

# PREA Facility Audit Report: Final

**Name of Facility:** Sierra Sage Academy

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/31/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> William Benjmain	<b>Date of Signature:</b> 12/31/2017

AUDITOR INFORMATION	
<b>Auditor name:</b>	Benjamin, William
<b>Address:</b>	
<b>Email:</b>	wbenjami@aol.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	11/13/17
<b>End Date of On-Site Audit:</b>	11/15/17

FACILITY INFORMATION	
<b>Facility name:</b>	Sierra Sage Academy
<b>Facility physical address:</b>	100 Rosaschi Rd., Yerington, Nevada - 89447
<b>Facility Phone</b>	775-463-5111
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Rebekah Graham	<b>Title:</b>	Program Director
<b>Email Address:</b>	rebekah.graham@rop.com	<b>Telephone Number:</b>	775-463-5111 ext. 32

Warden/Superintendent			
<b>Name:</b>	Rebekah Graham	<b>Title:</b>	Program Director
<b>Email Address:</b>	rebekah.graham@rop.com	<b>Telephone Number:</b>	775-463-5111 ext. 32

Facility PREA Compliance Manager			
<b>Name:</b>	Lianne Gibbs	<b>Email Address:</b>	lianne.gibbs@rop.com

Facility Health Service Administrator			
<b>Name:</b>	Alexa Waldmann	<b>Title:</b>	Clinical Director
<b>Email Address:</b>	alexa.waldmann@rop.com	<b>Telephone Number:</b>	7754635111

Facility Characteristics	
<b>Designed facility capacity:</b>	48
<b>Current population of facility:</b>	43
<b>Age range of population:</b>	14-17
<b>Facility security level:</b>	Staff Secure
<b>Resident custody level:</b>	Residential Treatment
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	62

AGENCY INFORMATION	
<b>Name of agency:</b>	Rite of Passage Adolescent Treatment Centers and Schools Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2560 Business Pkwy Suite B, Minden, Nevada - 89423
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:			
<b>Name:</b>	Lawrence Howell	<b>Title:</b>	Executive Director
<b>Email Address:</b>	lawrence.howell@rop.com	<b>Telephone Number:</b>	775-721-2972

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Heather Howell	<b>Email Address:</b>	heather.howell@rop.com



## AUDIT FINDINGS

### **Narrative:**

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

Rite of Passage, Inc. (ROP) contracted with William Benjamin, DOJ certified PREA Auditor from Benjamin Correctional Consulting, LLC, to conduct a PREA compliance audit of the Sierra Sage Academy, located in Yerington, Nevada. The Sierra Sage Academy's audit notification was posted in all common areas and living areas on September 25, 2017.

Mr. Benjamin, after receiving and reviewing the pre-audit questionnaire and all of the facility's supporting documents on the PREA Audit Online System on October 30, 2017, conducted the onsite PREA compliance audit from November 13-15, 2017. An entrance interview was conducted on November 13, 2017 with Executive Director Lawrence Howell, Program Director Rebekah Graham, Clinic Director Alexa Waldmann, Deputy Program Director Jessie Wade, Regional Improvement PREA Coordinator Heather Howell, PREA Compliance Manager Lianne Gibbs, and Registered Nurse Dena Mattice.

The onsite PREA compliance audit included a complete four (4) hour tour of the facility to conduct a detailed observation of all areas of the facility. Formal interviews were also conducted with Executive Director Lawrence Howell, Program Director Rebekah Graham, Shift Supervisor Chris McClure, Regional Improvement PREA Coordinator Heather Howell, PREA Compliance Manager Lianne Gibbs, Regional Trainer Belinda Contreras, Clinical Director Alexa Waldmann, RN Dena Mattice, Senior Coach Counselor Courtney Quintero, and ten (10) other randomly selected Sierra Sage Academy staff. Throughout the audit, informal interviews of both residents and staff were conducted to verify facility compliance with the PREA standards. A complete and thorough review of all supporting documents, agency and facility Policies and Procedures, residents' case files, and other related supporting documentation was conducted with the Regional Improvement PREA Coordinator and the PREA Compliance Manager. Daily out briefs were conducted with the Program Director, the Regional Improvement PREA Coordinator, and the PREA Compliance Manager.

A total of sixteen (16) female residents were interviewed, with ages ranging from 14 to 17 years old. The Auditor selected all of the residents at random from various living units and status levels from a facility student list. At the time of the audit, there were four (4) current residents that had made an allegation of sexual harassment within the past year and one (1) LBGTI resident which were interviewed as part of the 16. There were no other targeted type residents to be interviewed. All residents interviewed had extensive knowledge of their right to be free from sexual abuse and sexual harassment. All residents were aware of the state's abuse hotline and the facility's procedures for reporting abuse, although none had ever needed to use it. All residents acknowledged they were screened upon admission and received basic PREA information which includes the facility's "Zero Tolerance" policy on engaging in sexual abuse or sexual harassment. Within seven (7) days of admission, residents are provided more comprehensive PREA education which includes a video explaining their right to be free from sexual abuse and sexual harassment. All residents knew the multiple ways to report abuse and felt very confident that any report they made would be properly addressed by the facility's administration. In the past twelve (12) months,

there were two (2) unfounded and two (2) substantiated sexual misconduct allegations.

