review file.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	4	0	4	0
Total	4	0	4	0

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	6	0	6	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	4	0	0
Total	0	4	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	3	0
Staff-on-inmate sexual harassment	0	2	0	0
Total	0	3	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	4

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	6
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The complete available administrative investigation records were reviewed: four staff-on-youth sexual abuse matters, four youth-on-youth sexual-harassment matters, and two staff-on-youth sexual-harassment matters. No criminal investigations existed during the audit period. Findings and outcomes reconciled to RSAS-033. A separate onsite sample included the Cannon retaliation-monitoring and incident-review records.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No
AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	○ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ◉ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
Identify the name of the third-party auditing entity	Corrections Consulting Services, LLC, under its agreement with San Bernardino County Probation Department.

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
	115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator Evidence Reviewed Policies • PREA Policy #23 – Prison Rape Elimination Act (PREA) Supporting Documentation • Audit Compliance Tool (ACT) • Agency Organizational Chart • PREA Coordinator Appointment Documentation • Facility PREA Compliance Manager Designation • PREA Organizational Structure • PREA Training Lesson Plan

	• PREA Training PowerPoint • PREA Training Documentation • PREA Acknowledgment Documentation ACT Data The Audit Compliance Tool (ACT) identifies the San Bernardino County Probation Department's zero-tolerance policy regarding sexual abuse and sexual harassment and identifies both the Agency PREA Coordinator and the Facility PREA Compliance Manager responsible for coordinating implementation of the Department's PREA program. The ACT corroborates the organizational structure established by Department policy and identifies the personnel responsible for agency-level and facility-level PREA oversight. Provision-by-Provision Analysis 115.311(a) Policy Quote PREA Policy #23 states: "San Bernardino County Probation (SBC Probation) has zero tolerance towards all forms of sexual abuse and sexual harassment of youth in the Juvenile Detention and Assessment Center (JDAC) and Treatment Facilities (TFs). SBC Probation strictly prohibits any form of sexual activity involving youth with other youth and youth with staff, visitors, contractors, volunteers and interns as defined by the Department of Justice PREA Juvenile Standards, California State Law, and the San Bernardino County Probation Department policies." Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, the PREA training lesson plan, PREA training curriculum, PREA PowerPoint presentation, PREA acknowledgment documentation, and supporting organizational documentation. The policy establishes the Department's zero-tolerance approach to sexual abuse and sexual harassment and clearly prohibits sexual abuse, sexual harassment, and retaliation involving residents, staff, contractors, volunteers, interns, and visitors. The policy further establishes the Department's responsibility to prevent, detect, report, investigate, and respond to allegations of sexual abuse and sexual harassment throughout its juvenile facilities. Supporting documentation demonstrates that the Department has implemented its zero-tolerance policy through staff training, resident education, PREA orientation, recurring refresher training, and signed PREA acknowledgment documentation. The reviewed training materials reinforce employee responsibilities regarding prevention, detection, reporting, first responder duties, professional boundaries, mandatory reporting, retaliation prevention, and appropriate response to allegations

	of sexual abuse and sexual harassment. The ACT corroborates that the Department maintains a written zero-tolerance policy and supports the Department's implementation of policies and procedures designed to prevent, detect, and respond to sexual abuse and sexual harassment. Taken together, the reviewed policy, training documentation, supporting documentation, and ACT information demonstrate that the San Bernardino County Probation Department has established a comprehensive zero-tolerance framework consistent with the requirements of Provision (a). 115.311(b) Policy Quote PREA Policy #23 states: "SBC Probation PREA Coordinator will have complete and unrestricted access to all agency facilities, contracts, youth programs, offices, records, staff and youth. JDAC and TF staff, contract providers, and volunteers all must cooperate fully with the PREA Coordinator without fear of reprisal or reprimand." Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, the Agency Organizational Chart, PREA Coordinator appointment documentation, and organizational structure documentation. The policy establishes the position of Agency PREA Coordinator and provides the authority necessary to develop, implement, coordinate, and monitor the Department's PREA program. The policy further provides the PREA Coordinator unrestricted access to Department facilities, staff, youth, records, contracts, and operational programs necessary to oversee agency-wide PREA compliance activities. The reviewed organizational documentation identifies the Agency PREA Coordinator within the Department's management structure and demonstrates the administrative framework established to oversee implementation of the PREA Standards throughout the Department. The ACT corroborates the designation of the Agency PREA Coordinator and supports the organizational structure established by Department policy. Taken together, the reviewed policy, organizational documentation, and ACT information demonstrate that the San Bernardino County Probation Department has designated an Agency PREA Coordinator with sufficient authority to coordinate agency-wide implementation of the PREA Standards consistent with the requirements of Provision (b). 115.311(c)

	Policy Quote PREA Policy #23 states: "SBC Probation PREA Compliance Managers will be assigned at each JDAC and TF. PREA Compliance Managers will have sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards." Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, the Facility PREA Compliance Manager designation, and organizational documentation. The policy requires each juvenile facility to designate a PREA Compliance Manager responsible for coordinating facility-level implementation of the PREA Standards. The policy further establishes that the PREA Compliance Manager has sufficient authority to coordinate compliance activities, facilitate communication regarding PREA matters, support staff training and resident education, maintain PREA documentation, and monitor facility compliance efforts. The reviewed organizational documentation identifies the Facility PREA Compliance Manager assigned to Central Valley Juvenile Detention and Assessment Center and demonstrates the facility's administrative structure for coordinating day-to-day PREA implementation. The ACT corroborates the designation of the Facility PREA Compliance Manager and supports the Department's documented organizational structure for facility-level PREA oversight. Taken together, the reviewed policy, organizational documentation, and ACT information demonstrate that Central Valley Juvenile Detention and Assessment Center has established a documented administrative structure to coordinate day-to-day PREA compliance activities consistent with the requirements of Provision (c). Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.311, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.311.

115.312	**Contracting with other entities for the confinement of residents**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.312 Contracting with Other Entities for the Confinement of Residents Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Supporting Documentation Audit Compliance Tool (ACT) Contracting Documentation Building Clearance Guidelines Prior Audit Documentation ACT Data The ACT was reviewed to determine whether San Bernardino County Probation Department contracts with any private agencies or other entities for the confinement of residents. The ACT information supports that the Department maintains responsibility for ensuring that any contracted confinement services, if applicable, comply with the PREA Standards. Provision-by-Provision Analysis 115.312(a) Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, contracting documentation, and supporting clearance documentation. The reviewed documentation demonstrates that San Bernardino County Probation Department maintains procedures to ensure individuals and entities with access to residents are subject to appropriate review, clearance, and oversight. The Building Clearance Guidelines further support that contractors and non-employees are subject to security review and facility access controls before entering juvenile facilities. The ACT corroborates the Department’s responsibility to ensure PREA compliance when contracting with any outside entity for confinement services. Taken together, the reviewed documentation and ACT information demonstrate that the Department has an administrative framework to address PREA compliance in contracting consistent with Provision (a). 115.312(b) Auditor Analysis The Auditor reviewed the ACT and available contracting documentation. The reviewed documentation demonstrates that the Department maintains oversight responsibilities for contracted services. Where outside providers are used,

	documentation supports that access, clearance, and compliance expectations are reviewed before individuals are authorized to enter or provide services within the facility. The ACT corroborates that PREA compliance is considered within the Department's contract oversight process. Taken together, the reviewed documentation and ACT information demonstrate that the Department has a process for monitoring PREA-related contract compliance consistent with Provision (b). Auditor Analysis & Determination The Auditor reviewed the agency's contracting information and applicable documentation. To the extent the agency does not contract with private entities for confinement, the contractual provisions are not applicable; this does not constitute noncompliance. The agency's documented oversight framework otherwise supports the standard's requirements. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.312.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.313 Supervision and Monitoring Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 528 – Staffing: Juvenile Detention and Assessment Centers and Treatment Facilities Procedure 532 – Watch Commander Duties and Responsibilities Procedure 524 – Roles and Expectations of a Probation Corrections Officer Supporting Documentation Audit Compliance Tool (ACT) 2025 PREA Staffing Plan Annual PREA Staffing Plan Review Daily Key Sheets Supervisor Round Reports Organizational Charts Camera Maintenance Documentation

	Camera System Update Documentation Facility Project Documentation ACT Data The ACT documents facility staffing, resident population, design capacity, video monitoring, supervision practices, and staffing plan review information. The ACT identifies the facility's design capacity, current population, average daily population, number of housing units, staffing structure, use of cameras, and supervision practices. The ACT also supports that staffing and monitoring are reviewed in relation to resident safety, supervision needs, staffing ratios, programming, physical plant, and camera coverage. Provision-by-Provision Analysis 115.313(a) Procedure 528 states, "To ensure any and all Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs) maintained by San Bernardino County Probation have an adequate number of personnel to carry out its program, to provide for safety and security of youth and staff and meet established standards and regulations pursuant to Title 15, section 1321." Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 528, the ACT, the 2025 PREA Staffing Plan, Annual PREA Staffing Plan Review, Daily Key Sheets, organizational charts, and supporting supervision documentation. The reviewed documentation demonstrates that the facility has developed and implemented a staffing plan designed to provide adequate supervision and monitoring of residents. Procedure 528 establishes the Department's requirement to maintain sufficient staffing to operate programs, provide safety and security, and meet applicable standards. The 2025 PREA Staffing Plan further documents the facility's consideration of population, physical plant, staffing ratios, supervision needs, programming, video monitoring, and resident safety. The Daily Key Sheets support implementation by documenting actual staffing assignments across shifts. Organizational charts identify supervisory structure and facility oversight responsibilities. The ACT corroborates the facility's staffing data, population data, supervision structure, and staffing plan information. Taken together, the reviewed policy, staffing plan, daily staffing documentation, organizational documentation, and ACT information demonstrate that the facility maintains a staffing plan designed to provide adequate levels of staffing and supervision consistent with Provision (a). 115.313(b) Procedure 528 states, "Facilities Managers shall ensure all support staff not classified as child supervision staff including but not limited to medical, nutrition,

	and mental health staff are appropriately staffed so as to carry out proper level of programming, nutrition, and efficient case management while also ensuring they are meeting all mandated standards, regulations and maintaining security.” Auditor Analysis The Auditor reviewed Procedure 528, the ACT, the staffing plan, staffing review documentation, daily staffing records, and organizational charts. The reviewed documentation demonstrates that staffing decisions include consideration of child supervision staff and support staff necessary to maintain safety, security, programming, nutrition, medical services, mental health services, and case management. The policy requires staffing sufficient to support facility operations and mandated services. The Annual PREA Staffing Plan Review documents that staffing was reviewed in relation to the facility’s operations, population, physical plant, and service delivery. The Daily Key Sheets further demonstrate that staff assignments are tracked and documented across shifts. The ACT corroborates staffing information and supports that staffing decisions are reviewed in relation to resident supervision and safety. Taken together, the reviewed policy, staffing documentation, annual review, and ACT information demonstrate that staffing decisions consider the required operational and safety factors consistent with Provision (b). 115.313(c) Procedure 532 states, “Watch Commander (WC): A designated Probation Corrections Supervisor I or II (PCSI/II) who provides leadership and supervision and has paramount authority over all staff in the facility, including those of equal rank, or separate classification, as it pertains to the safe and secure operation of the facility during that shift.” Auditor Analysis The Auditor reviewed Procedure 532, Procedure 524, the ACT, Supervisor Round Reports, Daily Key Sheets, and organizational charts. The reviewed documentation demonstrates that supervisory staff are responsible for monitoring facility operations, conducting rounds, reviewing incident reports, evaluating staff professionalism, addressing safety and security concerns, and ensuring staff compliance with policies and procedures. Procedure 532 requires the Watch Commander to provide shift leadership and supervision and to maintain authority over the safe and secure operation of the facility. Supervisor Round Reports provide strong operational evidence that supervisors conduct documented rounds throughout the facility, review staff performance, monitor youth supervision, evaluate safety practices, and reinforce operational expectations. Daily Key Sheets demonstrate supervisory coverage across shifts.

	The ACT corroborates the facility's supervision and monitoring practices. Taken together, the reviewed procedures, supervisory round documentation, staffing records, and ACT information demonstrate that facility supervisors actively monitor operations and support compliance with Provision (c). 115.313(d) Procedure 528 establishes the Department's staffing requirements for Juvenile Detention and Assessment Centers and Treatment Facilities and requires staffing sufficient to maintain safety, security, programming, services, and mandated standards. Auditor Analysis The Auditor reviewed Procedure 528, the 2025 PREA Staffing Plan, Annual PREA Staffing Plan Review, ACT, organizational charts, daily staffing records, and supporting operational documentation. The reviewed documentation demonstrates that the facility completed a staffing plan and annual review process. The Annual PREA Staffing Plan Review documents review of facility characteristics, population, staffing, supervision, operational needs, physical plant, and other factors related to resident safety and PREA compliance. The review process demonstrates that the facility does not rely on a static staffing plan but evaluates staffing and monitoring needs as part of ongoing facility management. The involvement of facility leadership and PREA personnel supports the facility's ongoing review of staffing effectiveness. The ACT corroborates completion of staffing plan review and supports the facility's documentation of staffing and supervision practices. Taken together, the reviewed staffing plan, annual review, operational records, and ACT information demonstrate that the facility reviews staffing and monitoring practices consistent with Provision (d). 115.313(e) Procedure 532 states, "Conduct and document at minimum, one (1) round per shift." Auditor Analysis The Auditor reviewed Procedure 532, Supervisor Round Reports, Daily Key Sheets, ACT, and organizational documentation. The reviewed documentation demonstrates that supervisory personnel conduct and document rounds during facility operations. Procedure 532 requires Watch Commanders to conduct and document at least one round per shift. Supervisor Round Reports further document active supervisory presence in housing units and other operational areas.

	The reports show that supervisors review staff performance, safety checks, documentation, unit conditions, youth behavior, operational issues, and staff compliance with procedures. These records support that supervisors are present in the facility and actively monitor operations. The ACT corroborates supervisory monitoring practices and supports the facility's documentation of rounds. Taken together, the reviewed policy, supervisory round documentation, staffing documentation, and ACT information demonstrate that the facility conducts documented supervisory rounds consistent with Provision (e). Auditor Analysis & Determination The evidence demonstrates more than the existence of a staffing plan or periodic supervisory review. CVDAC used a layered supervision and monitoring system that combined documented staffing-plan review, Watch Commander rounds on every shift, daily operational records, direct supervisory review of unit conditions and staff performance, and active management oversight. During the onsite phase, the Auditor examined all 14 housing units, including units temporarily closed for beautification, and evaluated sight lines, camera coverage, staffing deployment, resident movement, supervisory presence, and areas presenting potential opportunities for sexual abuse or sexual harassment. The multiple layers of prevention, documentation, and real-time supervisory verification materially exceeded the minimum requirement to develop, document, and periodically review a staffing plan. The system was operational, sustained, and independently corroborated through records, observations, and staff interviews. Standard Finding Exceeds Standard CVDAC exceeded Standard 115.313 by implementing a documented, multi-layered monitoring system that moved beyond minimum staffing-plan compliance and actively tested the effectiveness of supervision through shift-level rounds, operational review, management oversight, and facility-wide verification of all housing units.

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.315 Limits to Cross-Gender Viewing and Searches Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 629 – Searches in Booking, Detention, and Treatment Facilities

	Procedure 619 – LGBTQI and GNC Youth in JDACs and TFs Supporting Documentation Audit Compliance Tool (ACT) Person Searches Training PowerPoint Search Training Rosters Youth Privacy Refresher Training Youth Privacy Refresher Sign-In Sheets SOGIE Documentation Resident Orientation Handbook ACT Data The ACT documents the facility's policies and practices regarding cross-gender searches, strip searches, visual body cavity searches, resident privacy, transgender and intersex youth search considerations, staff training, and documentation requirements. The ACT supports that the facility prohibits cross-gender strip searches and visual body cavity searches except in limited circumstances and requires staff to conduct searches in a manner that preserves resident dignity and privacy. Provision-by-Provision Analysis 115.315(a) The facility prohibits cross-gender strip searches and cross-gender visual body-cavity searches except in exigent circumstances or when performed by medical practitioners. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 629, Procedure 619, the ACT, search-training materials and rosters, privacy refresher records, onsite observations, and staff interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.315(a). Provision 115.315(a) is met. 115.315(b) The agency prohibits cross-gender pat-down searches except in exigent circumstances. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 629, Procedure 619, the ACT, search-training materials and rosters, privacy refresher records, onsite observations, and staff interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC.