A formal exit interview was conducted at Sierra Sage Academy on November 15, 2017 with Executive Director Lawrence Howell, Program Director Rebekah Graham, Clinic Director Alexa Waldmann, Deputy Program Director Jessie Wade, Regional Improvement PREA Coordinator Heather Howell, PREA Compliance Manager Lianne Gibbs, ROP Program Monitor Fernando Serrano, Maintenance Supervisor Greg Barrett, Regional Trainer Belinda Contreras, Shift Supervisor Chris McClure, and Registered Nurse Dena Mattice.

Prior to the finalization of the report, Mr. Benjamin initiated the evidence review phase of the PREA audit. This triangulation review entails a review and assessment of all the evidence collected during the pre-audit and onsite audit phases in order to determine compliance with each of the PREA standards. The evidence reviewed includes: the facility's policies and procedures; the Auditor's observations of the facility's routine practices; the Auditor's notes from each interview with the facility staff and residents; and the information contained in the various facility based documentation (e.g., medical/mental health files, investigation files, training records, resident files). The assessment of this evidence was transcribed and compiled into the audit compliance checklist where the compliance and deficiencies were noted for each standard and the corrective action and recommendations were described. A corrective action plan was developed with the facility. On November 29, 2017, the facility issued a final response to the corrective action plan with supporting documentation and photographic evidence. This information was reviewed and assessed by the Auditor and deemed acceptable. A final report was issued on December 31, 2017.

All staff displayed a high level of professionalism, knowledge of the PREA requirements, and knowledge of their roles in the PREA process. All residents interviewed, both formal and informal, were found to be well aware of their rights granted by the PREA laws. Residents stated that they felt safe at Sierra Sage Academy and they believed that staff cared about their well-being and safety.

## AUDIT FINDINGS

### Facility Characteristics:

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

Sierra Sage Academy, owned and operated by Rite of Passage, is a staff secure, free-roaming, open campus with dorm style living units serving female residents (referred to as "students" by ROP) ages 14-17 years old. The facility has two (2) group living dorm buildings (Justice Hall and Unity Hall), with a campus capacity of 48 students. Each dorm living unit has two (2) wings with each wing containing six (6) bedrooms, a central common area, and a secure group bathroom with individual showers and toilet stalls. The bedrooms can be configured to house one (1) or two (2) students. Currently, Unity Hall has eleven (11) single occupancy bedrooms and two (2) double occupancy bedrooms. Justice Hall has nine (9) single occupancy bedrooms and three (3) double occupancy bedrooms. Each dorm building has a "control bubble" in the center which can view both wings and the entrance to the building.

A third building, Legend Hall, is used as a Stabilization Unit where students are placed for short periods of time for therapeutic needs and may temporarily house students overnight when therapeutic needs dictate. Legend Hall is also a dorm style living unit that contains nine (9) single occupancy bedrooms that open to a central common area and a group bathroom with individual showers and toilet stalls.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

<b>Number of standards exceeded:</b>	4
<b>Number of standards met:</b>	39
<b>Number of standards not met:</b>	0

On November 13-15, 2017, a three (3) day PREA compliance audit was completed at Sierra Sage Academy, located in Yerington, Nevada. The deficiencies and recommendations identified below were corrected by the facility, assessed and verified by the Auditor, and are now deemed closed.

Corrective Action #1. The bathrooms in each resident living unit (Justice Hall and Unity Hall) have three (3) individual toilet stalls within; the toilet stalls have free swinging doors that were not lockable. Residents interviewed alleged that other residents would push those doors in while they were using the toilets. The Auditor required a door lock system for the bathroom stall doors. The facility, originally for safety reasons, did not want to put locks on the stall doors. However, the facility maintenance department devised a latch locking system for the top of the door that allows it to be secured, but can be unlocked by staff if needed. This corrective action was verified by the Auditor via photographs and deemed closed. [115.313]

Corrective Action #2. The Auditor noted the bathrooms in the resident living units (Justice Hall and Unity Hall) had unsecured bathroom light switches. Given the lack of natural light in these bathrooms, a resident could turn off the lights, causing a safety concern in a dark bathroom area. The Auditor required the lights be changed to a security type switch. The facility took corrective action by removing the light switches in the resident bathrooms which leaves the bathroom lights on at all times. This corrective action was verified by the Auditor via photographs and deemed closed. [115.313]