	The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.315(b). Provision 115.315(b) is met. 115.315(c) The facility documents and justifies every cross-gender strip search, visual body-cavity search, and pat-down search. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 629, Procedure 619, the ACT, search-training materials and rosters, privacy refresher records, onsite observations, and staff interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.315(c). Provision 115.315(c) is met. 115.315(d) Residents are afforded privacy while showering, changing clothing, and performing bodily functions, and opposite-gender staff announce their presence when entering resident housing areas. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 629, Procedure 619, the ACT, search-training materials and rosters, privacy refresher records, onsite observations, and staff interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.315(d). Provision 115.315(d) is met. 115.315(e) The facility does not search or physically examine a transgender or intersex resident solely to determine genital status. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 629, Procedure 619, the ACT, search-training materials and rosters, privacy refresher records, onsite observations, and staff interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or

	applicability determination. No unresolved evidence established noncompliance with Provision 115.315(e). Provision 115.315(e) is met. 115.315(f) Security staff are trained to conduct cross-gender pat-down searches and searches of transgender and intersex residents professionally, respectfully, and in the least intrusive manner consistent with security needs. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 629, Procedure 619, the ACT, search-training materials and rosters, privacy refresher records, onsite observations, and staff interviews. The evidence was evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.315(f). Provision 115.315(f) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.315, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.315.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.316 Residents with Disabilities and Residents Who Are Limited English Proficient Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 701 – Aids to Reduce Effects of Impairment Procedure 630 – Special Needs Youth Procedure 632 – Telephone Access

Procedure 615 – Grievances and Appeals
Procedure 703 – Confidential Health Records

Supporting Documentation
Audit Compliance Tool (ACT)
Accommodation Referral Forms
Language Assistance Training
Another Language Sign-In Sheets
Bilingual Staff List
Translation Provider Documentation
Resident Orientation Handbook
Spanish PREA Materials
Youth Support Services Training

ACT Data
The ACT documents the facility's process for providing residents with disabilities and residents who are limited English proficient meaningful access to PREA information, reporting mechanisms, education, and services. The ACT supports that the facility uses accommodation referrals, interpreter resources, bilingual materials, staff assistance, and disability-related procedures to ensure access to PREA information and reporting options.

Provision-by-Provision Analysis
115.316(a)
Procedure 701 states, "Aids to reduce the effects of impairment shall be afforded to the youth."

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 701, Procedure 630, the ACT, Accommodation Referral Forms, and supporting accessibility documentation.

The reviewed documentation demonstrates that the facility has procedures for identifying youth with disabilities and providing accommodations to reduce the effects of impairment. Procedure 701 requires aids to impairment to be provided when needed and establishes an Accommodation Referral process for youth with mental, physical, educational, or other impairments.

Accommodation Referral Forms demonstrate operational implementation of this process. Procedure 630 further requires appropriate housing assignments, disability-related accommodations, communication with medical, mental health, school, and other service providers, and consideration of youth needs while detained.

The ACT corroborates that the facility provides accommodations and uses procedures designed to ensure residents with disabilities have meaningful access to PREA information and services.

Taken together, the reviewed procedures, accommodation documentation, and ACT information demonstrate that the facility provides residents with disabilities

	meaningful access to PREA-related information and services consistent with Provision (a). 115.316(b) Procedure 632 states, “Teletypewriter/telecommunications device for the deaf (TTY/TDD) or an equally effective telecommunications device will be provided to youth who are deaf, hard of hearing, or have speech impairments to allow them equivalent telephone access.” Auditor Analysis The Auditor reviewed Procedure 632, Procedure 701, Procedure 630, the ACT, Accommodation Referral Forms, and supporting documentation. The reviewed documentation demonstrates that the facility provides communication accommodations for youth who are deaf, hard of hearing, or have speech impairments. Procedure 632 specifically requires TTY/TDD or equally effective telecommunications access. Procedure 701 further requires accommodation referrals and coordination when a youth has a disability requiring intervention or support. The ACT corroborates that residents with disabilities are provided access to reporting and communication methods. Taken together, the reviewed procedures, accommodation documentation, and ACT information demonstrate that the facility provides communication access for residents with disabilities consistent with Provision (b). 115.316(c) Procedure 615 states, “Ensure youth understand and have free access to the grievance process: Explain the process in the youth’s primary language. Accommodate disabilities and limited reading skills. Request supervisor assistance for disability accommodations or interpreter needs.” Auditor Analysis The Auditor reviewed Procedure 615, Procedure 701, PREA Policy #23, the ACT, Language Assistance Training, bilingual staff documentation, and translation resources. The reviewed documentation demonstrates that the facility requires staff to provide information in a resident’s primary language and to accommodate disabilities, limited reading skills, and interpreter needs. Language assistance training and related sign-in sheets demonstrate that staff received instruction regarding how to assist youth who primarily speak another language. The availability of bilingual staff information, translation provider documentation, and Spanish PREA materials further supports the facility’s ability to provide meaningful access to residents with limited English proficiency.

	The ACT corroborates that the facility provides language assistance and supports access to PREA information for residents who are limited English proficient. Taken together, the reviewed procedures, training records, language resources, and ACT information demonstrate that the facility provides meaningful access to PREA information for residents with limited English proficiency consistent with Provision (c). Auditor Analysis & Determination CVDAC demonstrated a comprehensive accessibility system rather than relying on a single translated document or ad hoc staff assistance. The facility maintained Spanish-language PREA materials, bilingual staff resources, contracted language assistance, procedures addressing disabilities and limited reading ability, and multiple methods for adapting education, reporting, and support information to individual communication needs. Staff training records showed that personnel were instructed in language-access responsibilities, and onsite observations confirmed that PREA information was available in accessible locations and formats. Interviews further corroborated that staff understood the prohibition against using youth interpreters except in the narrow emergency circumstances permitted by the standard. This integrated approach extended accessibility across education, reporting, advocacy, and response functions and substantially exceeded basic provision of translated materials. Standard Finding Exceeds Standard CVDAC exceeded Standard 115.316 by embedding disability and language access throughout its PREA system through trained staff, bilingual resources, contracted interpretation, translated materials, accommodation procedures, and accessible reporting and support mechanisms, rather than treating accessibility as a single-point intake function.

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.317 Hiring and Promotion Decisions Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 502 – Appointment and Qualifications for Juvenile Facilities Building Clearance Guidelines Supporting Documentation Audit Compliance Tool (ACT)

PREA Previous Employer Questionnaire
Hiring Process Documentation
Professional Staff Hiring Memorandum
Sworn Staff Hiring Memorandum
DOJ LiveScan Invoice
Contractor Clearance Documentation
Volunteer Clearance Documentation

ACT Data
The ACT documents the Department's hiring, promotion, background check, contractor clearance, and employee review practices. The ACT supports that criminal background checks are completed for employees, contractors, and volunteers and that PREA-related misconduct is considered during hiring and promotion decisions.

Provision-by-Provision Analysis
115.317(a)
PREA Policy #23 requires the Department to prohibit hiring or promoting anyone who may have contact with residents and has engaged in sexual abuse in a confinement setting, been convicted of sexual activity facilitated by force or coercion, or been civilly or administratively adjudicated for such conduct.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 502, the ACT, hiring process documentation, and previous employer questionnaire documentation.

The reviewed documentation demonstrates that the Department's hiring process includes consideration of PREA-related misconduct before an applicant is hired or promoted. Procedure 502 requires criminal records reviews for new employees and requires employees providing supervision to youth to meet applicable selection and training requirements.

The PREA Previous Employer Questionnaire further supports implementation by requesting information from prior employers regarding allegations or findings of sexual abuse, sexual harassment, or related misconduct.

The ACT corroborates that the Department considers PREA-related misconduct during hiring and promotion decisions.

Taken together, the reviewed policy, hiring documentation, prior employer inquiry documentation, and ACT information demonstrate that the Department maintains hiring and promotion safeguards consistent with Provision (a).

115.317(b)
PREA Policy #23 requires the Department to consider incidents of sexual harassment when determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents.

Auditor Analysis

	The Auditor reviewed PREA Policy #23, hiring documentation, contractor clearance documentation, and the ACT. The reviewed documentation demonstrates that the Department evaluates applicant suitability through background investigations, prior employment review, reference checks, and review of misconduct history. The hiring process documentation supports that the Department considers relevant misconduct, including sexual harassment, before making hiring or promotion decisions. The ACT corroborates that sexual harassment is considered during hiring, promotion, and contractor clearance decisions. Taken together, the reviewed policy, hiring records, contractor clearance documentation, and ACT information demonstrate that the Department considers sexual harassment history consistent with Provision (b). 115.317(c) Procedure 502 states, “San Bernardino County Probation shall conduct a criminal records review on each new employee and a psychological examination in accordance with Section 1031 et seq. of the Government Code.” Auditor Analysis The Auditor reviewed Procedure 502, PREA Policy #23, the ACT, hiring process memoranda, DOJ LiveScan invoice, and background check documentation. The reviewed documentation demonstrates that criminal background checks are completed before hiring employees who may have contact with residents. The hiring documentation describes the Department’s background investigation process, including DOJ and FBI LiveScan checks, employment verification, reference checks, and related applicant screening. The DOJ LiveScan invoice corroborates that fingerprint and background check activity occurred during the audit review period. The ACT corroborates that criminal background checks are completed before hiring employees who may have contact with residents. Taken together, the reviewed policy, hiring documentation, LiveScan documentation, and ACT information demonstrate that the Department conducts criminal background checks consistent with Provision (c). 115.317(d) Procedure 502 states, “Contract personnel, volunteers, and other non-employees of the Department, who may be present at a JDAC or TF, shall have such clearance and qualifications as may be required by law and their presence at the facility shall be subject to the approval and control of the facility manager(s).” Auditor Analysis The Auditor reviewed Procedure 502, Building Clearance Guidelines, contractor

	clearance documentation, volunteer clearance documentation, and the ACT. The reviewed documentation demonstrates that contractors, volunteers, and other non-employees are subject to clearance and approval before entering or providing services in the facility. The Building Clearance Guidelines establish security review and clearance procedures, including background checks, PREA/security compliance review, and facility access controls. Contractor and volunteer clearance documentation further demonstrates that these requirements are implemented in practice. The ACT corroborates that contractors and volunteers are subject to screening and clearance before contact with residents. Taken together, the reviewed policy, clearance documentation, and ACT information demonstrate that contractor and volunteer clearance practices are consistent with Provision (d). 115.317(e) PREA Policy #23 requires the Department to conduct criminal background records checks at least every five years for current employees and contractors who may have contact with residents, or to have a system for otherwise capturing such information. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, background check documentation, contractor clearance records, and DOJ LiveScan documentation. The reviewed documentation demonstrates that the Department maintains processes to review criminal background information for employees and contractors who may have contact with residents. The LiveScan and clearance documentation supports that background review activity is completed and tracked. The ACT corroborates the Department’s process for completing periodic criminal background checks or otherwise capturing updated criminal history information. Taken together, the reviewed policy, background documentation, and ACT information demonstrate that the Department maintains a process for ongoing background review consistent with Provision (e). 115.317(f) PREA Policy #23 requires the Department to ask applicants and employees who may have contact with residents directly about prior sexual abuse or sexual harassment misconduct. Auditor Analysis The Auditor reviewed PREA Policy #23, hiring documentation, previous employer questionnaire documentation, and the ACT.

	The reviewed documentation demonstrates that the Department requests PREA-related misconduct information as part of its hiring and review process. The PREA Previous Employer Questionnaire specifically addresses prior misconduct involving sexual abuse, sexual harassment, or related behavior. The ACT corroborates that the Department asks required PREA-related questions during hiring and promotion processes. Taken together, the reviewed policy, questionnaire documentation, hiring records, and ACT information demonstrate that the Department obtains required PREA-related information consistent with Provision (f). 115.317(g) PREA Policy #23 requires material omissions or false information regarding sexual misconduct to be grounds for termination. Auditor Analysis The Auditor reviewed PREA Policy #23, hiring documentation, and the ACT. The reviewed documentation demonstrates that the Department's hiring process requires accurate disclosure of applicant and employee information relevant to PREA compliance. The policy establishes accountability when an applicant or employee provides false or incomplete information regarding sexual misconduct. The ACT corroborates the Department's process for addressing omissions or false information in connection with PREA-related hiring and employment decisions. Taken together, the reviewed policy, hiring documentation, and ACT information demonstrate that the Department maintains accountability standards consistent with Provision (g). 115.317(h) PREA Policy #23 permits the Department to provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon request from an institutional employer for whom such employee has applied to work. Auditor Analysis The Auditor reviewed PREA Policy #23, previous employer questionnaire documentation, and the ACT. The reviewed documentation demonstrates that the Department recognizes the importance of sharing substantiated PREA-related misconduct information with prospective institutional employers when legally permissible. The previous employer questionnaire process further supports the Department's practice of seeking and providing relevant PREA employment information. The ACT corroborates the Department's process for responding to institutional employer requests regarding substantiated PREA-related misconduct.

	Taken together, the reviewed policy, employment documentation, and ACT information demonstrate that the Department's practice is consistent with Provision (h). Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.317, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.317.

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.318 Upgrades to Facilities and Technologies Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 528 – Staffing: Juvenile Detention and Assessment Centers and Treatment Facilities Procedure 532 – Watch Commander Duties and Responsibilities Supporting Documentation Audit Compliance Tool (ACT) Camera System Documentation Camera Cleaning and Maintenance Documentation Camera System Update Documentation Facility Project Documentation Parking Entrance Documentation Roof Replacement Documentation Warehouse Project Documentation Staffing Plan Annual Staffing Plan Review ACT Data The ACT documents the facility's use of video monitoring and physical plant considerations. The ACT supports that the facility considers supervision, monitoring technology, blind spots, camera coverage, staffing practices, resident safety, and

	facility layout when reviewing staffing and monitoring needs. Provision-by-Provision Analysis 115.318(a) PREA Policy #23 requires the Department to consider the effect of any substantial expansion or modification of facilities on its ability to protect residents from sexual abuse. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, facility project documentation, camera documentation, staffing plan documentation, and annual staffing plan review documentation. The reviewed documentation demonstrates that the facility considers safety and security implications when planning facility modifications, repairs, and operational changes. Project documentation related to facility construction, parking access, roofing, warehouse work, and other facility improvements demonstrates that operational impacts are reviewed and communicated to staff. The staffing plan and annual staffing review further demonstrate that the facility considers physical plant, resident movement, monitoring, and supervision needs when evaluating safety and security. The ACT corroborates that facility design, physical plant, and monitoring technology are considered in relation to resident safety. Taken together, the reviewed policy, project documentation, staffing documentation, and ACT information demonstrate that the facility considers protection from sexual abuse when making substantial facility modifications consistent with Provision (a). 115.318(b) PREA Policy #23 requires the Department to consider how installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technology may enhance the facility’s ability to protect residents from sexual abuse. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, camera maintenance documentation, camera update documentation, staffing plan documentation, and supervision documentation. The reviewed documentation demonstrates that the facility uses video monitoring technology as part of its supervision and safety practices. Camera cleaning and maintenance documentation demonstrates that the facility maintains surveillance equipment, while camera system update documentation demonstrates attention to system functionality and technology performance. The staffing plan and annual staffing review document that video monitoring and supervision technology are considered as part of the facility’s broader staffing and

	monitoring strategy. The ACT corroborates that video monitoring technology is used and considered in relation to resident safety and sexual abuse prevention. Taken together, the reviewed policy, camera maintenance documentation, technology update documentation, staffing review, and ACT information demonstrate that the facility considers monitoring technology consistent with Provision (b). Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.318, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.318.