Corrective Action #3. The Auditor noted the bedrooms in the Legend Hall resident living unit had unsecured bedroom light switches within the rooms. A resident could turn off the lights, causing a supervision and safety concern in a dark bedroom area. The Auditor required the lights be changed to a security type switch. The facility took corrective action and replaced the light switches with security (staff key controlled type) switches in the resident bedrooms. This corrective action was verified by the Auditor via photographs and deemed closed. [115.313]

Corrective Action #4. The bedrooms in each resident living unit (Justice Hall and Unity Hall) have clear glass windows that face outside the resident living units. During the interview process, residents expressed concern that the current window curtains were too sheer and caused privacy concerns at night. Residents noted that outside viewers could see in their lighted bedroom at night when they were changing their clothes. The Auditor required the facility to improve the current window cover system. The

facility took corrective action and replaced the curtains with a blackout curtain in the resident bedrooms. This corrective action was verified by the auditor via photographs and deemed closed. [115.316]

Corrective Action #5. The Auditor noted that the system of collecting the Visitor Third Party Reporting Form required the visitor to give the form to the front desk staff as they departed the facility. The Auditor believed this could negatively affect a visitors' ability to anonymously report third party allegations. The Auditor required the facility to install a collection box in the visitation area. The facility took corrective action and installed a locked third party reporting collection box in the visitation area. This corrective action was verified by the Auditor via photographs and deemed closed. [115.354]

Recommendation #1. The Auditor recommended that the facility remove the movable wooden dresser from the shared residents/visitors bathroom in the Gym/Active Building. The dresser could be used to pass contraband or could obstruct staff's access to the bathroom door. The dresser was immediately removed and verified as removed by the Auditor while still on site. [115.313]

Recommendation #2. The Auditor recommended that facility label the bathroom water closet access door in Legend Hall as a staff only restricted area. The facility added a label to the door. This was verified by the Auditor via photographs and deemed closed. [115.313]

Recommendation #3. The Auditor recommended that the facility change the label over the hanging folder containing the Third Party Reporting forms in the visitation room from "Third Party Reporting Forms" to "Visitor Reporting Forms" to simplify the form's purpose. The facility replaced the label over hanging folder as recommended. This was verified by the Auditor via photographs and deemed closed. [115.354]

## 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.

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Rite of Passage Adolescent Treatment Centers and Schools Inc. (ROP) and Sierra Sage Academy (SSA) meets all the requirements of this standard. ROP's Safe Environment Standards (SES) policy mandates a zero tolerance against all forms of sexual abuse and sexual harassment. Rite of Passage prohibits all sexual activity between or with any resident(s) under their care and supervision. No staff may work at an ROP program before completing PREA training. The policy indicates how it will implement the zero tolerance approach to preventing, detecting, and responding to sexual abuse and harassment. The policy also contains definitions of sexual abuse and sexual harassment and sanctions for participating in prohibited behaviors.</p> <p>ROP has a full time PREA Coordinator who oversees Sierra Sage Academy's PREA activity. The facility has an onsite PREA Manager who manages the facility's PREA program and functions. The PREA Coordinator's title is "Regional Improvement PREA Coordinator" and the PREA Manager's title is "PREA Site Compliance Manager". Both the PREA Coordinator and PREA Manager were interviewed and stated they have sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.</p> <p>Interviews with Sierra Sage Academy staff and residents support the facility-wide understanding of the zero tolerance policy against all forms of sexual abuse and sexual harassment.</p>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This standard has been audited at the agency-level. The audit confirmed Sierra Sage Academy does not contract with other entities for the confinement of residents. Compliance with the standard was confirmed by interview of the Executive Director.</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Sierra Sage Academy's staffing plan was reviewed. The facility deviated from its staffing plan during this audit period and appropriately documented those instances. The facility has a staffing plan, which appears to be adequate during waking hours and sleeping hours. Sierra Sage Academy conducts an Annual Staffing Review as supported by meeting minutes. Supervisory staff conduct and document unannounced rounds on all shifts. Such rounds are recorded on a shift supervisor unannounced form and are maintained by the PREA Manager. Interviews of shift supervisors and management confirmed this practice. Compliance with this standard was confirmed by the Auditor by observation, review of records and interviews with facility staff. The deficiencies and recommendations identified below were corrected by the facility, assessed and verified by the Auditor, and are now deemed closed.</p> <p>Corrective Action #1. The bathrooms in each resident living unit (Justice Hall and Unity Hall) have three (3) individual toilet stalls within; the toilet stalls have free swinging doors that were not lockable. Residents interviewed alleged that other residents would push those doors in while they were using the toilets. The Auditor required a door lock system for the bathroom stall doors. The facility, originally for safety reasons, did not want to put locks on the stall doors. However, the facility maintenance department devised a latch locking system for the top of the door that allows it to be secured, but can be unlocked by staff if needed. This corrective action was verified by the Auditor via photographs and deemed closed. [115.313]</p> <p>Corrective Action #2. The Auditor noted the bathrooms in the resident living units (Justice Hall and Unity Hall) had unsecured bathroom light switches. Given the lack of natural light in these bathrooms, a resident could turn off the lights, causing a safety concern in a dark bathroom area. The Auditor required the lights be changed to a security type switch. The facility took corrective action by removing the light switches in the resident bathrooms which leaves the bathroom lights on at all times. This corrective action was verified by the Auditor via photographs and deemed closed. [115.313]</p> <p>Corrective Action #3. The Auditor noted the bedrooms in the Legend Hall resident living unit had unsecured bedroom light switches within the rooms. A resident could turn off the lights, causing a supervision and safety concern in a dark bedroom area. The Auditor required the lights be changed to a security type switch. The facility took corrective action and replaced the light switches with security (staff key controlled type) switches in the resident bedrooms. This corrective action was verified by the Auditor via photographs and deemed closed. [115.313]</p> <p>Recommendation #1. The Auditor recommended that the facility remove the movable wooden dresser from the shared residents/visitors bathroom in the Gym/Active Building. The dresser could be used to pass contraband or could obstruct staff's access to the bathroom door. The dresser was immediately removed and verified as removed by the Auditor while still on site. [115.313]</p> <p>Recommendation #2. The Auditor recommended that facility label the bathroom water closet access door in Legend Hall as a staff only restricted area. The facility added a label to the door. This was verified by the Auditor via photographs and deemed closed. [115.313]</p>