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.321 Evidence Protocol and Forensic Medical Examinations Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 510 – Handling of Contraband and Evidence in the JDAC and TFs Procedure 516 – New Crimes in Detention and Treatment Facilities Procedure 702 – Collection of Forensic Evidence Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Supporting Documentation Audit Compliance Tool (ACT) Coordinated Response Plan A Coordinated Response Plan B Partners Against Violence Contract Law Enforcement Medical Services Information Evidence Collection Documentation Investigation Documentation

ACT Data
The ACT documents the facility's evidence protocol, forensic medical examination process, law enforcement referral process, access to SAFE/SANE examinations, victim advocacy services, and coordinated response procedures. The ACT supports that the facility preserves evidence, refers criminal matters to law enforcement, and provides access to forensic medical examinations without cost to the resident.

Provision-by-Provision Analysis
115.321(a)
The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedures 504, 510, 516, and 702, the ACT, coordinated response plans, hospital and law-enforcement information, the Partners Against Violence agreement, and supporting response records. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.321(a). Provision 115.321(a) is met.

115.321(b)
The evidence protocol is developmentally appropriate for youth and is based on a comprehensive and authoritative sexual-assault medical forensic protocol.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedures 504, 510, 516, and 702, the ACT, coordinated response plans, hospital and law-enforcement information, the Partners Against Violence agreement, and supporting response records. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.321(b). Provision 115.321(b) is met.

115.321(c)
Residents who experience sexual abuse are offered forensic medical examinations without financial cost, and examinations are performed by SAFE/SANE or other qualified medical practitioners where appropriate.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedures 504, 510, 516, and 702, the ACT, coordinated response plans, hospital and law-enforcement information, the Partners

	Against Violence agreement, and supporting response records. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.321(c). Provision 115.321(c) is met. 115.321(d) The agency attempts to make a victim advocate from a rape crisis center available and documents its efforts; when unavailable, a qualified community-based or agency staff member is made available. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504, 510, 516, and 702, the ACT, coordinated response plans, hospital and law-enforcement information, the Partners Against Violence agreement, and supporting response records. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.321(d). Provision 115.321(d) is met. 115.321(e) At the resident’s request, the advocate or other qualified support person accompanies and supports the resident through the forensic examination and investigatory interviews. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504, 510, 516, and 702, the ACT, coordinated response plans, hospital and law-enforcement information, the Partners Against Violence agreement, and supporting response records. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.321(e). Provision 115.321(e) is met. 115.321(f) When another agency conducts the investigation, the agency requests that the investigating agency follow the evidence, examination, and advocacy requirements of this standard. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504, 510, 516, and 702, the ACT,

	coordinated response plans, hospital and law-enforcement information, the Partners Against Violence agreement, and supporting response records. The evidence was evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.321(f). Provision 115.321(f) is met. 115.321(g) The evidence-protocol and forensic-examination requirements also apply to responsible State investigative entities and Department of Justice components. This provision governs external State and Department of Justice investigative entities when they perform the covered work; it does not create a separate facility operation beyond the agency’s duty to cooperate and request compliant practices. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504, 510, 516, and 702, the ACT, coordinated response plans, hospital and law-enforcement information, the Partners Against Violence agreement, and supporting response records. The evidence was evaluated against the complete requirement of Provision (g), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.321(g). Provision 115.321(g) is met. 115.321(h) A qualified agency or community-based support person is screened for appropriateness and educated regarding sexual assault and forensic examination issues. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504, 510, 516, and 702, the ACT, coordinated response plans, hospital and law-enforcement information, the Partners Against Violence agreement, and supporting response records. The evidence was evaluated against the complete requirement of Provision (h), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.321(h). Provision 115.321(h) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.321, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no

	unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.321.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.322 Policies to Ensure Referrals of Allegations for Investigations Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Procedure 516 – New Crimes in Detention and Treatment Facilities Procedure 523 – Requesting Law Enforcement Assistance in the JDACs/TFs Procedure 510 – Handling of Contraband and Evidence in the JDAC and TFs Supporting Documentation Audit Compliance Tool (ACT) Coordinated Response Plan A Coordinated Response Plan B Coordinated Response Sexual Harassment Plan PREA Incident Logs Investigation Documentation Outside Agency Notification Documentation Suspected Child Abuse Report Documentation ACT Data The ACT documents the facility’s process for referring allegations of sexual abuse and sexual harassment for investigation. The ACT supports that allegations with potential criminal behavior are referred to law enforcement and that administrative allegations are assigned to trained PREA investigators. The ACT further supports that the facility documents allegations, referrals, investigation outcomes, and resident notifications. Provision-by-Provision Analysis 115.322(a) The agency ensures that an administrative or criminal investigation is completed for every allegation of sexual abuse and sexual harassment. Auditor Analysis

	The Auditor reviewed PREA Policy #23, Procedures 504, 516, 523, and 510, the ACT, coordinated response plans, PREA incident logs, referral records, investigation documentation, and the agency's public PREA information. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.322(a). Provision 115.322(a) is met. 115.322(b) The agency maintains and publishes a policy requiring referral of potentially criminal allegations to an entity with legal authority to conduct criminal investigations and documents each referral. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504, 516, 523, and 510, the ACT, coordinated response plans, PREA incident logs, referral records, investigation documentation, and the agency's public PREA information. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.322(b). Provision 115.322(b) is met. 115.322(c) When a separate entity conducts criminal investigations, the published policy describes the responsibilities of both the agency and the investigating entity. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504, 516, 523, and 510, the ACT, coordinated response plans, PREA incident logs, referral records, investigation documentation, and the agency's public PREA information. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.322(c). Provision 115.322(c) is met. 115.322(d) Any responsible State entity must maintain a policy governing administrative and criminal investigations of sexual abuse and sexual harassment in juvenile facilities. This provision applies directly to a State entity responsible for such investigations; the facility's record showed referral and cooperation with authorized investigative entities.

	Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504, 516, 523, and 510, the ACT, coordinated response plans, PREA incident logs, referral records, investigation documentation, and the agency’s public PREA information. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.322(d). Provision 115.322(d) is met. 115.322(e) Any responsible Department of Justice component must maintain a policy governing administrative and criminal investigations of sexual abuse and sexual harassment in juvenile facilities. This provision applies directly to a Department of Justice component if it conducts the investigation; no such component conducted a reviewed CVDAC investigation during the audit period. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504, 516, 523, and 510, the ACT, coordinated response plans, PREA incident logs, referral records, investigation documentation, and the agency’s public PREA information. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.322(e). Provision 115.322(e) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.322, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.322.

115.331	**Employee training**
	Auditor Overall Determination: Exceeds Standard

	Auditor Discussion
	115.331 Employee Training Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 535 – Policy and Procedure Manual Procedure 502 – Appointment and Qualifications for Juvenile Facilities Supporting Documentation Audit Compliance Tool (ACT) Sexual Assault and Abuse Lesson Plan PREA Training PowerPoint RELIAS PREA Certificates Department-Wide Course Completion Reports PREA Refresher Training Materials PREA Refresher Sign-In Sheets PREA Knowledge Test PREA Acknowledgment Forms ACT Data The ACT documents employee PREA training requirements and training completion information. The ACT supports that employees receive training regarding zero tolerance, prevention, detection, reporting, response, resident rights, staff responsibilities, professional boundaries, retaliation, first responder duties, and communication with LGBTQI and gender non-conforming residents. Provision-by-Provision Analysis 115.331(a) Procedure 535 states that employee orientation includes “Prison Rape Elimination Act (PREA) training.” Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 535, the ACT, Sexual Assault and Abuse lesson plan, PREA PowerPoint, RELIAS training records, refresher training materials, knowledge testing documentation, and PREA acknowledgment forms. The reviewed documentation demonstrates that employees receive PREA training as part of orientation and ongoing professional development. The Sexual Assault and Abuse lesson plan includes instruction on zero tolerance, definitions of sexual abuse and sexual harassment, prevention, detection, reporting, response, mandatory reporting, professional boundaries, retaliation, LGBTQI communication, and staff responsibilities. The PREA PowerPoint and refresher materials further support implementation by documenting the content delivered to staff. RELIAS certificates and department-wide course completion reports demonstrate that training completion is tracked.

	The ACT corroborates that employees receive PREA training covering required topics. Taken together, the reviewed policy, training curriculum, completion records, and ACT information demonstrate that employees receive PREA training consistent with Provision (a). 115.331(b) PREA Policy #23 requires employee training to be tailored to the gender of residents at the employee's facility. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, training curriculum, lesson plans, and training records. The reviewed documentation demonstrates that employee training is designed for juvenile detention and treatment facility staff and addresses the dynamics of sexual abuse and sexual harassment in juvenile confinement settings. Training materials include instruction on youth-on-youth sexual abuse, staff sexual misconduct, resident vulnerability, professional communication, gender identity, LGBTQI and GNC youth, and appropriate staff response. The ACT corroborates that employee training is appropriate to the population housed at the facility. Taken together, the reviewed policy, training materials, and ACT information demonstrate that employee training is tailored to the resident population consistent with Provision (b). 115.331(c) PREA Policy #23 requires refresher training to ensure employees know the Department's current sexual abuse and sexual harassment policies and procedures. Auditor Analysis The Auditor reviewed PREA Policy #23, monthly refresher training materials, refresher sign-in sheets, ACT, knowledge testing documentation, and training completion records. The reviewed documentation demonstrates that the facility provides recurring PREA refresher training throughout the year. Refresher topics include zero tolerance, duty to report, first responder responsibilities, youth privacy, support services, professional boundaries, responding to disclosures, limited English proficiency, and investigation expectations. Sign-in sheets demonstrate staff participation across units and shifts. The PREA knowledge test further supports that the Department evaluates staff understanding of PREA expectations. The ACT corroborates that employees receive refresher training on current PREA

policies and procedures.

Taken together, the reviewed refresher training documentation, testing materials, completion records, and ACT information demonstrate that the facility provides ongoing PREA training consistent with Provision (c).

115.331(d)
PREA Policy #23 requires documentation that employees understand the training they have received.

Auditor Analysis

The Auditor reviewed PREA acknowledgment forms, training sign-in sheets, RELIAS certificates, department-wide completion reports, knowledge tests, and the ACT.

The reviewed documentation demonstrates that staff training is documented through multiple methods, including signed acknowledgments, attendance rosters, individual training certificates, course completion reports, and knowledge testing. These records demonstrate not only attendance, but also staff acknowledgment and completion of required training.

The ACT corroborates that employee PREA training is documented.

Taken together, the reviewed acknowledgment forms, training records, testing documentation, and ACT information demonstrate that the facility documents employee PREA training consistent with Provision (d).

Auditor Analysis & Determination
CVDAC did not limit employee PREA training to initial instruction and the biennial refresher cycle required by the standard. In addition to documented core training, signed acknowledgments, course-completion records, and knowledge testing, the facility delivered monthly topic-specific PREA refreshers designed to reinforce practical responsibilities throughout the year. The refresher structure repeatedly returned staff to reporting duties, first-response obligations, professional boundaries, retaliation protection, resident vulnerability, and other operational topics. Random staff interviews corroborated that employees understood the zero-tolerance policy, immediate reporting duties, evidence-preservation responsibilities, and the requirement to separate and protect involved youth. The continuing reinforcement, testing, documentation, and demonstrated retention of operational knowledge established an ongoing learning system that materially exceeded the minimum training frequency required by the standard.

Standard Finding
Exceeds Standard

CVDAC exceeded Standard 115.331 by maintaining a continuous PREA learning program that combined required training with monthly operational refreshers, knowledge testing, multiple forms of completion documentation, and demonstrated staff retention of first response and reporting responsibilities.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.332 Volunteer and Contractor Training Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 502 – Appointment and Qualifications for Juvenile Facilities Building Clearance Guidelines Supporting Documentation Audit Compliance Tool (ACT) Volunteer PREA Training Documentation Contractor PREA Training Documentation Volunteer PREA Acknowledgment Forms Contractor PREA Acknowledgment Forms Building Clearance Records Volunteer Approval Documentation Contractor Clearance Documentation ACT Data The ACT documents that all volunteers and contractors who have contact with residents receive PREA training appropriate to their level of contact before entering the facility. The ACT further identifies that the Department documents completion of the required PREA training and maintains records verifying compliance. Provision-by-Provision Analysis 115.332(a) All volunteers and contractors who have contact with residents are trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 502, Building Clearance Guidelines, the ACT, volunteer and contractor training records, acknowledgment forms, clearance records, and questionnaire responses. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.332(a). Provision 115.332(a) is met. 115.332(b) The level and type of training are based on the services provided and level of resident contact, and every covered volunteer and contractor is notified of zero

	tolerance and how to report incidents. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 502, Building Clearance Guidelines, the ACT, volunteer and contractor training records, acknowledgment forms, clearance records, and questionnaire responses. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.332(b). Provision 115.332(b) is met. 115.332(c) The agency maintains documentation confirming that volunteers and contractors understand the training they received. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 502, Building Clearance Guidelines, the ACT, volunteer and contractor training records, acknowledgment forms, clearance records, and questionnaire responses. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.332(c). Provision 115.332(c) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.332, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.332.

115.333	**Resident education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

115.333 Resident Education
Evidence Reviewed
Policies
PREA Policy #23 – Prison Rape Elimination Act (PREA)
Procedure 617 – Intake Screening, Assessment and Admittance
Procedure 630 – Special Needs Youth
Procedure 701 – Aids to Reduce Effects of Impairment

Supporting Documentation
Audit Compliance Tool (ACT)
Resident Orientation Handbook
PREA Resident Education Materials
Spanish PREA Educational Materials
Resident PREA Acknowledgment Forms
Resident Orientation Documentation
Zero Tolerance Posters
Youth Handbook

ACT Data
The ACT documents that residents receive PREA education upon admission and comprehensive education during the intake process. The ACT further identifies that information is provided in formats accessible to residents with disabilities and residents with limited English proficiency.

Interviews and Onsite Verification
The Auditor interviewed 9 random youth and 12 random staff and reviewed PREA education and reporting information during the onsite inspection of 14 housing units. Interviews and observations were used to determine whether written education requirements had translated into practical knowledge and continuing access to information.

Provision-by-Provision Analysis
115.333(a)
During intake, residents receive age-appropriate information explaining zero tolerance and how to report sexual abuse and sexual harassment.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedures 617, 630, and 701, the ACT, resident handbooks and education materials, acknowledgment and orientation records, Spanish and accessible materials, onsite observations, and resident interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.333(a). Provision 115.333(a) is met.

	115.333(b) Within 10 days of intake, residents receive comprehensive age-appropriate education regarding their rights, retaliation protections, and agency response procedures. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 630, and 701, the ACT, resident handbooks and education materials, acknowledgment and orientation records, Spanish and accessible materials, onsite observations, and resident interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.333(b). Provision 115.333(b) is met. 115.333(c) Current residents who have not received the required education are educated, and residents receive additional education upon transfer when the new facility’s policies differ. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 630, and 701, the ACT, resident handbooks and education materials, acknowledgment and orientation records, Spanish and accessible materials, onsite observations, and resident interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.333(c). Provision 115.333(c) is met. 115.333(d) Resident education is provided in formats accessible to residents with limited English proficiency, disabilities, or limited reading skills. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 630, and 701, the ACT, resident handbooks and education materials, acknowledgment and orientation records, Spanish and accessible materials, onsite observations, and resident interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or

	applicability determination. No unresolved evidence established noncompliance with Provision 115.333(d). Provision 115.333(d) is met. 115.333(e) The agency maintains documentation of resident participation in PREA education sessions. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 630, and 701, the ACT, resident handbooks and education materials, acknowledgment and orientation records, Spanish and accessible materials, onsite observations, and resident interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.333(e). Provision 115.333(e) is met. 115.333(f) Key PREA information remains continuously and readily available or visible through posters, handbooks, or other written formats. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 630, and 701, the ACT, resident handbooks and education materials, acknowledgment and orientation records, Spanish and accessible materials, onsite observations, and resident interviews. The evidence was evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.333(f). Provision 115.333(f) is met. Auditor Analysis & Determination The evidence established that resident PREA education was not treated as a one-time intake event. CVDAC provided immediate admission information, comprehensive education, written acknowledgment, continuing access to handbooks and posters, repeated video-based instruction, staff-facilitated discussion, and youth-created PREA materials displayed throughout the facility. During the onsite review, PREA information was observed in housing and common areas, reinforcing reporting options, zero tolerance, retaliation protections, and access to assistance after orientation was complete. Random youth interviews were used to test whether education had translated into practical knowledge, including whom youth could tell, how to make a private or outside report, and how to obtain help. The use of repeated instruction and youth-created educational content

	promoted active engagement and retention rather than passive receipt of information. Accessible and Spanish-language materials further ensured that the education system reached youth with differing communication needs. This sustained, multi-method education model substantially exceeded the standard's minimum timing and content requirements. Standard Finding Exceeds Standard CVDAC exceeded Standard 115.333 by converting required resident education into a continuous, multi-method learning system that included admission education, comprehensive instruction, repeated video and discussion-based reinforcement, visible facility-wide messaging, youth-created PREA materials, accessible formats, and interview-confirmed practical knowledge.

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.334 Specialized Training: Investigations Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 516 – New Crimes in Detention and Treatment Facilities Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Supporting Documentation Audit Compliance Tool (ACT) NIC PREA Specialized Investigations Training Certificates PREA Investigator Training Records Investigation Documentation Coordinated Response Plans Evidence Collection Documentation ACT Data The ACT documents that staff conducting sexual abuse investigations receive specialized PREA investigator training in addition to general employee PREA training. The ACT further documents that specialized training addresses interviewing techniques, evidence collection, credibility assessment, and investigative responsibilities. Provision-by-Provision Analysis 115.334(a) Agency investigators who conduct sexual abuse investigations receive specialized training for investigations in confinement settings in addition to general employee

	PREA training. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504 and 516, the ACT, NIC specialized-investigation certificates, investigator training records, investigation documentation, and investigator questionnaire responses. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.334(a). Provision 115.334(a) is met. 115.334(b) Specialized training addresses interviewing juvenile victims, Miranda and Garrity warnings, evidence collection, and the criteria and evidence needed for administrative action or prosecution referral. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504 and 516, the ACT, NIC specialized-investigation certificates, investigator training records, investigation documentation, and investigator questionnaire responses. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.334(b). Provision 115.334(b) is met. 115.334(c) The agency maintains documentation that investigators completed the required specialized training. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504 and 516, the ACT, NIC specialized-investigation certificates, investigator training records, investigation documentation, and investigator questionnaire responses. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.334(c). Provision 115.334(c) is met. 115.334(d) Responsible State entities and Department of Justice components provide equivalent specialized training to their agents and investigators who investigate

	sexual abuse in juvenile confinement settings. This provision governs State and Department of Justice investigative entities; CVDAC's direct compliance obligation is to use trained investigators and cooperate with any outside investigative entity. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504 and 516, the ACT, NIC specialized-investigation certificates, investigator training records, investigation documentation, and investigator questionnaire responses. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.334(d). Provision 115.334(d) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.334, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.334.

115.335	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.335 Specialized Training: Medical and Mental Health Care Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Medical Services Procedures Mental Health Services Procedures Supporting Documentation Audit Compliance Tool (ACT) Medical and Mental Health Practitioner Questionnaires PREA Training Materials

	Coordinated Response and Evidence-Preservation Training Training Completion and Acknowledgment Documentation Outside SAFE/SANE Provider Information ACT Data The ACT documents specialized PREA training expectations for medical and mental health practitioners, including recognition of sexual abuse and sexual harassment, evidence preservation, professional response to juvenile victims, mandatory reporting, and documentation of training. The ACT and coordinated response materials further document that sexual-assault forensic examinations are performed by qualified outside SAFE/SANE providers rather than facility medical staff. Provision-by-Provision Analysis 115.335(a) All full- and part-time medical and mental health practitioners who work regularly in the facility are trained to detect and assess signs of abuse and harassment, preserve physical evidence, respond effectively and professionally to juvenile victims, and report allegations or suspicions. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, medical and mental health practitioner questionnaires, PREA and coordinated-response training materials, training completion documentation, medical and mental health procedures, and evidence concerning the use of outside SAFE/SANE providers. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.335(a). Provision 115.335(a) is met. 115.335(b) If agency-employed medical staff conduct forensic examinations, those staff receive appropriate training to conduct the examinations. CVDAC medical staff do not perform sexual-assault forensic examinations for prosecution; residents are transported to outside hospitals where qualified SAFE/SANE practitioners perform examinations. The direct agency-medical-staff training condition was therefore not triggered during the audit period. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, medical and mental health practitioner questionnaires, PREA and coordinated-response training materials, training completion documentation, medical and mental health procedures, and evidence concerning the use of outside SAFE/SANE providers. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC.

	The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.335(b). Provision 115.335(b) is met. 115.335(c) The agency maintains documentation that medical and mental health practitioners received the specialized training from the agency or another source. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, medical and mental health practitioner questionnaires, PREA and coordinated-response training materials, training completion documentation, medical and mental health procedures, and evidence concerning the use of outside SAFE/SANE providers. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.335(c). Provision 115.335(c) is met. 115.335(d) Medical and mental health practitioners also receive the employee or contractor/ volunteer PREA training applicable to their status. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, medical and mental health practitioner questionnaires, PREA and coordinated-response training materials, training completion documentation, medical and mental health procedures, and evidence concerning the use of outside SAFE/SANE providers. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.335(d). Provision 115.335(d) is met. Auditor Analysis & Determination The Auditor evaluated PREA Policy #23, the ACT, medical and mental health practitioner questionnaire responses, training materials and completion documentation, coordinated response procedures, and the facility’s use of qualified outside SAFE/SANE providers. The evidence demonstrates that practitioners working regularly at CVDAC receive the specialized and general PREA instruction applicable to their roles, that completion is documented, and that facility medical staff do not conduct forensic sexual-assault examinations for prosecution. No unresolved evidence established noncompliance with this standard. Standard Finding Meets Standard

	The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.335.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.341 Obtaining Information from Residents Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 617 – Intake Screening, Assessment and Admittance Procedure 619 – LGBTQI and Gender Non-Conforming Youth Supporting Documentation Audit Compliance Tool (ACT) PREA Screening Instrument Completed PREA Screening Forms Classification Documentation Housing Assignment Documentation Medical and Mental Health Referral Documentation Resident Intake Documentation ACT Data The ACT documents that all residents are screened for risk of sexual victimization and sexual abusiveness during the intake process using an objective screening instrument. The ACT further identifies that screening results are used to assist housing, programming, work assignments, education decisions, supervision strategies, and referrals for additional services. Provision-by-Provision Analysis 115.341(a) Within 72 hours of arrival and periodically throughout confinement, the agency obtains and uses information about each resident’s history and behavior to reduce the risk of sexual abuse by or upon the resident. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 617, the ACT, the objective screening instrument, 20 initial screening files, 20 reassessment files, classification records, and intake and classification interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or

	applicability determination. No unresolved evidence established noncompliance with Provision 115.341(a). Provision 115.341(a) is met. 115.341(b) The assessment is conducted using an objective screening instrument. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 617, the ACT, the objective screening instrument, 20 initial screening files, 20 reassessment files, classification records, and intake and classification interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.341(b). Provision 115.341(b) is met. 115.341(c) The screening attempts to ascertain the required risk factors, including prior victimization or abusiveness, SOGIE-related vulnerability, charges and offense history, age, development, size, disabilities, mental health, and the resident’s own perception of vulnerability. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 617, the ACT, the objective screening instrument, 20 initial screening files, 20 reassessment files, classification records, and intake and classification interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.341(c). Provision 115.341(c) is met. 115.341(d) Information is obtained through resident conversations, medical and mental health screening, classification assessment, and review of relevant records. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 617, the ACT, the objective screening instrument, 20 initial screening files, 20 reassessment files, classification records, and intake and classification interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with

	Provision 115.341(d). Provision 115.341(d) is met. 115.341(e) The agency controls dissemination of screening responses so sensitive information is not exploited to a resident's detriment. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 617, the ACT, the objective screening instrument, 20 initial screening files, 20 reassessment files, classification records, and intake and classification interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.341(e). Provision 115.341(e) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.341, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.341.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.342 Placement of Residents in Housing, Bed, Program, Education, and Work Assignments Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 617 – Intake Screening, Assessment and Admittance Procedure 619 – LGBTQI and Gender Non-Conforming Youth Procedure 603 – Administrative Separation

	Supporting Documentation Audit Compliance Tool (ACT) PREA Screening Forms Classification Documentation Housing Assignment Documentation Case Planning Documentation Administrative Separation Documentation Multidisciplinary Team Documentation ACT Data The ACT documents that screening information is used to make individualized decisions regarding housing, programming, education, work assignments, supervision, and other management decisions designed to protect residents from sexual abuse. Provision-by-Provision Analysis 115.342(a) Information obtained through screening is used to make individualized housing, bed, program, education, and work assignments designed to keep residents safe and free from sexual abuse. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 619, and 603, the ACT, screening and classification files, housing and programming records, administrative-separation documentation, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.342(a). Provision 115.342(a) is met. 115.342(b) Isolation is used only as a last resort when less restrictive measures are inadequate, with required exercise, education, clinical visits, and access to programs and work opportunities. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 619, and 603, the ACT, screening and classification files, housing and programming records, administrative-separation documentation, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (b),

	including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.342(b). Provision 115.342(b) is met. 115.342(c) LGBTI residents are not assigned to particular housing, beds, or programs solely because of their identification or status, and such status is not treated as an indicator of abusiveness. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 619, and 603, the ACT, screening and classification files, housing and programming records, administrative-separation documentation, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.342(c). Provision 115.342(c) is met. 115.342(d) Housing and programming decisions for transgender and intersex residents are made case by case with consideration of health, safety, management, and security. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 619, and 603, the ACT, screening and classification files, housing and programming records, administrative-separation documentation, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.342(d). Provision 115.342(d) is met. 115.342(e) Placement and programming assignments for transgender and intersex residents are reassessed at least twice each year for safety threats. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 619, and 603, the ACT, screening and classification files, housing and programming records, administrative-

	separation documentation, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.342(e). Provision 115.342(e) is met. 115.342(f) A transgender or intersex resident’s own views regarding personal safety are given serious consideration. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 619, and 603, the ACT, screening and classification files, housing and programming records, administrative-separation documentation, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.342(f). Provision 115.342(f) is met. 115.342(g) Transgender and intersex residents are offered the opportunity to shower separately from other residents. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 619, and 603, the ACT, screening and classification files, housing and programming records, administrative-separation documentation, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (g), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.342(g). Provision 115.342(g) is met. 115.342(h) When a resident is isolated for safety, the facility documents the basis for the concern and why no alternative means of separation can be arranged. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 619, and 603, the ACT,

	screening and classification files, housing and programming records, administrative-separation documentation, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (h), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.342(h). Provision 115.342(h) is met. 115.342(i) Every 30 days, the facility reviews whether continued separation from the general population remains necessary. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617, 619, and 603, the ACT, screening and classification files, housing and programming records, administrative-separation documentation, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (i), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.342(i). Provision 115.342(i) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.342, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.342.

115.351	**Resident reporting**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.351 Resident Reporting Evidence Reviewed

	Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 615 – Grievances and Appeals Procedure 632 – Telephone Access Supporting Documentation Audit Compliance Tool (ACT) Resident Orientation Handbook Resident PREA Education Materials PREA Reporting Posters Youth Handbook Grievance Forms Third-Party Reporting Information ACT Data The ACT documents multiple internal and external reporting methods available to residents, staff, contractors, volunteers, family members, and other third parties. The ACT further identifies confidential reporting methods and protections against retaliation. Interviews and Onsite Verification The Auditor interviewed 9 random youth and 12 random staff and examined reporting information throughout 14 housing units and associated common areas. Youth interviews tested practical knowledge of internal, outside, anonymous, and third-party reporting options. Staff interviews tested acceptance of verbal, written, anonymous, and third-party reports and the requirement to promptly document verbal allegations. Provision-by-Provision Analysis 115.351(a) The agency provides multiple internal methods for residents to privately report abuse, harassment, retaliation, and staff neglect or violations that may have contributed to such incidents. Auditor Analysis The Auditor reviewed PREA Policy #23, reporting and grievance procedures, the ACT, resident handbooks, internal and outside reporting materials, posters and telephone information, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC.

	The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.351(a). Provision 115.351(a) is met. 115.351(b) Residents have at least one reporting avenue to a public or private entity outside the agency that can immediately forward reports and permit anonymity upon request. Auditor Analysis The Auditor reviewed PREA Policy #23, reporting and grievance procedures, the ACT, resident handbooks, internal and outside reporting materials, posters and telephone information, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.351(b). Provision 115.351(b) is met. 115.351(c) Staff accept verbal, written, anonymous, and third-party reports and promptly document verbal reports. Auditor Analysis The Auditor reviewed PREA Policy #23, reporting and grievance procedures, the ACT, resident handbooks, internal and outside reporting materials, posters and telephone information, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.351(c). Provision 115.351(c) is met. 115.351(d) Residents have access to the tools necessary to make written reports. Auditor Analysis The Auditor reviewed PREA Policy #23, reporting and grievance procedures, the ACT, resident handbooks, internal and outside reporting materials, posters and telephone information, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC.

	The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.351(d). Provision 115.351(d) is met. 115.351(e) The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. Auditor Analysis The Auditor reviewed PREA Policy #23, reporting and grievance procedures, the ACT, resident handbooks, internal and outside reporting materials, posters and telephone information, onsite observations, and resident and staff interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.351(e). Provision 115.351(e) is met. Auditor Analysis & Determination The Auditor gave heightened attention to this standard because an effective PREA program depends on whether youth can actually make a report, not merely whether reporting language appears in policy. The evidence demonstrated a redundant reporting system that included verbal reports to any staff member, written reports, grievances, anonymous reports, third-party reports, outside reporting options, telephone access, and reporting avenues available to staff. Reporting information was incorporated into orientation and continuing education and was visibly posted throughout housing and common areas. Random youth interviews were used to test practical understanding of how to report, including how to report outside the facility and how to seek help without first notifying an alleged abuser. Random staff interviews confirmed the duty to accept reports in any form, immediately document verbal reports, and forward allegations without screening or delay. The system also included accessible methods for youth with disabilities or limited English proficiency. The number, independence, visibility, and accessibility of the reporting avenues created meaningful redundancy: if one method was unavailable, uncomfortable, or implicated the alleged abuser, another method remained available. This operationally verified redundancy materially exceeded the minimum requirement to provide one or more reporting methods. Standard Finding Exceeds Standard CVDAC exceeded Standard 115.351 by maintaining a redundant and operationally verified reporting network that combined internal, external, anonymous, third-party, verbal, written, grievance, telephone, staff, and accessible reporting methods. The reporting system was reinforced through education and prominent postings and was corroborated through both youth and staff interviews.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.352 Exhaustion of Administrative Remedies Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 615 – Grievances and Appeals Supporting Documentation Audit Compliance Tool (ACT) Resident Handbook Resident Grievance Forms Emergency Grievance Documentation Grievance Tracking Logs PREA Educational Materials ACT Data The ACT documents that residents may submit grievances alleging sexual abuse without first attempting informal resolution. The ACT further documents emergency grievance procedures, response timeframes, protections from retaliation, and access to administrative remedies. Provision-by-Provision Analysis 115.352(a) Because the agency maintains an administrative grievance process for sexual abuse allegations, the remaining provisions of this standard apply. CVDAC maintains an administrative grievance process, so the exemption does not apply and the remaining grievance safeguards were evaluated. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 615, the ACT, grievance forms and logs, emergency-grievance procedures, third-party reporting information, and staff and resident interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.352(a). Provision 115.352(a) is met.

115.352(b)
The agency imposes no time limit on sexual-abuse grievances, does not require informal resolution, and may apply ordinary limits only to portions unrelated to sexual abuse.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 615, the ACT, grievance forms and logs, emergency-grievance procedures, third-party reporting information, and staff and resident interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.352(b). Provision 115.352(b) is met.

115.352(c)
A resident may submit a grievance without giving it to the staff member who is the subject of the complaint, and the grievance is not referred to that staff member.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 615, the ACT, grievance forms and logs, emergency-grievance procedures, third-party reporting information, and staff and resident interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.352(c). Provision 115.352(c) is met.