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>As verified by interviews with staff and residents and the Auditor's observations, ROP and Sierra Sage Academy's policy and practice is to always refrain from conducting cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. Policies also prohibit staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Facility training records verified that all staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Sierra Sage Academy does require staff of the opposite gender to announce their presence when entering a resident housing unit. This practices was observed by the Auditor and confirmed during resident interviews. By policy, resident shower, perform bodily functions, and change clothing without being viewed by staff.</p> <p>Corrective Action #4. The bedrooms in each resident living unit (Justice Hall and Unity Hall) have clear glass windows that face outside the resident living units. During the interview process, residents expressed concern that the current window curtains were too sheer and caused privacy concerns at night. Residents noted that outside viewers could see in their lighted bedroom at night when they were changing their clothes. The Auditor required the facility to improve the current window cover system. The facility took corrective action and replaced the curtains with a blackout curtain in the resident bedrooms. This corrective action was verified by the auditor via photographs and deemed closed. [115.316]</p>

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy meets all requirements of this standard. ROP has established policies and procedures to provide disabled residents 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. Sierra Sage Academy has both Spanish and English PREA posters displayed together throughout the facility. Sierra Sage Academy takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment of residents who are limited English proficient. Sierra Sage Academy has many Spanish speaking staff and provides disabled residents with access to interpreters through Language Line Solutions.</p>

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy exceeds the requirements of this standard by conducting complete criminal record and child abuse registry checks every 3 years for all of its employees, contractors and volunteers who have contact with residents. Interview of HR staff confirmed ROP does follow their policy and considers 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. ROP/Sierra Sage Academy requires all employees to disclose any previous misconduct and imposes upon them a continuing affirmative duty to disclose any allegations of sexual misconduct or abuse. Compliance with the standard was verified by a review of employee files and an interview with the Program Director.</p>

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy updated its video monitoring system in October 2017 and did consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The video system was viewed by the Auditor and found to be highly capable. ROP/Sierra Sage Academy has not made substantial expansion or modification to existing facilities since August 20, 2012, but ROP/SSA would considered the effect of the design on its ability to protect residents from sexual abuse by making the areas open and easily supervised if any new expansion or modify to its existing facilities are made.</p>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy conducts administrative investigations for alleged sexual abuse and misconduct. The Yerington Paiute Tribal Police Department conducts the criminal investigations for both. All resident victims of sexual abuse have access to forensic medical examinations offsite at no cost. Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) personnel services are available from the offsite Crisis Call Center. The facility's PREA Compliance Manager will refer victims of sexual abuse to an agency that follows evidence protocols for forensic medical examinations. Sierra Sage Academy has MOU attempts with both the Yerington Paiute Tribal Police Department and the Crisis Call Center for SAFE/SANE program and crisis intervention services. The Family Support Council of Douglas County is available to provide victim advocate services to resident victims. MOU request with the Family Support Council of Douglas County is maintained on file. Compliance with this standard was verified by reviews of MOU documents and contact with those entities.</p>

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>By policy, ROP/Sierra Sage Academy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment that appear to be criminal are referred for investigation to the Yerington Paiute Tribal Police Department, which has the legal authority to conduct criminal investigations. The facility has document all such referrals. Investigative policies were verified on the facility's website and the referral form for 3rd party reporting was also verified on-line. The facility has an attempted MOU on file with the Yerington Paiute Tribal Police Department for criminal investigations of sexual assault and abuse allegations. Compliance with this standard was verified by a review of the facility PREA investigative case files and a interview with the facility's PREA Compliance Manager.</p>

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy trains all employees on all PREA required training elements and maintains those training documents. The facility documents the training through employee-signed forms and digital versions indicating the employee understands the training received. Compliance with this standard was confirmed by a review of the employee training records and through random staff interviews. Sierra Sage Academy exceeds the PREA training standard by conducting refresher training every six months to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures and noted trends and lessons learned from alleged incident reviews. Compliance with this standard was verified by a review of the employee training records and an interview with the regional trainer.</p>

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>All Sierra Sage Academy volunteers and contractors have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response, and have been notified of the agency's zero-tolerance policy. Sierra Sage Academy exceeds the PREA training standard by conducting refresher training every six months to ensure that all volunteers and contractors know the agency's current sexual abuse and sexual harassment policies and procedures and noted trends and lessons learned from alleged incident reviews. Compliance with this standard was verified by a review of the employee training records and an interview with the regional trainer. The Auditor reviewed and verified all the facility's training records for their volunteers and contractors.</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Sierra Sage Academy's residents are informed about ROP's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during the intake process. The facility shows an age-appropriate comprehensive educational PREA video to all residents. In addition to providing such education, key PREA information is continuously and readily available or visible to residents through posters, the Student Handbook, or other written formats. Sierra Sage Academy has access to the Language Line and maintains a list of all bilingual facility staff. The Auditor reviewed PREA training records for all residents and verified the acknowledgement forms were signed by residents and were securely maintained.

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	ROP/Sierra Sage Academy conducts administrative investigations into allegations of sexual abuse and sexual misconduct. Specialized administrative investigation training has been provided to all 6 investigators. The Auditor reviewed all training material and verified the investigators completed the required specialized training for conducting sexual abuse administrative investigations in a confinement setting. The training records were confirmed to be properly maintained.

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Sierra Sage Academy's medical staff do not conduct forensic medical exams. The Auditor reviewed the training and personnel records and verified that all Medical and Mental Health Staff have been PREA trained. The training includes: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Training Records were verified by the Auditor.

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy utilizes a Vulnerability Assessment Instrument as an objective resident screening instrument. Case Managers complete the Vulnerability Assessment Instrument through the intake interview process as well as reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's case file. The Vulnerability Assessment Form ascertains any gender nonconforming appearance or manner and whether the resident may therefore be vulnerable to sexual abuse. The form does ask residents if they identify as lesbian, gay, bisexual, transgender, questioning, or intersex. ROP/Sierra Sage Academy has implemented appropriate controls on the dissemination of the sensitive information ascertained at intake. Only the Case Managers, Clinical Managers and Therapeutic Managers have access to the resident's Vulnerability Assessment Instrument.</p>

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy uses all information obtained pursuant to § 115.341 to make housing, bed, program, education, and work assignments for residents, with the goal of keeping all residents safe and free from sexual abuse. Any resident who is alleged to have suffered sexual abuse may be provided alternative housing. By policy, lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in housing, bed, or other assignments based solely on such identification or status, nor shall Sierra Sage Academy consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive. In deciding whether to assign a transgender or intersex resident to a program for male or female residents, and in making other housing and programming assignments, the program shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management problems or security problems. By policy, placement and programming assignments for each transgender or intersex resident will be reassessed at least twice each year to review any threats to safety experienced by the residents. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents by using individual showers stalls and private bathrooms stalls. Compliance with this standard was confirmed by the Auditor's personal observation and by interview with the Program Director.</p>

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Sierra Sage Academy residents have multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These include, but are not limited to, the following: (a) Student Grievance Form, (b) Student Statement Form, (c) Medical Request Form, (d) Student One-on-One Request Form, (e) The Grievance Procedure, (f) Direct verbal reporting to any staff member, and/or (g) Calling the abuse hotline number. Sierra Sage Academy residents can report sexual abuse or sexual harassment to a public or private entity or office that is not part of the facility. The hotline information is received and immediately forwarded to Sierra Sage Academy officials. Residents have weekly calls home and are allowed visits at the facility every weekend. All staff and resident interviews confirm that they know they can report in writing, via the grievance system, verbally, anonymously, and through third parties. ROP/Sierra Sage Academy provides a method for staff to privately report sexual abuse and sexual harassment of residents. ROP has a policy stating residents detained solely for civil immigration purposes are provided with information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. However the facility states that it does not detain residents for civil immigration purposes at SSA. Compliance with this standard was supported by random resident and staff interviews.</p>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy has an administrative procedure for dealing with resident grievances regarding sexual abuse. The administrative procedure is the "Student Grievance Process" and information about how to utilize the grievance process is provided in the Student Handbook. Residents are permitted to submit a grievance regarding an allegation of sexual abuse without any type of time limits and without first requiring an informal process.</p> <p>ROP/Sierra Sage Academy policy and procedures allow a resident who alleges sexual abuse to submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. Residents have unrestricted access to grievance forms and each living unit has direct access to a locked grievance mailbox. The PREA Compliance Manager and/or the Shift Supervisor has sole access to the grievance mailbox which is checked daily. ROP/Sierra Sage Academy policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing grievances or may file grievances on behalf of residents. There were zero (0) grievances alleging sexual abuse filed by residents or filed with third party assistance in the past 12 months. The facility has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. By policy, Sierra Sage Academy may discipline a resident for filing a grievance related to alleged sexual abuse only where the grievance program demonstrates that the resident filed the grievance in bad faith. Compliance with this standard was supported by interviews with the PREA Compliance Manager and the Program Director.</p>