115.352(d)
The agency issues a final merits decision within 90 days, uses only a properly noticed extension of up to 70 days, and permits the resident to treat an untimely response as a denial at that level.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 615, the ACT, grievance forms and logs, emergency-grievance procedures, third-party reporting information, and staff and resident interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.352(d). Provision 115.352(d) is met.

115.352(e)
Third parties may assist or file on behalf of residents, and parents or legal guardians may file and appeal without conditioning processing on the juvenile’s agreement.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 615, the ACT, grievance forms and logs, emergency-grievance procedures, third-party reporting information, and staff and resident interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.352(e). Provision 115.352(e) is met.

115.352(f)
Emergency grievances alleging substantial risk of imminent sexual abuse are immediately routed for corrective action, receive an initial response within 48 hours, and receive a final decision within five calendar days.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 615, the ACT, grievance forms and logs, emergency-grievance procedures, third-party reporting information, and staff and resident interviews. The evidence was evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.352(f). Provision 115.352(f) is met.

115.352(g)
A resident is disciplined for filing a sexual-abuse grievance only when the agency demonstrates that it was filed in bad faith.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 615, the ACT, grievance forms and logs, emergency-grievance procedures, third-party reporting information, and staff and resident interviews. The evidence was evaluated against the complete requirement of Provision (g), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.352(g). Provision 115.352(g) is met.

Auditor Analysis & Determination

	The Auditor evaluated the totality of evidence for Standard 115.352, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.352.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.353 Resident Access to Outside Support Services and Legal Representation Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Procedure 632 – Telephone Access Supporting Documentation Audit Compliance Tool (ACT) Partners Against Violence Contract Resident Orientation Handbook Resident PREA Educational Materials Victim Advocate Contact Information Youth Handbook ACT Data The ACT documents that residents are provided access to outside confidential support services related to sexual abuse. The ACT further documents that residents receive information regarding available advocacy services and the extent to which communications remain confidential. Interviews and Onsite Verification The Auditor reviewed the facility's outside-advocacy access information during the

	onsite phase and evaluated the formal Partners Against Violence agreement, the communication mechanism, the coordinated-response process, and the information provided to youth concerning confidentiality and mandatory reporting. Provision-by-Provision Analysis 115.353(a) Residents are provided access to outside victim advocates for emotional support, including mailing addresses and telephone numbers, and are informed of the extent to which communications will be monitored or reported. Auditor Analysis The Auditor reviewed PREA Policy #23, telephone and support-service procedures, the ACT, Partners Against Violence materials, outside-support postings, legal-access information, onsite observations, and resident interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.353(a). Provision 115.353(a) is met. 115.353(b) The agency enables reasonable communication between residents and outside support services in as confidential a manner as possible. Auditor Analysis The Auditor reviewed PREA Policy #23, telephone and support-service procedures, the ACT, Partners Against Violence materials, outside-support postings, legal-access information, onsite observations, and resident interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.353(b). Provision 115.353(b) is met. 115.353(c) Before access is provided, residents are informed of applicable mandatory-reporting rules governing communications with outside support services. Auditor Analysis The Auditor reviewed PREA Policy #23, telephone and support-service procedures, the ACT, Partners Against Violence materials, outside-support postings, legal-access information, onsite observations, and resident interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC.

	The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.353(c). Provision 115.353(c) is met. 115.353(d) Residents receive reasonable and confidential access to attorneys or other legal representation and reasonable access to parents or legal guardians. Auditor Analysis The Auditor reviewed PREA Policy #23, telephone and support-service procedures, the ACT, Partners Against Violence materials, outside-support postings, legal-access information, onsite observations, and resident interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.353(d). Provision 115.353(d) is met. Auditor Analysis & Determination The Auditor gave heightened attention to whether outside support was actually available, confidential to the extent permitted by law, and connected to the facility's coordinated response. CVDAC maintained a formal contract with Partners Against Violence, a qualified community victim-advocacy provider, rather than relying solely on internal counseling or an informal referral arrangement. Procedure 504 identified advocacy access as part of the coordinated response, and Procedure 632 supported the communication mechanism through which youth could reach outside services. Resident education materials and orientation information identified the advocacy resource and explained confidentiality, mandatory reporting, and the limits of privacy before services were used. The executed agreement, policy requirements, educational materials, and coordinated-response procedures collectively demonstrated an established pathway from disclosure to outside emotional support. The evidence therefore supported that access was available in practice, that youth were informed enough to make an informed choice about communication, and that the service was independent of the facility. No evidence identified a barrier that would prevent a youth from obtaining outside advocacy services. Standard Finding Meets Standard CVDAC met Standard 115.353 by maintaining a formal, operational relationship with an independent victim-advocacy provider; integrating advocacy access into the coordinated response; providing a reasonable communication mechanism; and informing youth in advance about confidentiality, monitoring, mandatory reporting, and the limits of privacy.

115.354	**Third-party reporting**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.354 Third-Party Reporting Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Supporting Documentation Audit Compliance Tool (ACT) Department Website Third-Party Reporting Information Resident Orientation Handbook PREA Educational Materials Reporting Posters ACT Data The ACT documents that the Department provides multiple methods for third parties to report allegations of sexual abuse and sexual harassment on behalf of residents. The ACT further documents that reporting information is publicly available through the Department's website and other reporting resources. Provision-by-Provision Analysis Standard Analysis The agency establishes a method for receiving third-party reports of sexual abuse and sexual harassment and distributes information publicly on how to report on behalf of a resident. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, public third-party reporting information, resident handbooks, facility postings, the agency website, and onsite observations. The evidence was evaluated against the complete unlettered requirement of Standard 115.354, including the written framework and operational implementation. The reconciled record supports compliance with Standard 115.354; no unresolved evidence established noncompliance with the requirement. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.354, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was

	internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.354.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.361 Staff and Agency Reporting Duties Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Procedure 516 – New Crimes in Detention and Treatment Facilities Supporting Documentation Audit Compliance Tool (ACT) Sexual Assault and Abuse Lesson Plan PREA Training PowerPoint RELIAS Training Records Mandatory Reporting Documentation Coordinated Response Plans ACT Data The ACT documents that employees are required to immediately report knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, and staff neglect or violations of responsibilities that may have contributed to an incident. The ACT further documents confidentiality requirements and mandatory reporting responsibilities. Provision-by-Provision Analysis 115.361(a) Staff immediately report knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, and staff neglect or violations that may have contributed to an incident.

	Auditor Analysis The Auditor reviewed PREA Policy #23, coordinated response and mandatory-reporting procedures, the ACT, training materials, reporting records, medical and mental health questionnaires, and staff interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.361(a). Provision 115.361(a) is met. 115.361(b) Information related to a report is disclosed only to persons who need it for treatment, investigation, management, or other designated functions. Auditor Analysis The Auditor reviewed PREA Policy #23, coordinated response and mandatory-reporting procedures, the ACT, training materials, reporting records, medical and mental health questionnaires, and staff interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.361(b). Provision 115.361(b) is met. 115.361(c) Medical and mental health practitioners report sexual abuse and inform residents of the practitioners’ duty to report and the limits of confidentiality before services begin. Auditor Analysis The Auditor reviewed PREA Policy #23, coordinated response and mandatory-reporting procedures, the ACT, training materials, reporting records, medical and mental health questionnaires, and staff interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.361(c). Provision 115.361(c) is met. 115.361(d) When the alleged victim is under 18 or is considered a vulnerable adult, the allegation is reported to the designated State or local services agency as required by law.

Auditor Analysis

The Auditor reviewed PREA Policy #23, coordinated response and mandatory-reporting procedures, the ACT, training materials, reporting records, medical and mental health questionnaires, and staff interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.361(d). Provision 115.361(d) is met.

115.361(e)
The facility reports allegations to designated investigators, including allegations received through medical, mental health, supervisory, or other staff.

Auditor Analysis

The Auditor reviewed PREA Policy #23, coordinated response and mandatory-reporting procedures, the ACT, training materials, reporting records, medical and mental health questionnaires, and staff interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.361(e). Provision 115.361(e) is met.

115.361(f)
All allegations, including third-party and anonymous reports, are reported to designated investigators.

Auditor Analysis

The Auditor reviewed PREA Policy #23, coordinated response and mandatory-reporting procedures, the ACT, training materials, reporting records, medical and mental health questionnaires, and staff interviews. The evidence was evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.361(f). Provision 115.361(f) is met.

Auditor Analysis & Determination
The Auditor evaluated the totality of evidence for Standard 115.361, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard.

	Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.361.

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.362 Agency Protection Duties Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Supporting Documentation Audit Compliance Tool (ACT) Plan A Coordinated Response Plan B Coordinated Response Incident Response Documentation Emergency Response Procedures ACT Data The ACT documents that immediate action is required whenever the Department learns that a resident is subject to a substantial risk of imminent sexual abuse. The ACT further documents that staff must take prompt protective action. Provision-by-Provision Analysis Standard Analysis When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Auditor Analysis The Auditor reviewed PREA Policy #23, coordinated response procedures, the ACT, protection and housing documentation, response plans, and staff interviews. The evidence was evaluated against the complete unlettered requirement of Standard 115.362, including the written framework and operational implementation.

	The reconciled record supports compliance with Standard 115.362; no unresolved evidence established noncompliance with the requirement. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.362, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.362.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.363 Reporting to Other Confinement Facilities Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Supporting Documentation Audit Compliance Tool (ACT) Outside Agency Notification Documentation Incident Documentation Notification Logs Investigation Documentation ACT Data The ACT documents that when the Department receives an allegation that a resident was sexually abused while confined at another facility, the allegation is promptly reported to the head of the appropriate facility or agency, the notification is documented, and the receiving facility or agency is expected to ensure an investigation is completed. Provision-by-Provision Analysis 115.363(a) When an allegation concerns abuse at another facility, the facility head notifies the head of the facility or appropriate office where the alleged abuse occurred as soon as possible and no later than 72 hours after receipt.

	Auditor Analysis The Auditor reviewed PREA Policy #23, coordinated response and outside-notification procedures, the ACT, notification records, investigation documentation, and staff interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.363(a). Provision 115.363(a) is met. 115.363(b) The facility head also notifies the appropriate investigative office within the agency where the alleged abuse occurred. Auditor Analysis The Auditor reviewed PREA Policy #23, coordinated response and outside-notification procedures, the ACT, notification records, investigation documentation, and staff interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.363(b). Provision 115.363(b) is met. 115.363(c) The agency documents that the required notification was made. Auditor Analysis The Auditor reviewed PREA Policy #23, coordinated response and outside-notification procedures, the ACT, notification records, investigation documentation, and staff interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.363(c). Provision 115.363(c) is met. 115.363(d) The facility head or agency office receiving the notification ensures that the allegation is investigated in accordance with the PREA standards. Auditor Analysis The Auditor reviewed PREA Policy #23, coordinated response and outside-notification procedures, the ACT, notification records, investigation documentation,

	and staff interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.363(d). Provision 115.363(d) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.363, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.363.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.364 Staff First Responder Duties Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Procedure 510 – Handling of Contraband and Evidence Supporting Documentation Audit Compliance Tool (ACT) Plan A Coordinated Response Plan B Coordinated Response Sexual Assault and Abuse Lesson Plan PREA Training PowerPoint First Responder Training Documentation

ACT Data
The ACT documents that staff receive training regarding first responder responsibilities and are required to preserve evidence, separate involved parties, protect victims, and immediately notify supervisors when responding to allegations of sexual abuse.

Provision-by-Provision Analysis
115.364(a)
Procedure 504 states that staff responding to an allegation of sexual abuse shall separate the alleged victim and alleged abuser, preserve and protect the crime scene, request that involved individuals not take actions that could destroy physical evidence, and immediately notify supervisory staff.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 504, Procedure 510, the ACT, coordinated response plans, first responder training documentation, and the Sexual Assault and Abuse lesson plan.

The reviewed documentation demonstrates that the Department has established comprehensive first responder procedures. The coordinated response plans provide step-by-step guidance for protecting victims, preserving evidence, notifying supervisors, securing the scene, arranging medical care, and contacting law enforcement when appropriate.

Training documentation demonstrates that employees receive instruction regarding first responder duties during PREA training and refresher training.

The ACT corroborates that staff receive first responder training and understand their responsibilities following an allegation of sexual abuse.

Taken together, the reviewed policy, coordinated response procedures, training documentation, and ACT information demonstrate compliance with the requirements of Provision (a).

115.364(b)
Procedure 504 requires non-security staff to immediately notify security staff or supervisors whenever they receive information regarding sexual abuse and to preserve available evidence to the extent possible.

Auditor Analysis

The Auditor reviewed Procedure 504, PREA Policy #23, the ACT, first responder training documentation, and coordinated response procedures.

The reviewed documentation demonstrates that non-security staff are instructed regarding their responsibility to immediately notify supervisory personnel and protect available evidence until security staff assume responsibility. The coordinated response procedures identify the actions expected of all employees regardless of assignment.

	The ACT corroborates that non-security staff receive training regarding first responder responsibilities. Taken together, the reviewed policy, coordinated response procedures, training documentation, and ACT information demonstrate compliance with the requirements of Provision (b). Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.364, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.364.

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.365 Coordinated Response Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Procedure 510 – Handling of Contraband and Evidence Procedure 516 – New Crimes in Detention and Treatment Facilities Supporting Documentation Audit Compliance Tool (ACT) Plan A Coordinated Response Plan B Coordinated Response Sexual Harassment Response Plan Coordinated Response Flow Charts Medical Response Documentation

	Law Enforcement Notification Documentation ACT Data The ACT documents that the Department maintains a written institutional plan coordinating the actions of first responders, medical staff, mental health staff, investigators, facility leadership, and victim advocates following an allegation of sexual abuse. Provision-by-Provision Analysis Standard Analysis The facility develops a written institutional plan coordinating the actions of first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 504, 510, and 516, the ACT, Plan A and Plan B coordinated response plans, response flowcharts, medical and law-enforcement notification documentation, and staff interviews. The evidence was evaluated against the complete unlettered requirement of Standard 115.365, including the written framework and operational implementation. The reconciled record supports compliance with Standard 115.365; no unresolved evidence established noncompliance with the requirement. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.365, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.365.

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.366 Preservation of Ability to Protect Residents from Contact with Abusers

Evidence Reviewed
Policies
PREA Policy #23 – Prison Rape Elimination Act (PREA)

Personnel Policies

Supporting Documentation
Audit Compliance Tool (ACT)

Collective Bargaining Review Documentation

Personnel Documentation

ACT Data
The ACT documents that the Department has not entered into or renewed any collective bargaining agreement or other agreement that limits the Department's ability to remove alleged staff sexual abusers from contact with residents pending investigation.

Provision-by-Provision Analysis
115.366(a)
The agency does not enter into or renew an agreement that limits its ability to remove alleged staff sexual abusers from resident contact pending investigation or a disciplinary determination.

Auditor Analysis

The Auditor reviewed PREA Policy #23, personnel and collective-bargaining review documentation, the ACT, no-contact procedures, and administrative staff interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.366(a). Provision 115.366(a) is met.

115.366(b)
Agreements may govern the disciplinary process or treatment of a no-contact assignment in a personnel file only when they remain consistent with the PREA investigation and discipline standards.

Auditor Analysis

The Auditor reviewed PREA Policy #23, personnel and collective-bargaining review documentation, the ACT, no-contact procedures, and administrative staff interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or

	applicability determination. No unresolved evidence established noncompliance with Provision 115.366(b). Provision 115.366(b) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.366, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.366.

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.367 Agency Protection Against Retaliation Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Supporting Documentation Audit Compliance Tool (ACT) Complete 90-Day Retaliation-Monitoring File Retaliation Monitoring Documentation and Forms Incident Review Documentation PREA Case Documentation ACT Data The ACT documents that the Department protects residents and staff from retaliation for reporting sexual abuse or sexual harassment or participating in investigations. The onsite review further verified a complete 90-day retaliation-monitoring record and the facility’s procedures for periodic status checks, protective measures, extensions when needed, and termination of monitoring when an allegation is unfounded. Provision-by-Provision Analysis 115.367(a) The agency protects residents and staff who report or cooperate with investigations from retaliation and designates responsible retaliation monitors.

	Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 504, the ACT, the complete 90-day retaliation-monitoring file, monitoring forms, case documentation, incident-review records, and retaliation-monitor interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.367(a). Provision 115.367(a) is met. 115.367(b) The agency uses multiple protective measures, including housing or transfer changes, removal of alleged abusers from contact, and emotional support services. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 504, the ACT, the complete 90-day retaliation-monitoring file, monitoring forms, case documentation, incident-review records, and retaliation-monitor interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.367(b). Provision 115.367(b) is met. 115.367(c) For at least 90 days after a sexual-abuse report, the agency monitors conduct and treatment for possible retaliation, acts promptly to remedy retaliation, and extends monitoring when needed. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 504, the ACT, the complete 90-day retaliation-monitoring file, monitoring forms, case documentation, incident-review records, and retaliation-monitor interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.367(c). Provision 115.367(c) is met. 115.367(d) Monitoring of residents includes periodic status checks. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 504, the ACT, the complete

	90-day retaliation-monitoring file, monitoring forms, case documentation, incident-review records, and retaliation-monitor interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.367(d). Provision 115.367(d) is met. 115.367(e) The agency protects any other person who cooperates with an investigation and expresses fear of retaliation. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 504, the ACT, the complete 90-day retaliation-monitoring file, monitoring forms, case documentation, incident-review records, and retaliation-monitor interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.367(e). Provision 115.367(e) is met. 115.367(f) The monitoring obligation ends when the agency determines that the allegation is unfounded. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 504, the ACT, the complete 90-day retaliation-monitoring file, monitoring forms, case documentation, incident-review records, and retaliation-monitor interviews. The evidence was evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.367(f). Provision 115.367(f) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.367, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard

	The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.367.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.368 Post-Allegation Protective Custody Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 603 – Administrative Separation Procedure 617 – Intake Screening, Assessment and Admittance Supporting Documentation Audit Compliance Tool (ACT) Administrative Separation Documentation Housing Assignment Documentation Classification Documentation Case Management Documentation PREA Case Files ACT Data The ACT documents that residents who are alleged victims of sexual abuse are not placed in isolation as a means of protection except when no less restrictive alternative is available. The ACT further documents that protective housing decisions are individualized, documented, and reviewed regularly. Provision-by-Provision Analysis Standard Analysis Any segregated housing used to protect a resident alleged to have suffered sexual abuse is subject to the isolation safeguards and review requirements of Standard 115.342. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 603, the ACT, protective-housing and separation records, clinical-visit documentation, and onsite observations. The

	evidence was evaluated against the complete unlettered requirement of Standard 115.368, including the written framework and operational implementation. The reconciled record supports compliance with Standard 115.368; no unresolved evidence established noncompliance with the requirement. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.368, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.368.

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.371 Criminal and Administrative Agency Investigations Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 516 – New Crimes in Detention and Treatment Facilities Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Procedure 510 – Handling of Contraband and Evidence Supporting Documentation Audit Compliance Tool (ACT) PREA Investigation Files PREA Incident Logs Investigation Reports Evidence Documentation Chain of Custody Documentation

	Law Enforcement Referral Documentation NIC PREA Investigator Training Certificates ACT Data The ACT documents that allegations of sexual abuse and sexual harassment are investigated promptly, thoroughly, and objectively by trained investigators. The ACT further documents that criminal allegations are referred to law enforcement and that administrative investigations continue regardless of whether criminal prosecution occurs. Provision-by-Provision Analysis 115.371(a) Agency investigations are prompt, thorough, and objective for all allegations, including third-party and anonymous reports. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(a). Provision 115.371(a) is met. 115.371(b) Sexual-abuse investigations are conducted by investigators with the specialized training required by Standard 115.334. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(b). Provision 115.371(b) is met. 115.371(c) Investigators gather and preserve direct and circumstantial evidence, interview relevant persons, review prior allegations, and obtain available physical, DNA, and electronic-monitoring evidence. Auditor Analysis

	The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(c). Provision 115.371(c) is met. 115.371(d) An investigation is not terminated solely because the source recants the allegation. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(d). Provision 115.371(d) is met. 115.371(e) When evidence may support criminal prosecution, compelled interviews are conducted only after consultation with prosecutors. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(e). Provision 115.371(e) is met. 115.371(f) Credibility is assessed individually without regard to resident or staff status, and residents are not required to submit to polygraph or other truth-telling tests. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was

	evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(f). Provision 115.371(f) is met. 115.371(g) Administrative investigations evaluate staff actions or failures and are documented in written reports describing evidence, credibility reasoning, facts, and findings. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (g), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(g). Provision 115.371(g) is met. 115.371(h) Criminal investigations are documented in written reports describing physical, testimonial, and documentary evidence, with supporting documents attached where feasible. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (h), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(h). Provision 115.371(h) is met. 115.371(i) Substantiated conduct that appears criminal is referred for prosecution. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (i), including both written controls and operational implementation where the provision applied to CVDAC.

	The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(i). Provision 115.371(i) is met. 115.371(j) Written investigative reports are retained for the required period. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (j), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(j). Provision 115.371(j) is met. 115.371(k) The departure of an alleged abuser or victim from employment or agency control does not provide a basis for terminating an investigation. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (k), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(k). Provision 115.371(k) is met. 115.371(l) Responsible State and Department of Justice investigative entities follow the requirements applicable to juvenile sexual-abuse investigations. This provision governs responsible State and Department of Justice investigative entities; the facility’s record supports referral and cooperation when external investigation is required. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (l), including both written controls and operational implementation where the provision applied to CVDAC.

	The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(l). Provision 115.371(l) is met. 115.371(m) When an outside entity investigates, the agency cooperates with investigators and endeavors to remain informed about the investigation's progress. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation and evidence procedures, the ACT, specialized training records, administrative and criminal investigation files, incident logs, referral documentation, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (m), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.371(m). Provision 115.371(m) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.371, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.371.

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.372 Evidentiary Standard for Administrative Investigations Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 516 – New Crimes in Detention and Treatment Facilities

	Supporting Documentation Audit Compliance Tool (ACT) Administrative Investigation Reports PREA Investigation Files Investigator Training Records NIC Specialized Investigator Training Certificates ACT Data The ACT documents that the Department uses a preponderance of the evidence standard when determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. Provision-by-Provision Analysis Standard Analysis The agency imposes no evidentiary standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation procedures, the ACT, administrative investigation reports, findings documentation, and investigator interviews. The evidence was evaluated against the complete unlettered requirement of Standard 115.372, including the written framework and operational implementation. The reconciled record supports compliance with Standard 115.372; no unresolved evidence established noncompliance with the requirement. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.372, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.372.

115.373	**Reporting to residents**

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.373 Reporting to Residents
Evidence Reviewed
Policies
PREA Policy #23 – Prison Rape Elimination Act (PREA)

Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment

Supporting Documentation
Audit Compliance Tool (ACT)

Resident Notification Documentation

Investigation Files

PREA Incident Logs

Notification Forms

Case Management Documentation

ACT Data
The ACT documents that residents who report sexual abuse are notified regarding the outcome of investigations and are informed of applicable changes involving alleged staff abusers or resident perpetrators as required by the PREA Standards.

Provision-by-Provision Analysis
115.373(a)
Following an investigation, the agency informs the resident whether the allegation was substantiated, unsubstantiated, or unfounded.

Auditor Analysis

The Auditor reviewed PREA Policy #23, investigation-notification procedures, the ACT, resident notification records, investigation files, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.373(a). Provision 115.373(a) is met.

115.373(b)
When an outside entity conducts the investigation, the agency requests the relevant information needed to notify the resident.

Auditor Analysis

	The Auditor reviewed PREA Policy #23, investigation-notification procedures, the ACT, resident notification records, investigation files, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.373(b). Provision 115.373(b) is met. 115.373(c) For allegations involving staff, the agency subsequently informs the resident of specified staff-status and criminal-case developments unless the allegation is unfounded. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation-notification procedures, the ACT, resident notification records, investigation files, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.373(c). Provision 115.373(c) is met. 115.373(d) For resident-on-resident allegations, the agency subsequently informs the alleged victim of specified indictment or conviction developments. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation-notification procedures, the ACT, resident notification records, investigation files, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.373(d). Provision 115.373(d) is met. 115.373(e) All notifications and attempted notifications are documented. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation-notification procedures, the ACT, resident notification records, investigation files, and investigator interviews.

	The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.373(e). Provision 115.373(e) is met. 115.373(f) The agency's reporting obligation ends when the resident is released from agency custody. Auditor Analysis The Auditor reviewed PREA Policy #23, investigation-notification procedures, the ACT, resident notification records, investigation files, and investigator interviews. The evidence was evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.373(f). Provision 115.373(f) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.373, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.373.

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.376 Disciplinary Sanctions for Staff Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA)

Personnel Rules

Disciplinary Procedures

Supporting Documentation
Audit Compliance Tool (ACT)

Employee Disciplinary Documentation

Human Resources Documentation

Investigation Files

Personnel Action Documentation

ACT Data
The ACT documents that staff members who violate the Department's sexual abuse or sexual harassment policies are subject to disciplinary action up to and including termination. The ACT further documents that substantiated allegations involving staff misconduct are reported to licensing bodies and law enforcement when appropriate.

Provision-by-Provision Analysis
115.376(a)
PREA Policy #23 states that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Auditor Analysis

The Auditor reviewed PREA Policy #23, disciplinary procedures, personnel documentation, the ACT, and investigation files.

The reviewed documentation demonstrates that the Department maintains written disciplinary standards for employees who violate PREA-related policies. Personnel procedures authorize disciplinary action up to and including termination based upon the seriousness of the misconduct and investigative findings.

The ACT corroborates that staff are subject to disciplinary sanctions for PREA policy violations.

Taken together, the reviewed policy, disciplinary documentation, personnel records, and ACT information demonstrate compliance with the requirements of Provision (a).

115.376(b)
PREA Policy #23 requires termination to be the presumptive disciplinary sanction for employees who engage in sexual abuse.

Auditor Analysis

	The Auditor reviewed PREA Policy #23, personnel documentation, investigation records, and the ACT. The reviewed documentation demonstrates that substantiated sexual abuse by an employee is treated as serious misconduct and is subject to termination unless circumstances clearly justify another disciplinary outcome. The ACT corroborates the Department's disciplinary practices regarding substantiated sexual abuse. Taken together, the reviewed policy, disciplinary documentation, and ACT information demonstrate compliance with the requirements of Provision (b). 115.376(c) PREA Policy #23 requires disciplinary sanctions for violations of agency sexual abuse or sexual harassment policies other than actual sexual abuse to be commensurate with the nature and circumstances of the conduct. Auditor Analysis The Auditor reviewed PREA Policy #23, personnel documentation, disciplinary records, and the ACT. The reviewed documentation demonstrates that disciplinary action is based upon the seriousness of the violation, prior disciplinary history, and surrounding circumstances. Personnel documentation supports individualized disciplinary decision-making. The ACT corroborates the Department's disciplinary process. Taken together, the reviewed policy, personnel documentation, disciplinary records, and ACT information demonstrate compliance with the requirements of Provision (c). 115.376(d) PREA Policy #23 requires 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, to be reported to law enforcement and relevant licensing bodies when appropriate. Auditor Analysis The Auditor reviewed PREA Policy #23, personnel records, investigation files, reporting documentation, and the ACT. The reviewed documentation demonstrates that the Department maintains procedures requiring notification to law enforcement and professional licensing authorities whenever reporting is required by law or Department policy. The ACT corroborates that required notifications are completed following qualifying

	disciplinary actions. Taken together, the reviewed policy, reporting documentation, personnel records, and ACT information demonstrate compliance with the requirements of Provision (d). Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.376, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.376.

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.377 Corrective Action for Contractors and Volunteers Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 502 – Appointment and Qualifications for Juvenile Facilities Building Clearance Guidelines Supporting Documentation Audit Compliance Tool (ACT) Contractor Clearance Documentation Volunteer Clearance Documentation Contractor PREA Acknowledgment Forms Volunteer PREA Acknowledgment Forms Building Clearance Records

ACT Data
The ACT documents that contractors and volunteers who violate PREA policies are prohibited from further contact with residents pending investigation and are subject to removal from the facility. The ACT further documents that incidents are referred to law enforcement when criminal behavior is suspected.

Provision-by-Provision Analysis
115.377(a)
PREA Policy #23 states that contractors and volunteers who engage in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement unless the activity was clearly not criminal.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 502, the ACT, contractor clearance documentation, volunteer documentation, and Building Clearance Guidelines.

The reviewed documentation demonstrates that the Department maintains written procedures prohibiting contractors and volunteers from continued contact with residents following allegations of sexual abuse. Building Clearance procedures establish that facility access is subject to Department approval and may be revoked when necessary to protect resident safety.

The ACT corroborates that contractors and volunteers are removed from resident contact when allegations of sexual abuse are substantiated or criminal conduct is suspected.

Taken together, the reviewed policy, clearance documentation, and ACT information demonstrate compliance with the requirements of Provision (a).

115.377(b)
PREA Policy #23 requires the Department to take appropriate remedial measures and consider whether to prohibit further contact with residents whenever a contractor or volunteer violates agency sexual abuse or sexual harassment policies.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 502, contractor documentation, volunteer documentation, and the ACT.

The reviewed documentation demonstrates that the Department evaluates policy violations involving contractors and volunteers and implements corrective action appropriate to the circumstances. Documentation supports the Department's authority to suspend or revoke facility access, require additional training, terminate contractual relationships, or implement other corrective measures necessary to protect residents.

The ACT corroborates that appropriate corrective action is taken following

	contractor or volunteer misconduct. Taken together, the reviewed policy, contractor documentation, volunteer records, and ACT information demonstrate compliance with the requirements of Provision (b). Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.377, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.377.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.378 Interventions and Disciplinary Sanctions for Residents Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Resident Discipline Policy Behavior Management Procedures Supporting Documentation Audit Compliance Tool (ACT) Resident Disciplinary Documentation Behavior Management Records PREA Investigation Files Mental Health Documentation Case Management Records

ACT Data
The ACT documents that residents are subject to disciplinary action only after completion of an administrative finding that the resident engaged in prohibited conduct. The ACT further documents that disciplinary decisions consider mental illness, developmental disabilities, and other mitigating factors.

Provision-by-Provision Analysis
115.378(a)
A resident is disciplined for resident-on-resident sexual abuse only through a formal process following an administrative finding or criminal finding of guilt.

Auditor Analysis

The Auditor reviewed PREA Policy #23, resident discipline and behavioral-health procedures, the ACT, disciplinary records, intervention documentation, and staff interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.378(a). Provision 115.378(a) is met.

115.378(b)
Sanctions are proportionate and comparable, and isolation sanctions do not deny required exercise, education, clinical visits, or access to programs and work opportunities to the extent possible.

Auditor Analysis

The Auditor reviewed PREA Policy #23, resident discipline and behavioral-health procedures, the ACT, disciplinary records, intervention documentation, and staff interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.378(b). Provision 115.378(b) is met.

115.378(c)
The disciplinary process considers whether mental illness or disability contributed to the resident’s behavior.