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy policy states that residents have access to Crisis Call Center Sexual Assault Response's Advocacy Center for victim advocacy services and emotional support related to sexual abuse. The policy also provides residents with confidential access to their attorney, parole officer, other legal representation, and reasonable access to parents and legal guardians. The written materials and posters that are made available to residents provide contact information for these services. Sierra Sage Academy has a documented attempted MOU with the Crisis Call Center Sexual Assault Response's Advocacy Center to provide victim advocacy and emotional support related to sexual abuse. The Crisis Call Center was contacted by the Auditor and found to be acceptable. ROP/Sierra Sage Academy provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing informational posters with telephone numbers. By policy, the facility provides residents detained solely for civil immigration purposes with the mailing addresses and telephone numbers of the National Immigrant Services Agency. The facility allows reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. These policies and practices were supported by random resident and staff interviews.</p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy accepts all verbal, written, and anonymous reports from any source, including third parties. Notices of how to report allegations are posted in the lobby and other areas of the facility with the toll-free hotline number and other reporting options. This information is also included in the PREA Orientation materials and the PREA education video for residents. Third party reporting forms are available to visitors in the visitation area of the facility and as a PDF form on the facility's website.</p> <p>Corrective Action #5. The Auditor noted that the system of collecting the Visitor Third Party Reporting Form required the visitor to give the form to the front desk staff as they departed the facility. The Auditor believed this could negatively affect a visitors' ability to anonymously report third party allegations. The Auditor required the facility to install a collection box in the visitation area. The facility took corrective action and installed a locked third party reporting collection box in the visitation area. This corrective action was verified by the Auditor via photographs and deemed closed. [115.354]</p> <p>Recommendation #3. The Auditor recommended that the facility change the label over the hanging folder containing the Third Party Reporting forms in the visitation room from "Third Party Reporting Forms" to "Visitor Reporting Forms" to simplify the form's purpose. The facility replaced the label over hanging folder as recommended. This was verified by the Auditor via photographs and deemed closed. [115.354]</p>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy requires all staff to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. ROP requires all staff to comply with all applicable mandatory child abuse reporting laws. ROP's policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials and are required to inform residents of their duty to report and the limitations of confidentiality. The facility promptly reports all allegations to the alleged sexual abuse, including third-party and anonymous reports to ROP's corporate office, to the facility's designated investigators, and the to the victim's parents or legal guardians. This policy was supported by interview of the PREA Compliance Manager and a review of investigation reports. Staff confirmed they are knowledgeable of their mandatory reporting duties.</p>

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy's "Prevention of Resident Sexual Assault and Abuse" policy meets the components of this standard. The policy states that when it learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident. Standard practice is for the Shift Supervisor to temporarily move the resident to another bedroom and/or living unit and put the resident in protective status. There were no reported cases of residents that were subject to a substantial risk of imminent sexual abuse in the past 12 months. Policy was supported by interviews with the Program Director, Shift Supervisors, and random staff.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy's policy states that the Program Director will report all allegations that a resident was sexually abused while confined at another facility to the Administrator of that other facility within seventy-two (72) hours and all correspondence will be documented. The Program Director would immediately report the allegation to that facility via a telephone call and then follow-up with an email within 24 hours of the allegation first being reported to ensure it is being investigated. Sierra Sage Academy has had zero (0) allegations in the past 12 months from any resident of alleged abuse while confined at another facility.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy has a first responder policy for allegations of sexual abuse and requires that, upon learning of an alleged resident sexual abuse incident, first responders separate the alleged victim from the abuser, preserve and protect the crime scene, and ensure the victim and the abuser do not destroy evidence. All staff are trained as first responders and ensure that alleged victims do not destroy any physical evidence. There were no allegations made via the local hotline. There were allegations of past abuse reported to the case managers and therapist, however, the time delay provided no opportunity for collection of physical evidence to support the allegations. Compliance with this standard was confirmed by interviews with the PREA Compliance Manager and random staff interviews.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy has a written action plan and a PREA Incident Response Follow Chart for responding to an incident of sexual abuse. The written plan coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership. It specifies which entities within the facility are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions. The ROP PREA Incident Response Follow Chart is very comprehensive and includes the institutional plan to coordinate actions that are taken in response to an incident of sexual abuse.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Sierra Sage Academy does not have any collective bargaining agreements with its employees. Nothing in Facility's policies inhibits the facility's ability to protect residents from contact with abusers. This was verified by an interview of the Program Director