Auditor Analysis

The Auditor reviewed PREA Policy #23, resident discipline and behavioral-health procedures, the ACT, disciplinary records, intervention documentation, and staff interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where

	the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.378(c). Provision 115.378(c) is met. 115.378(d) When treatment interventions are available, the facility considers offering them and does not condition access to general programming or education on participation. Auditor Analysis The Auditor reviewed PREA Policy #23, resident discipline and behavioral-health procedures, the ACT, disciplinary records, intervention documentation, and staff interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.378(d). Provision 115.378(d) is met. 115.378(e) A resident is disciplined for sexual contact with staff only upon a finding that the staff member did not consent. Auditor Analysis The Auditor reviewed PREA Policy #23, resident discipline and behavioral-health procedures, the ACT, disciplinary records, intervention documentation, and staff interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.378(e). Provision 115.378(e) is met. 115.378(f) A good-faith report based on a reasonable belief is not treated as false reporting or lying solely because the allegation is not substantiated. Auditor Analysis The Auditor reviewed PREA Policy #23, resident discipline and behavioral-health procedures, the ACT, disciplinary records, intervention documentation, and staff interviews. The evidence was evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or

	applicability determination. No unresolved evidence established noncompliance with Provision 115.378(f). Provision 115.378(f) is met. 115.378(g) The agency may prohibit consensual sexual activity between residents, but does not deem noncoerced activity to constitute sexual abuse. Auditor Analysis The Auditor reviewed PREA Policy #23, resident discipline and behavioral-health procedures, the ACT, disciplinary records, intervention documentation, and staff interviews. The evidence was evaluated against the complete requirement of Provision (g), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.378(g). Provision 115.378(g) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.378, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.378.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.381 Medical and Mental Health Screenings; History of Sexual Abuse Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 617 – Intake Screening, Assessment and Admittance Medical Services Procedures Mental Health Services Procedures

Supporting Documentation
Audit Compliance Tool (ACT)

Completed PREA Screening Forms

Medical Referral Documentation

Mental Health Referral Documentation

Clinical Assessment Documentation

Treatment Documentation

ACT Data
The ACT documents that residents who disclose prior sexual victimization or sexually abusive behavior during intake screening are referred to qualified medical or mental health practitioners. The ACT further documents that referrals occur within the timeframes required by the PREA Standards and are documented in the resident's clinical record.

Provision-by-Provision Analysis
115.381(a)
A resident whose screening indicates prior sexual victimization is offered a follow-up meeting with a medical or mental health practitioner within 14 days.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedures 617 and 703, the ACT, screening and referral documentation, medical and mental health records, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.381(a). Provision 115.381(a) is met.

115.381(b)
A resident whose screening indicates prior sexual abusiveness is offered a follow-up meeting with a mental health practitioner within 14 days.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedures 617 and 703, the ACT, screening and referral documentation, medical and mental health records, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with

	Provision 115.381(b). Provision 115.381(b) is met. 115.381(c) Information related to sexual victimization or abusiveness is strictly limited to staff who need it for treatment, management, or security decisions. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617 and 703, the ACT, screening and referral documentation, medical and mental health records, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.381(c). Provision 115.381(c) is met. 115.381(d) Medical and mental health practitioners obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the resident is under 18. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedures 617 and 703, the ACT, screening and referral documentation, medical and mental health records, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.381(d). Provision 115.381(d) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.381, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.381.

115.382	**Access to emergency medical and mental health services**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.382 Access to Emergency Medical and Mental Health Services Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Medical Services Procedures Mental Health Services Procedures Supporting Documentation Audit Compliance Tool (ACT) Coordinated Response Plans Medical Referral Documentation Mental Health Referral Documentation Hospital Agreements Partners Against Violence Documentation SAFE/SANE Hospital Information ACT Data The ACT documents that resident victims of sexual abuse receive timely access to emergency medical treatment, crisis intervention services, forensic medical examinations, advocacy services, emergency contraception when medically indicated, and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care. Provision-by-Provision Analysis 115.382(a) PREA Policy #23 states that resident victims of sexual abuse shall receive timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by qualified medical and mental health practitioners. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 504, the Audit Compliance Tool (ACT), coordinated response plans, medical referral documentation, mental health referral documentation, and hospital agreements. The reviewed documentation demonstrates that residents who are victims of sexual

	abuse are immediately referred for emergency medical evaluation and crisis intervention services. The coordinated response procedures establish responsibilities for medical staff, mental health staff, facility supervisors, investigators, and outside medical providers to ensure timely access to treatment and crisis services. The ACT corroborates that resident victims receive timely emergency medical and mental health services. Taken together, the reviewed policy, coordinated response procedures, medical documentation, and ACT information demonstrate compliance with the requirements of Provision (a). 115.382(b) Procedure 504 requires staff first responders to immediately notify medical and mental health personnel whenever qualified practitioners are not present at the time an allegation of recent sexual abuse is reported. Auditor Analysis The Auditor reviewed Procedure 504, coordinated response documentation, the ACT, and emergency response procedures. The reviewed documentation demonstrates that first responders are responsible for protecting the victim, preserving evidence, and immediately contacting qualified medical and mental health practitioners whenever an allegation of recent sexual abuse is received. The ACT corroborates the Department's first responder notification procedures. Taken together, the reviewed procedures, emergency response documentation, and ACT information demonstrate compliance with the requirements of Provision (b). 115.382(c) PREA Policy #23 states that resident victims of sexual abuse shall be offered timely access to emergency contraception and sexually transmitted infection prophylaxis, when medically appropriate and in accordance with professionally accepted standards of care. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 504, hospital agreements, medical documentation, and the ACT. The reviewed documentation demonstrates that emergency medical providers determine the need for emergency contraception and sexually transmitted infection prophylaxis based upon professional medical judgment. Coordinated response procedures identify qualified outside medical providers responsible for delivering

	these services. The ACT corroborates that emergency medical treatment includes access to appropriate prophylactic care when medically indicated. Taken together, the reviewed policy, medical documentation, coordinated response procedures, and ACT information demonstrate compliance with the requirements of Provision (c). 115.382(d) PREA Policy #23 requires that treatment services associated with sexual abuse be provided without financial cost to the resident regardless of whether the resident names the abuser or cooperates with an investigation. Auditor Analysis The Auditor reviewed PREA Policy #23, Procedure 504, medical service documentation, hospital agreements, and the ACT. The reviewed documentation demonstrates that emergency medical treatment, forensic medical examinations, crisis intervention services, and follow-up care are provided without financial cost to resident victims of sexual abuse. Coordinated response procedures further establish that services are available regardless of whether the resident identifies the perpetrator or participates in the investigation. The ACT corroborates that residents receive treatment services without cost. Taken together, the reviewed policy, medical documentation, coordinated response procedures, and ACT information demonstrate compliance with the requirements of Provision (d). Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.382, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.382.

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

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Medical Services Procedures Mental Health Services Procedures Supporting Documentation Audit Compliance Tool (ACT) Medical Referral Documentation Mental Health Referral Documentation Clinical Treatment Documentation Behavioral Health Assessments Treatment Plans Hospital Referral Documentation ACT Data The ACT documents that resident victims of sexual abuse receive ongoing medical and mental health evaluation and treatment as determined by qualified practitioners. The ACT further documents that residents identified as having engaged in sexually abusive behavior are offered mental health evaluation and treatment when appropriate. Provision-by-Provision Analysis 115.383(a) Resident victims receive timely, unimpeded access to ongoing medical and mental health treatment based on professional judgment. Auditor Analysis The Auditor reviewed PREA Policy #23, medical and mental health procedures, Procedure 504, the ACT, treatment and follow-up documentation, outside-provider information, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC.

	The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.383(a). Provision 115.383(a) is met. 115.383(b) Evaluation and treatment include follow-up services, treatment plans, and referrals for continued care after transfer or release when necessary. Auditor Analysis The Auditor reviewed PREA Policy #23, medical and mental health procedures, Procedure 504, the ACT, treatment and follow-up documentation, outside-provider information, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.383(b). Provision 115.383(b) is met. 115.383(c) Services are consistent with the community level of care. Auditor Analysis The Auditor reviewed PREA Policy #23, medical and mental health procedures, Procedure 504, the ACT, treatment and follow-up documentation, outside-provider information, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.383(c). Provision 115.383(c) is met. 115.383(d) Resident victims of sexually abusive vaginal penetration are offered pregnancy tests. Auditor Analysis The Auditor reviewed PREA Policy #23, medical and mental health procedures, Procedure 504, the ACT, treatment and follow-up documentation, outside-provider information, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.383(d). Provision 115.383(d) is met.

115.383(e)
When pregnancy results from sexual abuse, victims receive timely and comprehensive information about and access to lawful pregnancy-related services.

Auditor Analysis

The Auditor reviewed PREA Policy #23, medical and mental health procedures, Procedure 504, the ACT, treatment and follow-up documentation, outside-provider information, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.383(e). Provision 115.383(e) is met.

115.383(f)
Resident victims are offered tests for sexually transmitted infections as medically appropriate.

Auditor Analysis

The Auditor reviewed PREA Policy #23, medical and mental health procedures, Procedure 504, the ACT, treatment and follow-up documentation, outside-provider information, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.383(f). Provision 115.383(f) is met.

115.383(g)
Treatment is provided without financial cost and regardless of whether the victim identifies the abuser or cooperates with an investigation.

Auditor Analysis

The Auditor reviewed PREA Policy #23, medical and mental health procedures, Procedure 504, the ACT, treatment and follow-up documentation, outside-provider information, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (g), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.383(g). Provision 115.383(g) is met.

115.383(h)
The facility attempts to conduct a mental health evaluation of known resident-on-

	resident abusers within 60 days and offers treatment when appropriate. Auditor Analysis The Auditor reviewed PREA Policy #23, medical and mental health procedures, Procedure 504, the ACT, treatment and follow-up documentation, outside-provider information, and practitioner interviews. The evidence was evaluated against the complete requirement of Provision (h), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.383(h). Provision 115.383(h) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.383, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.383.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.386 Sexual Abuse Incident Reviews Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Procedure 504 – Coordinated Response to Sexual Abuse and Sexual Harassment Supporting Documentation Audit Compliance Tool (ACT) Sexual Abuse Incident Review Forms Incident Review Committee Documentation Corrective Action Documentation

PREA Investigation Files

Meeting Minutes

Corrective Action Tracking Documentation

ACT Data
The ACT documents that the Department conducts a sexual abuse incident review following every substantiated and unsubstantiated allegation of sexual abuse unless the allegation is determined to be unfounded. The ACT further documents that multidisciplinary staff participate in the review process and evaluate opportunities to improve facility operations and reduce the risk of future incidents.

Provision-by-Provision Analysis
115.386(a)
The facility conducts an incident review at the conclusion of every sexual-abuse investigation, including unsubstantiated allegations, unless the allegation is unfounded.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 504, the ACT, the complete sexual-abuse incident-review file, review forms, meeting documentation, investigation records, corrective-action tracking, and leadership interviews. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.386(a). Provision 115.386(a) is met.

115.386(b)
The review ordinarily occurs within 30 days after the investigation concludes.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 504, the ACT, the complete sexual-abuse incident-review file, review forms, meeting documentation, investigation records, corrective-action tracking, and leadership interviews. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.386(b). Provision 115.386(b) is met.

115.386(c)
The review team includes upper-level management, with input from line

supervisors, investigators, and medical or mental health practitioners.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 504, the ACT, the complete sexual-abuse incident-review file, review forms, meeting documentation, investigation records, corrective-action tracking, and leadership interviews. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.386(c). Provision 115.386(c) is met.

115.386(d)
The review team considers policy or practice changes, possible bias or group dynamics, physical barriers, staffing, monitoring technology, and prepares a written findings-and-recommendations report for the facility head and PREA compliance manager.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 504, the ACT, the complete sexual-abuse incident-review file, review forms, meeting documentation, investigation records, corrective-action tracking, and leadership interviews. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.386(d). Provision 115.386(d) is met.

115.386(e)
The facility implements recommendations for improvement or documents its reasons for not doing so.

Auditor Analysis

The Auditor reviewed PREA Policy #23, Procedure 504, the ACT, the complete sexual-abuse incident-review file, review forms, meeting documentation, investigation records, corrective-action tracking, and leadership interviews. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC.

The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.386(e). Provision 115.386(e) is met.

	Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.386, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.386.

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.387 Data Collection Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) PREA Data Collection Procedures Supporting Documentation Audit Compliance Tool (ACT) Annual PREA Statistical Reports PREA Incident Logs Investigation Tracking Logs Aggregated PREA Data Corrective Action Documentation ACT Data The ACT documents that the Department collects accurate, uniform data for every allegation of sexual abuse using standardized definitions and reporting methods. The ACT further documents that incident data is maintained, reviewed, and reported as required by the PREA Standards. Provision-by-Provision Analysis 115.387(a)

	The agency collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and definitions. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, annual PREA reports, incident logs, investigation files, incident-review records, statistical data, and data-collection documentation. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.387(a). Provision 115.387(a) is met. 115.387(b) Incident-based sexual-abuse data are aggregated at least annually. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, annual PREA reports, incident logs, investigation files, incident-review records, statistical data, and data-collection documentation. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.387(b). Provision 115.387(b) is met. 115.387(c) Collected data include the information necessary to answer the most recent Department of Justice Survey of Sexual Violence. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, annual PREA reports, incident logs, investigation files, incident-review records, statistical data, and data-collection documentation. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.387(c). Provision 115.387(c) is met. 115.387(d) The agency maintains, reviews, and collects data from all available incident documents, including reports, investigative files, and incident reviews. Auditor Analysis

	The Auditor reviewed PREA Policy #23, the ACT, annual PREA reports, incident logs, investigation files, incident-review records, statistical data, and data-collection documentation. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.387(d). Provision 115.387(d) is met. 115.387(e) The agency obtains incident-based and aggregated data from every private facility with which it contracts for resident confinement. The ACT reported no current contract for confinement of CVDAC residents; the requirement would apply if the agency used a covered private confinement facility. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, annual PREA reports, incident logs, investigation files, incident-review records, statistical data, and data-collection documentation. The evidence was evaluated against the complete requirement of Provision (e), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.387(e). Provision 115.387(e) is met. 115.387(f) Upon request, the agency provides the prior calendar year’s data to the Department of Justice by June 30. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, annual PREA reports, incident logs, investigation files, incident-review records, statistical data, and data-collection documentation. The evidence was evaluated against the complete requirement of Provision (f), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.387(f). Provision 115.387(f) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.387, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard.

	Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.387.

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.388 Data Review for Corrective Action Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) PREA Data Collection and Review Procedures Supporting Documentation Audit Compliance Tool (ACT) Annual PREA Statistical Reports PREA Incident Tracking Logs Corrective Action Documentation Annual PREA Reviews Trend Analysis Documentation ACT Data The ACT documents that the Department reviews aggregated sexual abuse data at least annually to assess and improve the effectiveness of its sexual abuse prevention, detection, and response efforts. The ACT further documents that the Department identifies corrective actions when trends, problem areas, or deficiencies are identified. Provision-by-Provision Analysis 115.388(a) The agency reviews collected and aggregated data to identify problem areas, take ongoing corrective action, and prepare annual facility and agency reports. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, annual PREA reports, trend

	analyses, corrective-action records, publication documentation, and agency-head review information. The evidence was evaluated against the complete requirement of Provision (a), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.388(a). Provision 115.388(a) is met. 115.388(b) The annual report compares current data and corrective actions with prior years and assesses the agency’s progress in addressing sexual abuse. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, annual PREA reports, trend analyses, corrective-action records, publication documentation, and agency-head review information. The evidence was evaluated against the complete requirement of Provision (b), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.388(b). Provision 115.388(b) is met. 115.388(c) The agency head approves the report, which is made readily available to the public. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, annual PREA reports, trend analyses, corrective-action records, publication documentation, and agency-head review information. The evidence was evaluated against the complete requirement of Provision (c), including both written controls and operational implementation where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.388(c). Provision 115.388(c) is met. 115.388(d) The agency may redact material only when publication presents a clear and specific safety or security threat and identifies the nature of the material redacted. Auditor Analysis The Auditor reviewed PREA Policy #23, the ACT, annual PREA reports, trend analyses, corrective-action records, publication documentation, and agency-head review information. The evidence was evaluated against the complete requirement of Provision (d), including both written controls and operational implementation

	where the provision applied to CVDAC. The reconciled record supports the required practice, documentation, or applicability determination. No unresolved evidence established noncompliance with Provision 115.388(d). Provision 115.388(d) is met. Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.388, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.388.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.389 Data Storage, Publication, and Destruction Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) Department Records Retention Policy Supporting Documentation Audit Compliance Tool (ACT) Annual PREA Reports PREA Statistical Data Records Retention Documentation Electronic Records Management Documentation ACT Data The ACT documents that the Department securely retains PREA data, maintains annual reports, publishes aggregated statistical information as required, and preserves PREA records in accordance with applicable record retention requirements.

	Provision-by-Provision Analysis 115.389(a) PREA Policy #23 states that the Department shall securely retain all aggregated PREA data collected pursuant to §115.387. Auditor Analysis The Auditor reviewed PREA Policy #23, the Audit Compliance Tool (ACT), records retention documentation, electronic records management documentation, and annual PREA reports. The reviewed documentation demonstrates that aggregated PREA information is maintained within the Department's records management system using procedures designed to preserve confidentiality, integrity, and accessibility. Records management documentation supports secure retention of PREA-related information. The ACT corroborates that aggregated PREA data is securely maintained. Taken together, the reviewed policy, records management documentation, and ACT information demonstrate compliance with the requirements of Provision (a). 115.389(b) PREA Policy #23 states that aggregated sexual abuse data shall be made readily available to the public through annual reports after removing all personal identifiers. Auditor Analysis The Auditor reviewed PREA Policy #23, annual PREA reports, publication documentation, and the ACT. The reviewed documentation demonstrates that the Department publishes aggregated PREA information while protecting confidential information and personal identifiers. Annual reports provide statistical information concerning PREA allegations, investigations, and outcomes without identifying individual residents or staff. The ACT corroborates that aggregated PREA information is publicly available. Taken together, the reviewed policy, annual reports, publication documentation, and ACT information demonstrate compliance with the requirements of Provision (b). 115.389(c) PREA Policy #23 states that personal identifiers shall be removed before PREA data is made publicly available. Auditor Analysis The Auditor reviewed PREA Policy #23, published PREA reports, records management documentation, and the ACT.

	The reviewed documentation demonstrates that the Department removes identifying information from publicly released PREA reports and statistical summaries before publication. Published reports contain only aggregated information necessary to satisfy PREA reporting requirements. The ACT corroborates that confidential information is protected before publication. Taken together, the reviewed policy, publication documentation, and ACT information demonstrate compliance with the requirements of Provision (c). 115.389(d) PREA Policy #23 states that PREA data shall be retained for at least ten years after the date of the initial collection unless federal, state, or local law requires otherwise. Auditor Analysis The Auditor reviewed PREA Policy #23, Department records retention documentation, electronic records management documentation, and the ACT. The reviewed documentation demonstrates that the Department maintains PREA records in accordance with established records retention requirements. Records management procedures support long-term preservation of PREA statistical data, investigative information, annual reports, and related documentation. The ACT corroborates that PREA records are retained in accordance with applicable retention requirements. Taken together, the reviewed policy, records retention documentation, and ACT information demonstrate compliance with the requirements of Provision (d). Auditor Analysis & Determination The Auditor evaluated the totality of evidence for Standard 115.389, including the controlling policy and procedures, ACT/PAQ information, supporting documentation, onsite observations, interviews, and applicable file-review results. The evidence was internally consistent, operational implementation was corroborated, and no unresolved information established noncompliance with this standard. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.389.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	115.401 Frequency and Scope of Audits Evidence Reviewed Policies PREA Policy #23 – Prison Rape Elimination Act (PREA) San Bernardino County Probation Department PREA audit procedures Supporting Documentation Audit Compliance Tool (ACT) and applicable juvenile-facility audit instrument Agency PREA audit schedule and prior CVDAC PREA audit reports Notice of Audit and posting verification RSAS-100 Entrance Meeting Verification and RSAS-103 Onsite Observation Checklist CVDAC Facility Data and Specialty Contact Report (RSAS-033) Interview guides and completed interview records Auditor-selected file-review and sampling records Electronic records, camera-coverage information, and onsite documentation OAS Post-Audit Reporting Worksheet (RSAS-131) Outreach documentation for Partners Against Violence ACT/PAQ Review The ACT and related audit records document the agency audit cycle, the scope of the current review, the evidence made available to the Auditor, the onsite access provided, the interview and file-review samples, and the agency's cooperation throughout the audit. These materials were reconciled against the onsite record rather than accepted as stand-alone proof of compliance. Provision-by-Provision Analysis 115.401(a) The agency must ensure that every facility it operates, or that is operated on its behalf, is audited at least once during each three-year audit cycle. Auditor Analysis — The Auditor reviewed the agency audit schedule, prior CVDAC audit reports, the current audit engagement, and the ACT. CVDAC was advanced by one year within the agency schedule so that the facility would be audited during the applicable three-year cycle. Provision Determination — CVDAC was included in the agency's three-year PREA audit cycle and was audited within the required cycle. Provision 115.401(a) is met. 115.401(b) During each year of the audit cycle, the agency must audit at least one-third of each facility type it operates or contracts to operate.

	Auditor Analysis — The agency audit schedule and current engagement were reviewed. Advancing the CVDAC audit supported the annual distribution of juvenile-facility audits and the requirement to audit at least one-third of the applicable facility type each year. Provision Determination — The documented audit schedule supports the required annual distribution of juvenile-facility audits. Provision 115.401(b) is met. 115.401(c) The Department of Justice may recommend an expedited audit when it has reason to believe that a facility may be experiencing sexual-abuse-related problems. Auditor Analysis — No evidence indicated that the Department of Justice recommended an expedited audit of CVDAC. The current audit was conducted as part of the agency’s established audit-cycle schedule. The facility and agency nevertheless provided the access and evidence required for a complete review. Provision Determination — No expedited-audit recommendation applied to this engagement, and no evidence showed that the agency failed to respond to any Department of Justice directive. Provision 115.401(c) is met as applicable. 115.401(d) PREA audits must be conducted using the audit instrument and guidance issued by the Department of Justice. Auditor Analysis — The Auditor used the applicable juvenile-facility Audit Compliance Tool, onsite audit components, interview protocols, site-review requirements, and post-audit reporting requirements. The current report follows the required standard-by-standard framework. Provision Determination — The audit was conducted using the applicable Department of Justice audit instrument and guidance. Provision 115.401(d) is met. 115.401(e) The agency bears the burden of demonstrating compliance with the PREA Standards. Auditor Analysis — The agency and facility supplied policies, procedures, records, training materials, investigation documentation, screening records, staffing information, annual reports, questionnaires, and supplemental onsite materials. The Auditor required corroboration through interviews, observations, and file review before making determinations. Provision Determination — The agency produced evidence sufficient to support the audit determinations and did not shift the evidentiary burden to the Auditor. Provision 115.401(e) is met. 115.401(f) The Auditor must review relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations applicable to the facility type.

	Auditor Analysis — The review included PREA Policy #23, related Department procedures, annual PREA reports, prior CVDAC audit reports, organizational and training records, investigative and response materials, and other agency-wide documents identified in the ACT and supporting evidence. Provision Determination — The Auditor reviewed the relevant agency-wide and facility-specific materials necessary to assess CVDAC. Provision 115.401(f) is met. 115.401(g) The audit must include a sample of relevant records and information covering at least the most recent one-year period. Auditor Analysis — The audit reviewed records from the 12 months preceding the onsite audit, including allegation and investigation data, training documentation, screenings, reassessments, personnel records, retaliation monitoring, incident review, annual reporting, and other evidence relevant to the standards. Provision Determination — The audit included an appropriate sampling of records and information for the required review period. Provision 115.401(g) is met. 115.401(h) The Auditor must have access to and observe all areas of the audited facility. Auditor Analysis — The Auditor had access to all facility areas relevant to the audit and reviewed 14 housing units, including six units temporarily closed for beautification, as well as intake, medical, common areas, reporting mechanisms, privacy practices, supervision, signage, and camera coverage. No access restriction was identified. Provision Determination — The Auditor received the required facility access and completed the site review. Provision 115.401(h) is met. 115.401(i) The Auditor must be permitted to request and receive copies of relevant documents, including electronically stored information. Auditor Analysis — The facility provided the ACT, policies, procedures, electronic records, questionnaires, training records, screening and personnel samples, investigation materials, photographs, and supplemental onsite documentation. No requested record was withheld on the basis of format or storage method. Provision Determination — The Auditor was permitted to request and receive relevant paper and electronic documentation. Provision 115.401(i) is met. 115.401(j) The Auditor must retain and preserve the documentation relied upon in making audit determinations and provide it to the Department of Justice upon request. Auditor Analysis — The audit record is maintained within the RSAS audit working-paper system and includes the documents, interview records, site-review materials,

	file-review results, photographs, and analysis relied upon for the findings. The records are preserved for production to the Department of Justice if requested. Provision Determination — The relied-upon audit documentation is retained and preserved in accordance with the audit requirement. Provision 115.401(j) is met. 115.401(k) The Auditor must interview representative samples of residents and of staff, supervisors, and administrators. Auditor Analysis — The onsite record reflects 28 interviews: 12 random staff, nine random individuals in custody, and seven targeted individuals in custody. Leadership, PREA oversight, intake, screening, medical, mental health, investigation, retaliation-monitoring, incident-review, first-response, supervisory, human-resources, and other specialized functions were addressed through interviews and role-specific questionnaires. Provision Determination — The interview sample was representative of the populations and operational roles required for the audit. Provision 115.401(k) is met. 115.401(l) The Auditor must review available video or other electronically available information when it is relevant to the provisions being audited. Auditor Analysis — The Auditor reviewed available electronic records, camera-system and coverage information, electronically maintained training and audit records, and other digital evidence relevant to the standards. No source record identified a specific available video recording as material to an unresolved audit issue requiring separate evidentiary review. Provision Determination — Relevant electronically available information was reviewed, and no restriction on access to relevant electronic evidence was identified. Provision 115.401(l) is met. 115.401(m) The Auditor must be permitted to conduct private interviews with residents. Auditor Analysis — Random and targeted interviews with individuals in custody were conducted privately. The facility provided access and appropriate interview conditions, and no evidence indicated that staff monitored or interfered with the interviews. Provision Determination — The Auditor was permitted to conduct private resident interviews. Provision 115.401(m) is met. 115.401(n) Residents must be permitted to send confidential information or correspondence to the Auditor in a manner comparable to confidential legal correspondence. Auditor Analysis — The Notice of Audit provided instructions for confidential

	correspondence with the Auditor and was posted at least six weeks before the onsite audit. Posting was verified at entrances, housing units, common areas, intake, and the public lobby, and the notice remained visible during the onsite review. No confidential resident correspondence was received. Provision Determination — Residents were provided a confidential means to communicate with the Auditor. Provision 115.401(n) is met. 115.401(o) The Auditor must attempt to communicate with community-based or victim-advocacy organizations that may have insight into conditions at the facility. Auditor Analysis — The Auditor attempted outreach to Partners Against Violence, the community-based victim-advocacy organization associated with CVDAC. The organization and the facility's advocacy-access arrangements were also evaluated through the service agreement, coordinated-response documentation, and related audit evidence. Provision Determination — The required community-based victim-advocate outreach was attempted and documented. Provision 115.401(o) is met. Auditor Analysis & Determination The audit was conducted within the agency's three-year audit cycle and supported the required annual distribution of juvenile-facility audits. The Auditor used the applicable Department of Justice audit instrument, reviewed agency-wide and facility-specific evidence, sampled records from the required review period, received unrestricted access to relevant areas and information, conducted representative and private interviews, reviewed relevant electronic evidence, preserved the relied-upon working papers, and attempted outreach to the facility's community victim-advocacy provider. The record did not identify any restriction that compromised audit scope or independence. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.401.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 Audit Contents and Findings Evidence Reviewed Policies and Audit Controls

	PREA Policy #23 – Prison Rape Elimination Act (PREA) San Bernardino County Probation Department PREA audit and publication procedures RSAS auditor independence and quality-assurance controls Supporting Documentation CVDAC Draft PREA Audit Report and standard-by-standard findings Audit Compliance Tool (ACT) and OAS Post-Audit Reporting Worksheet (RSAS-131) Audit methodology, sampling, interview, observation, and file-review records Prior CVDAC final PREA audit reports and agency public PREA information Final completeness and defensibility review documentation ACT/PAQ Review The ACT, OAS reporting worksheet, and supporting audit records were reconciled to the narrative report. The review confirmed that the report identifies the evidence, methodology, sampling, provision-level analysis, and standard-level finding for every applicable standard and that the public narrative excludes personally identifiable resident and staff information. Provision-by-Provision Analysis 115.403(a) Each audit must include the Auditor’s certification that no conflict of interest affects the ability to conduct the audit. Auditor Analysis — The engagement, auditor-independence review, and audit record were examined. No financial, employment, contractual, supervisory, or other relationship was identified that would impair the Auditor’s independence or objectivity in conducting the CVDAC audit. Provision Determination — The Auditor certifies that no conflict of interest exists with respect to her ability to conduct this audit. Provision 115.403(a) is met. 115.403(b) The audit report must state whether agency-wide policies and procedures comply with the relevant PREA Standards. Auditor Analysis — Each standard section identifies and evaluates the controlling agency policy and procedures, reconciles them with ACT/PAQ information and operational evidence, and reaches a standard-level determination. The report does not treat policy language alone as proof of implementation. Provision Determination — The report states and supports whether agency-wide policies and procedures comply with each relevant PREA Standard. Provision 115.403(b) is met.

	115.403(c) The Auditor must assign an Exceeds Standard, Meets Standard, or Does Not Meet Standard finding for each applicable PREA Standard and summarize the results. Auditor Analysis — The corrected report contains 44 applicable standards. Five standards are rated Exceeds Standard, 39 are rated Meets Standard, and none are rated Does Not Meet Standard. Each standard finding follows the provision-level analysis and is supported by the reconciled record. Provision Determination — Every applicable standard has an authorized finding and the results are summarized in the report. Provision 115.403(c) is met. 115.403(d) The report must describe the audit methodology, sampling sizes, and basis for the Auditor’s conclusions for each standard provision and must recommend corrective action when required. Auditor Analysis — The report describes the front-loaded evidence review, onsite verification, interviews, observations, and file sampling. The record includes 28 interviews; 20 personnel files; 20 initial risk screenings; 20 reassessments; one complete retaliation-monitoring file; one sexual abuse incident-review file; and observation of 14 housing units and other operational areas. Each provision identifies the evidence and basis for its determination. No standard required a corrective action plan. Provision Determination — The report documents the methodology, samples, evidentiary basis, and corrective-action status required by this provision. Provision 115.403(d) is met. 115.403(e) The public audit report must exclude personally identifiable resident and staff information, while allowing such information to be provided to the agency or Department of Justice when authorized. Auditor Analysis — The public narrative uses aggregate counts, roles, and operational descriptions rather than identifying individuals in custody or staff members. Confidential interview notes, case records, and working papers remain outside the public report and are retained within the audit record for authorized production. Provision Determination — Personally identifiable resident and staff information has been excluded from the public report narrative. Provision 115.403(e) is met. 115.403(f) The agency must publish the Auditor’s final report on its website, if it has one, or otherwise make the report readily available to the public. Auditor Analysis — The Auditor reviewed the Department’s public PREA information and prior CVDAC final audit reports. The agency has an established public publication location and history. The current report is a draft and cannot be

	published as final until issuance; the agency is responsible for posting the issued final report as part of audit closeout. Provision Determination — The agency’s established publication practice and required post-issuance process support compliance. The final CVDAC report must be published promptly after issuance. Provision 115.403(f) is met. Auditor Analysis & Determination The report includes an independence certification; evaluates agency-wide policies and operational implementation; assigns an authorized finding to all 44 applicable standards; describes methodology, samples, and the evidentiary basis for the conclusions; excludes personally identifiable resident and staff information from the public narrative; and identifies the agency’s obligation to publish the issued final report. The final completeness and defensibility review confirmed that these report-content requirements are addressed. Standard Finding Meets Standard The San Bernardino County Probation Department and CVDAC demonstrated compliance with all applicable provisions of Standard 115.403.

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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	**Supervision and monitoring**	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	**Supervision and monitoring**	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	**Limits to cross-gender viewing and searches**	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	

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

	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.)	
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory	yes

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

(c)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	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	**Specialized training: Investigations**	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341	**Obtaining information from residents**	

(a)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	**Placement of residents**	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.352 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does	yes

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	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	yes

	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.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	**Reporting to other confinement facilities**	

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

115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
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	yes

	prosecution?	
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	yes

	harassment policies?	
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	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
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	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	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	**Access to emergency medical and mental health services**	

(d)		
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	the confinement of its residents.)	
115.387 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.388 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

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