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	ROP/Sierra Sage Academy's policy states there will be no retaliation to any individual for making a sexual harassment charge toward a staff member(s) or anyone else. Residents, staff, contractors, volunteers, or third party reporters who choose to file a report of sexual abuse or sexual harassment, or cooperate with an investigation, shall not be subject to any form of retaliation related to the reporting of, or participation in, an investigation of such an act. The facility has designated its HR Director as the person charged with monitoring retaliation from staff-to-staff and staff-to-residents. Resident-to-resident retaliation is monitored by the Director of Student Services and the Program Director. The facility takes appropriate measures to protect staff and residents against retaliation which includes periodic status checks by the Program Director. Compliance based upon interviews with the Program director and the PREA Compliance Manager.

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	ROP/Sierra Sage Academy does not use isolation, however their policy states that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort when less restrictive measures are inadequate to keep them and other residents safe. The policy further states that this would only occur until an alternative means of keeping all residents safe can be arranged and the situation would be reviewed every 30 days to determine whether there is a continuing need for such separation. During any period of isolation, programs shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. No resident who alleged to have suffered sexual abuse in the past 12 months has been placed in isolation.

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy has a policy for administrative agency investigations of all allegations of sexual abuse and harassment. The facility uses investigators who have received specialized training in sexual abuse investigations involving juvenile victims. Substantiated allegations of conduct that appear to be criminal are reported to local law enforcement for action and criminal investigation. If found to be criminal, they will be referred for prosecution. ROP/SSA provides full cooperation to outside investigators and endeavors to remain informed of the investigation's progress. The facility ensures 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. Within the past 12 months, there were no sexual harassment allegations that rose to the level of criminal prosecution referral made by residents. This was supported by interviews of the Program Director and PREA Compliance Manager.</p>

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This policy was verified by interviews with the Investigative Staff and the Program Director and the Auditor's review of investigative reports.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy only conducts administrative investigations. Following an investigation into a resident's allegation of sexual abuse suffered at the facility, the PREA Compliance Manager will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and reports the outcome of internal and external investigations to the resident victim. More information is requested from the Yerington PD as needed to inform the resident. This was verified by interview with the PREA Compliance Manager and review of case files. There were seven (7) alleged sexual misconduct investigations completed in the past 12 months and all residents but one were notified verbally and in writing of the results of the investigation. The one student who was not notified had exited the program prior to the completion of the investigation. The facility documents all such notifications or attempted notifications described in this standard. This was verified by interview with the PREA Compliance Manager and review of case files.</p>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Sierra Sage Academy has not terminated staff or had staff resign prior to termination for violating the agency's sexual abuse or sexual harassment policies in the past 12 months. The facility's disciplinary sanction policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed. ROP/Sierra Sage has policies for imposing disciplinary sanctions on staff up to and including termination for violating ROP's sexual abuse or sexual harassment policies. The facility would report sexual abuse/harassment violations to law enforcement unless clearly not criminal. Interviews with the Program Director and PREA Compliance Manager confirm compliance with this standard.</p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	ROP/Sierra Sage Academy's policies require any contractor or volunteer who was found to have participated in sexual activity with residents to be reported to law enforcement and licensing entities. In such a situation, the facility would take appropriate remedial measures, including prohibiting volunteers and contractors from any further contact with residents and denying them access to the facility. There was one documented referral to law enforcement in the past 12 months for any incident of a contractor or volunteer engaging in sexual abuse with residents. This information was confirmed by interview with the PREA Compliance Manager.

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	By ROP/Sierra Sage Academy policy, following an administrative finding that a resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse, the resident may be subject to disciplinary sanctions but only pursuant to a formal disciplinary process. The disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the past 12 months, no resident was placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. The disciplinary process does consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was supported by interviews with the Program Director and the PREA Compliance Manager and a review of residents' case files.

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy screens all residents for prior sexual victimization or perpetration and provides mental health services. All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. 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. Access to 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. Medical records are secured. Compliance with this standard was supported by interviews with the facility's medical staff and review of the residents' medical records.</p>

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy resident victims have access to emergency medical and mental health services. 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. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. When medical or mental health staff are not on duty and the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, first responders take preliminary steps to protect the victim and the appropriate medical or mental health staff are immediately notified. Compliance with this standard was supported by random interviews of staff and medical staff.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy offers medical and mental health evaluations for residents who have been sexually abused. Ongoing medical and mental health care is available for sexual abuse victims and abusers. The facility provides such victims with medical and mental health services consistent with the community level of care. By policy, female victims of sexual abusive vaginal penetration would be offered pregnancy tests. If pregnancy results from sexual abuse, victims would receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Policy was supported by interviews with medical staff. While in the program, resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. The Program Director will notify the parent/guardian of test results in accordance with state and local laws. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Compliance with this standard was supported by interviews of the Program Director and Medical Staff.</p>

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>By Policy, Sierra Sage Academy conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility is required to conduct a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. There were four (4) administrative investigations of alleged sexual abuse completed at the facility in the past 12 months, all reviewed within 30 days of the completed investigation. The sexual abuse incident review team includes the Program Director, the Regional Improvement PREA Coordinator, and the PREA Manager. By policy, the sexual abuse incident review team reviews all sexual abuse incidents and allows for input from line supervisors, investigators, and medical or mental health practitioners. By policy, the facility prepares a report of its findings from sexual abuse incident reviews and submits a completed SES Administrative and Response Review Form to the Executive Director and the CEO within 30 days of the conclusion of the investigation. The facility implements recommendations for improvement and documents its reasons for not doing so. The facility prepares a report of its findings, including but not necessarily limited to, determinations made and any recommendations for improvement. The report is submitted to the ROP Executive Director. Compliance with the standards was confirmed by reviews of case files and interview of the PREA Compliance Manager.</p>

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. ROP aggregates the incident-based sexual abuse data at least annually. The ROP/Sierra Sage Academy's PREA Compliance Manager maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data collected by the PREA Compliance Manager includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the US Department of Justice (DOJ). The Regional Improvement PREA Coordinator aggregates the incident-based sexual abuse data at least annually. ROP's Business Department shall provide all such data from the previous calendar year to the US DOJ no later than June 30, upon the US DOJ's request.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. On an ongoing basis, ROP/Sierra Sage Academy reviews collected data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The Regional Improvement PREA Coordinator shall cause corrective action for any problem areas identified during the review and prepare an annual report of any findings and corrective actions taken by the facility. Such reports include a comparison of the current year's data and corrective actions with those from prior years as well as an assessment of the agency's progress in addressing sexual abuse. The facility's report is approved by the Program Director. Information for accessing the report is available on the facility's website at <a href="http://sierrasageacademy.com">http://sierrasageacademy.com</a>.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>By policy, ROP has made all aggregated sexual abuse data from Sierra Sage Academy readily available to the public through its website and updates the information annually. Before making aggregated sexual abuse data publicly available, ROP removes all personal identifiers. Sexual abuse data collected pursuant to § 115.387 has been and will continue to be maintained by ROP/Sierra Sage Academy for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP's first PREA audit of Sierra Sage Academy was completed on June 28, 2016, before August 20, 2016 (the Cycle 1 deadline). ROP operates several other facilities and all facilities that require The Auditor had access to, and the ability to observe, all areas of the audited facility without restriction and during multiple shifts. ROP provided the Auditor with copies of all requested documents and information, including electronically stored information and videos. The Auditor was allowed to conduct private interviews with staff and residents, selected at random and without restriction. A PREA Notice of Audit posting was provided by the Auditor and contained all of the required audit notification information. The Notice of Audit was reported posted in all housing units on September 25, 2017. The Auditor observed the postings during the tour and the posting date was confirmed by resident interviews. Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ROP/Sierra Sage Academy has posted its Final PREA June 28, 2016 audit report on its facilities' websites within 90 days of issuance by the Auditor, as confirmed by the Auditor.</p>

## Appendix: Provision Findings

115.311 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Contracting with other entities for the confinement of residents</b>	
	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

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

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

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

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

115.313 (e)	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes

115.315 (a)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches?	no

115.315 (d)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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)	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

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

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

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

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

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

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

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

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

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	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

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes

115.321 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na

115.322 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>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))</p>	yes

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

115.331 (b)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	<b>Volunteer and contractor training</b>	
	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

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	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

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	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

<b>115.333 (b)</b>	<b>Resident education</b>	
	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

<b>115.333 (c)</b>	<b>Resident education</b>	
	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

<b>115.333 (d)</b>	<b>Resident education</b>	
	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

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.333 (f)</b>	<b>Resident education</b>	
	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

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (b)</b>	<b>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

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (b)	<b>Specialized training: Medical and mental health care</b>	
	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.)	no

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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

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

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

115.341 (d)	<b>Obtaining information from residents</b>	
	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)	<b>Obtaining information from residents</b>	
	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)	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

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

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no

<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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

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

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

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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

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

115.352 (g)	<b>Exhaustion of administrative remedies</b>	
	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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

<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	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

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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

<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	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

<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no

<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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

<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.376 (d)	<b>Disciplinary sanctions for staff</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	<b>Interventions and disciplinary sanctions for residents</b>	
	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)	<b>Interventions and disciplinary sanctions for residents</b>	
	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)	<b>Interventions and disciplinary sanctions for residents</b>	
	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)	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

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

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.387 (a)</b>	<b>Data collection</b>	
	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

<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	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

<b>115.387 (d)</b>	<b>Data collection</b>	
	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

<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.388 (a)	<b>Data review for corrective action</b>	
	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)	<b>Data review for corrective action</b>	
	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)	<b>Data review for corrective action</b>	
	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)	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a)	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes