

COMMUNITY CONFINEMENT FACILITIES



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| Auditor Information | | | |
| Auditor name: Michael T. Spicer | | | |
| Address: 4974 N. Fresno Street, Suite 181 Fresno, CA 93726 | | | |
| Email: cwospicer@yahoo.com | | | |
| Telephone number: 559-583-1329 | | | |
| Date of facility visit: April 23-24, 2016 | | | |
| Facility Information | | | |
| Facility name: Turning Point - Golden State Residential Reentry Center (GSRRC) | | | |
| Facility physical address: 3547 S. Golden State Blvd and 2369 S. G Street Fresno, California | | | |
| Facility mailing address: 3547 S. Golden State Blvd., Fresno, CA 93725 | | | |
| Facility telephone number: 559-442-8075 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input checked="" type="checkbox"/> Private not for profit | | |
| Facility type: | <input type="checkbox"/> Community treatment center | <input checked="" type="checkbox"/> Community-based confinement facility | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Halfway house | <input type="checkbox"/> Mental health facility | |
| | <input type="checkbox"/> Alcohol or drug rehabilitation center | | |
| Name of facility's Chief Executive Officer: Jimmy Martinez, Program Director – jmartinez@tpocc.org | | | |
| Number of staff assigned to the facility in the last 12 months: 55 (34 at Golden State and 21 at G Street) | | | |
| Designed facility capacity: 125 (40 Beds at Golden State and 85 Beds at G Street) | | | |
| Current population of facility: 105 (38 at Golden State and 67 at G Street) | | | |
| Facility security levels/inmate custody levels: 1-5 | | | |
| Age range of the population: Ages: 22-78 | | | |
| Name of PREA Compliance Manager(s): Dannielle Wahington (Golden State) Sonya Navarro (G St.) Title: Manager(s) | | | |
| Email address: dwashington@tpocc.org/snavarro@tpocc.org | | Telephone number: 559-442-8075 | |
| Agency Information | | | |
| Name of agency: Turning Point of Central California, Inc. | | | |
| Governing authority or parent agency: (if applicable) | | | |
| Physical address: 615 South Atwood St. Visalia, CA 93290 | | | |
| Mailing address: (if different from above) | | | |
| Telephone number: (559-336-6440) | | | |
| Agency Chief Executive Officer | | | |
| Name: Mr. Ray Banks | | Title: CEO | |
| Email address: rbanks@tpocc.org | | Telephone number: 559-336-6440 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Vicki Sherlock | | Title: Agency-Wide PREA Coordinator | |
| Email address: vsherlock@tpocc.org | | Telephone number: 661-325-5774 ext. 19 | |

AUDIT FINDINGS

NARRATIVE

The Outzen Spicer Group, LLC was contracted with Turning Point of Central California to conduct PREA audits of the Agency's three community confinement facilities located in California in the cities of Salinas, Bakersfield and Fresno. The third PREA audit was scheduled for the Golden State Residential Reentry Center (GSRRC) for the weekend of April 23-24, 2016. GSRRC consists of two sites. The main site is located on Golden State Blvd., and the satellite "overflow" site is located on G Street. Both GSRRC sites are governed under one authority and program, the only difference being that the sites are geographically separate. Working closely with the Agency-Wide PREA Coordinator, a notice was posted six weeks prior at both GSRRC sites and the Agency website for a pending audit. Residents were provided information for confidential communications related to the audit. The Agency has established communication with community-based or victim advocates.

GSRRC contracts with the U.S. Bureau of Prisons and the California Department of Corrections and Rehabilitation. Prior to the audit, I received the Agency's PREA Audit: Pre-Audit Questionnaire Community Confinement Facilities. An initial auditor review and ongoing discussions with the Agency-Wide PREA Coordinator had been previously well established. During the pre-audit phase, an extensive document review was conducted based on the submission of the Agency's policies, procedures and supporting documentation. The on-site audit was initiated on April 23rd and 24th with visits to both sites. Each site visit started with an opening session followed by a facility tour and a "standard by standard" review and an examination of the Agency's supporting documentation that included, but was not limited to, the PREA Audit questionnaire, policies, procedures and staffing plans.

At the completion of each document review session, reviews of GSRRC's personnel files were conducted at both sites. A survey of personnel files focused on, but was not limited to, documentation involving background checks, self-disclosure statements and records of PREA training provided to the Agency's staff that was in alignment with the training curriculum developed by the PREA Resource Center.

Random staff and resident interviews were then conducted throughout the weekend at both sites. The goal was to interview a minimum of 10% of staff at each site with a BOP/CDCR mix to include those with varied responsibilities. The Agency staffs three shifts (day, swing and nights). Interviews were conducted on all three shifts. A total of 20 GSRRC staff members were interviewed with ten at each site. Staff interviews included the Center Manager, PREA compliance managers, case managers, trained investigators, security monitors, resident client supervisors and administrative assistants. Staff assigned to BOP residents work at both sites.

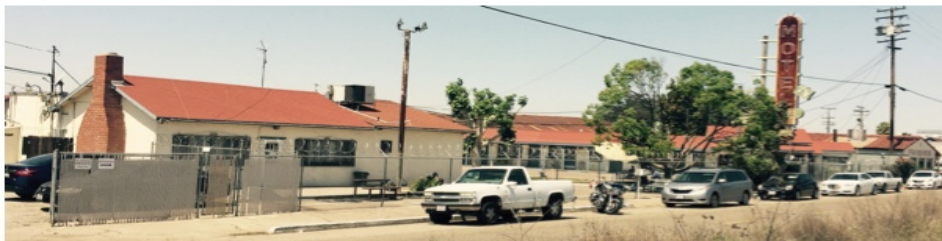
GSRRC resident interviews were conducted with the goal of interviewing a minimum of 10% of residents at each site with a mix of BOP/CDCR resident population and gender. A total of 21 residents were interviewed (15 BOP and 6 CDCR). Of those residents interviewed, 16 were male and 5 were female. BOP and CDCR residents are housed separately. Currently, BOP residents are housed at both sites and CDCR residents are housed exclusively at the G Street site. BOP residents reported having been housed at both sites.

The Agency-Wide PREA Coordinator and auditor established an ongoing working relationship before, during and after the audit that contributed to the audit's findings. The Agency's CEO and CFO were interviewed "face to face" on March 4, 2016 at the organization's headquarters in Visalia, California.

During the post audit phase, additional document reviews were conducted with ongoing discussions with the Agency-Wide PREA Coordinator to make a determination of compliance with each standard. Standards that were exceeded are highlighted in the narrative that follows each finding and are referenced by, "NOTE". Both GSRRC sites demonstrated a "culture of escalation" in briefing significant events using the chain of command that serve to compliment PREA reporting requirements. Both GSRRC sites demonstrated being connected operationally and administratively.

As a result of my audit, Turning Point of Central California, Inc. Golden State Residential Reentry Center was found to be in compliance with the Community Confinement standards (28 C.F.R. Part 115) with no corrective action required. Preparation and completion of the final report was completed on May 23, 2016 and was subsequently provided to the Agency's PREA Coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS



GSRRC – Golden State Blvd. Main Campus

The 40-bed Golden State Residential Re-entry Center (GSRRC) “main” facility is located on 1.05 acres in the “North Avenue Industrial Triangle” neighborhood at 3547 S. Golden State Blvd., Fresno, California. Built in 1947, the 5,299 square foot single-story facility has 15 multi-occupancy living quarters that can house 1-6 residents at a time. All living quarters have private bathrooms and showering areas. Living quarters are segregated for both male and female residents, and the Agency has the capability to house a resident victim in emergent protective situations. The vintage style motel structure of the facility provides ideal and unobstructed visibility for staff to conduct surveillance on entry doors of all resident living quarters that face the open center courtyard.

The facility also houses program offices, a central kitchen, open courtyards, day room, dining hall, laundry room and storage areas. Physical security measures are in place at the reception kiosk located at the front entry point, perimeter door and resident living quarters. The facility property has a robust security plan implemented 24/7 with on duty personnel integrated with external and internal security camera coverage. Ample public parking compliments the facility.



GSRRC – “G” Street Overflow Facility

The 85-bed Golden State Residential Re-entry Center (GSRRC) “overflow” facility is located approximately 2.7 miles from the main facility on the same highway. Located on 0.69 acres in the Central District at 2369 S. “G” Street Fresno, California. Built in 1956, the 8,528 square foot single-story facility has 16 multi-occupancy living quarters that can house 1-6 residents at a time. All living quarters have private bathrooms and showering areas. Living quarters are segregated for both male and female residents, and the Agency has the capability to house a resident victim in emergent protective situations. BOP and CDCR residents are segregated with respect to living quarters. The vintage style motel structure of the facility provides ideal and unobstructed visibility for staff to conduct surveillance on entry doors of all resident living quarters that face the open center courtyard.

The facility also houses program offices, a central kitchen, open courtyards, dining rooms, laundry room, swimming pool and storage areas. Physical security measures are in place at the reception kiosk located at the front entry point, perimeter door and resident living quarters. The facility property has a robust security plan implemented 24/7 with on duty personnel integrated with external and internal security camera coverage. Ample public parking compliments the facility.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 1

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency’s policy #01, which references the standard, mandates a zero tolerance threshold of all forms of sexual abuse and sexual harassment.
- Implementation of the zero tolerance mandate is noted in the Agency’s Sexual Abuse-Harassment Prevention and Intervention Guide and the GSRRC policy and procedure manual.
- The Agency’s stance on sexual harassment is highlighted in the Agency’s employee handbook.
- Agency’s zero tolerance mandate is communicated to residents via a large poster board displayed at both sites.
- Agency’s communication and stance on the zero tolerance mandate was evident from staff and resident interviews.
- Agency’s organizational chart designates an upper-level, agency wide PREA coordinator.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- The Agency (GSRRC) is contracted with the U.S. Department of Justice Federal Bureau of Prisons (BOP) and California Department of Corrections and Rehabilitation (CDCR) for the confinement of residents and includes an obligation for the Agency to adopt and comply with Community Confinement PREA Standards.

Standard 115.213 Supervision and monitoring

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #09, which references the standard, requires the development and documentation of a staffing plan that is supported by video monitoring. Implementation of the staffing plan is outlined in the GSRRC policy and procedure manual.
- The Agency (GSRRC) maintains a staffing plan as follows:
 - The staffing plan designates continued monitoring by staff 24/7 using an 8-hour, 3 shift rotation and a mandated "one male and one female" staffing at all times to manage the Agency's co-ed population at each site.
 - The Staffing Plan notes a cadre of qualified personnel 24/7 at each site.
- Agency's Staffing Plan takes into consideration physical layout, blind spots and composition of residents at each site.
- The deployment of video monitoring at each site validates the Agency's commitment to augmenting the current staffing plan.
- Both Resident and Staff interviews confirmed the Agency's commitment in providing adequate staffing to ensure a safe and secure environment at each site.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- The Agency's policy #10 (strip or cross gender body cavity searches), Policy #11 (documentation requirements), Policy #12 (Cross gender pat down searches), Policy #13 (viewing) and Policy #14 (Inter-sex and transgender viewing) addresses all elements of the standard (All policies reference the standard).
- The GSRRC policy and procedures manual, which references standard, provides guidance on the implementation of the the Agency's policy which prohibits cross-gender strip searches and visual cavity searches.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Staff and resident interview responses.
- First hand observations of pat-down searches of residents at both sites by staff were in alignment with the standard.
- First hand observations of staff announcing their presence when entering living quarters at both sites.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #15 provides guidance and GSRRC policy and procedure manual direction for the provision of educational materials in adapted formats and availability of interpreters for disabled residents as appropriate.
- Agency's policy #16 provides guidance and GSRRC policy and procedure manual direction for the provision of PREA information materials in Spanish, Arabic, Chinese, Persian and Korean in addition to Spanish interpreters when necessary for residents with limited English proficiency.
- Agency's policy #17 provides guidance and GSRRC policy and procedure manual direction on the prohibition of resident interpreters except for circumstances permitted by the standard.
- All the above mentioned policies reference the standard.

Standard 115.217 Hiring and promotion decisions

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's Policy #51, which reference the standard, and the GSRRC policy and procedures manual requires criminal background records checks at least every five years on current employees and contractors who may have contact with residents.
- Agency's Employee Handbook (Section 6: Hiring and Employment Practices) outlines the Agency's policy to conduct both Federal and State criminal background checks on all prospective employees prior to employment.
- Documentation of new employee and contractor disclosure statements regarding past conduct are documented and retained (Source: Agency's "Disclosure of PREA Employment Standards Violation" and "Background Release Form Disclosure and Consent for PREA" forms).
- Documentation of criminal background checks are located in the GSRRC's personnel files.
- Interview of Agency's CEO, PREA Coordinator/GSRRC Center Manager and personnel responsible for managing training and personnel records who validated the process.

Standard 115.218 Upgrades to facilities and technologies

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #20, which references the standard, provides guidance and GSRRC policy and procedure manual guidance on the deployment of monitoring technologies.
- An inspection of the premises revealed that both sites have adequate CCTV coverage for the safety and security of residents and staff consistent with security industry standards.
 - Interior/exterior cameras are strategically located throughout the facility and grounds with a 24-hour DVR recording platform and multiplex live viewing capability.
 - DVRs are backed up with multi-day recording capability.
 - Both sites record and retain significant events.
 - Camera views do not capture staff offices, resident rooms and restrooms to ensure privacy.
- Interviews with Agency's CEO, PREA Coordinator/GSRRC Center Manager and staff confirmed Agency's commitment to the utilization of video monitoring to augment the organization's overall security plan at both sites.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

Findings: Exceeds Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #21 provides guidance and GSRRC policy and procedure manual direction on the Agency's PREA investigation responsibilities.

The Agency is limited to administrative investigations and refers criminal investigations to law enforcement agency having jurisdiction.

- Agency's policy #22 provides guidance and GSRRC policy and procedure manual direction on uniform evidence protocols adapted from,

"The National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" - a DOJ publication.

- Agency's policy #23 provides guidance and GSRRC policy and procedure manual direction on forensic medical examinations and the use of SANE's or SAFE's from Community Regional Medical Center (Fresno) with documented efforts to provide them.

➤ Agency's policy #23-b provides guidance and GSRRC policy and procedure manual direction on the use of rape victim advocates and has established a working relationship with the organization to provide services to anyone including residents.

- All the above mentioned policies reference the standard.

➤ The Agency's documented efforts in training staff with investigative responsibilities to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.

- Interviews with Agency's PREA Coordinators, trained investigators and front-line staff confirmed Agency's commitment to conducting effective administrative investigations and assistance to law enforcement agencies in criminal investigations by responding to incidents and preserving evidence and identifying witnesses at a crime scene.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy # 21, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's efforts to ensure administrative investigations are completed and that criminal investigations are referred to the appropriate law enforcement agency.
- The Agency's protocol on criminal referrals is illustrated in the, "Coordinated Response Plan for Sexual Abuse/Assault Investigation" published on the Agency's website: <http://www.tpocc.org/wp-content/uploads/Drawing4.jpg>
- The Agency's response plan differentiates responsibilities of the Agency and law enforcement with respect to criminal investigations.
- The Agency's policy is to document referrals on the Agency's detailed "PREA Incident Report Form".
- The Agency's documented efforts in training investigative staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policy and procedures.
- Interviews with Agency's PREA Coordinators and investigative staff confirmed Agency's commitment to ensuring referrals of allegations for investigations to BOP and CDCR.

Standard 115.231 Employee training

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #24, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's commitment to train staff at both sites who have contact with residents.
- The Agency's documented efforts in training all staff to the standard requirements using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators, administrative assistant and staff confirmed Agency's training commitments to prevention, detection, reporting and response to sexual abuse and sexual harassment.

Standard 115.232 Volunteer and contractor training

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #25, which references the standard, provides guidance and GSRRRC policy and procedure manual direction, to train any site volunteer or contractor having contact with residents on their responsibilities to the Agency's policies and procedures regarding sexual abuse and harassment prevention, detection and response.
- Agency has documentation available for volunteers and contractors to acknowledge and sign a, "PREA Volunteer/Contractor informational Sheet" which is retained by the Agency.
- The Agency's process to provide and document training for volunteers and contractors to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with both GSRRRC PREA Coordinators confirmed Agency's commitment to train volunteers and contractors.

Standard 115.233 Resident education

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #26, which references the standard, provides guidance and GSRRRC policy and procedure manual direction on the Agency's commitment to educate residents during the intake process and during their residency.
- The Agency's documented efforts in educating residents on the Agency's zero tolerance policy regarding sexual abuse and sexual harassment.
- Upon intake, residents are provided with a copy of, "Turning Point Fresno RRC Sexual Abuse/Harassment Prevention and

Intervention Guide: An Overview" that covers all elements required by the standard.

- All residents sign and acknowledge receipt of the guide.
- The Agency demonstrates efforts to provide residents with PREA education materials in all formats.
- Agency maintains a PREA information center bulletin board at each site.
- Case Managers provide ongoing PREA education to residents during individual counseling sessions.
- Documentation of resident intake forms and notes from case managers on education that was provided to the resident individually and in a group setting.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to resident education.

Standard 115.234 Specialized training: Investigations

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #27, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's responsibilities with respect to administrative investigations and obligations to defer criminal investigations to agencies having jurisdiction.
- The Agency's documented efforts in providing specialized investigative training to staff members to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures. The GSRRC has trained investigators at both sites.
- Interviews with Agency's PREA Coordinators and investigative staff confirmed Agency's commitment in providing specialized investigations training to staff.

Standard 115.235 Specialized training: Medical and mental health care

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

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

N/A

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #29, which references the standard, provides guidance and GSRRRC policy and procedure manual direction on the Agency's adherence to the standard in the screening of residents upon entry.
- Agency's policy #36, which references the standard, provides guidance and GSRRRC policy and procedure manual direction on the Agency's implementation of control measures from information derived from residents from the intake screening tool.
- The Agency's documented efforts in training staff at both sites to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators, case managers and staff confirmed Agency's commitment to screen residents for victimization and abusive potential upon entry and ongoing risk assessments during the resident's stay.

Standard 115.242 Use of screening information

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #30, which references the standard, provides guidance and GSRRRC policy and procedure manual direction on the Agency's use of screening information for housing, bed, work, education and program assignments.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators, case managers and staff confirmed Agency's commitment to evaluate risk factors from the intake screening tool to determine the safe and secure placement of residents.

Standard 115.251 Resident reporting

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #31, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's efforts to inform residents on sexual abuse and sexual harassment reporting options both internally and externally.
- Agency's policy #33, which references the standard, provides guidance and GSRRC policy and procedure manual direction on providing residents access to outside confidential services.
- Agency provides residents with a, "Sexual Abuse and Sexual Harassment Prevention and Intervention Guide: - An Overview" (which they sign and acknowledge) upon entry that lists internal and external reporting sources.
- Agency displays a PREA information bulletin board at both sites with internal and external reporting sources.
- A third party reporting form can be accessed on the Agency's website at <http://www.tpocc.org/wp-content/uploads/Third-Party-Reporting-Form.pdf>
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators, case managers and staff confirmed Agency's commitment to provide residents with internal and external reporting options that involve incidents of sexual abuse or sexual harassment.

Standard 115.252 Exhaustion of administrative remedies

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #32, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's procedure for dealing with resident grievances.
- The Agency adheres to administrative procedures and forms required by the Bureau of Prisons or California Department of Corrections and Rehabilitation, whichever applicable.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to facilitating resident grievances.

Standard 115.253 Resident access to outside confidential support services

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #33, which references the standard, provides guidance and GSRRC policy and procedure manual direction on providing residents access to outside confidential services (victim advocates).
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Agency has established communication with RCS Fresno (rape crisis center) for the provision of services. GSRRC provides RCS's 24 hour hotline.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to providing residents with information to access outside confidential victim advocates.

Standard 115.254 Third-party reporting

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #35, which references the standard, provides guidance and GSRRC policy and procedure manual direction on how third parties can report incidents of sexual abuse and sexual harassment on behalf of residents.
- The Agency provides a third party reporting form on the Agency's website:
<http://www.tpocc.org/wp-content/uploads/Third-Party-Reporting-Form.pdf>
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to provide third parties with a means to report sexual abuse and sexual harassment incidents on behalf of residents.

Standard 115.261 Staff and agency reporting duties

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #36, which references the standard, provides guidance and GSRRRC policy and procedure manual direction on the Agency's staff responsibilities in reporting sexual abuse and sexual harassment incidents in addition to acts of retaliation.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to their reporting obligations as required by the standard.
- The Agency has PREA incident reporting forms readily available to staff at both sites.

Standard 115.262 Agency protection duties

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #37, which references the standard, provides guidance and GSRRRC policy and procedure manual direction on the Agency's commitment to providing immediate protective measures for residents at risk of sexual abuse.
- Upon entry at both sites, residents are issued and sign for a "Sexual Abuse and Sexual Harassment Prevention and Intervention Guide: An Overview" that informs residents of the Agency's protection responsibilities.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to providing immediate protection to residents at risk of sexual abuse.

Standard 115.263 Reporting to other confinement facilities

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #38, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's process to report sexual abuse allegations to other confinement facilities.
- Agency has a notification protocol in place to report information to the Federal Bureau of Prisons or California Department of Corrections and Rehabilitation, whichever applicable.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's process to report allegations of sexual abuse from residents to receiving agencies.

Standard 115.264 Staff first responder duties

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #39, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's staff first responder obligations.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to ensure that first responder duties that involve sexual abuse incidents are in alignment with the standard.

Standard 115.265 Coordinated response

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

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

Findings: Exceeds Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #40, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's strategy for a coordinated response to reports of sexual abuse.
- Agency has a well-defined escalation process to support a coordinated response to incidents of sexual abuse. (See: <http://www.tpocc.org/wp-content/uploads/Drawing4.jpg> for the Agency's "Coordinated Response Plan for Sexual Abuse and Assault Investigations"). NOTE: GSRRC has demonstrated a "culture of escalation" in reporting matters up the chain of command which serves to benefit PREA reporting requirements.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to a coordinated response to reports of sexual abuse.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

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

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

N/A

Standard 115.267 Agency protection against retaliation

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #41, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's commitment to protect residents and staff from retaliation for reporting sexual abuse and sexual harassment.
- Agency informs both residents and staff of the Agency's policy to protect them from retaliation for reporting sexual abuse and sexual harassment.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to protect residents and staff from retaliation for reporting incidents of sexual abuse and sexual harassment.

Standard 115.271 Criminal and administrative agency investigations

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #42, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's limitations in conducting only administrative investigations by trained Agency investigators and referring criminal investigations to law enforcement agencies having jurisdiction.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators, investigative staff and staff confirmed Agency's commitment to preserving the integrity of criminal and administrative investigations involving allegations of sexual abuse.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #43, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's understanding of imposing a standard of the preponderance of evidence, to substantiate allegations of sexual abuse or sexual harassment.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to adhering to the preponderance of evidence rule when substantiating sexual abuse and sexual harassment allegations in administrative investigations.

Standard 115.273 Reporting to residents

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #44, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's reporting obligations to residents on whether reported allegations of sexual abuse were substantiated or unsubstantiated.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to resident reporting requirements of investigative results involving allegations of sexual abuse.

Standard 115.276 Disciplinary sanctions for staff

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #45, which references the standard, provides guidance and GSRRC policy and procedure manual direction on having in place a disciplinary process and sanctions for staff who violate the Agency's sexual abuse and sexual harassment policies.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's CEO, PREA Coordinators and staff confirmed Agency's efforts to impose disciplinary sanctions for staff who violate the Agency's sexual abuse and sexual harassment policies.

Standard 115.277 Corrective action for contractors and volunteers

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #46, which references the standard, provides guidance and GSRRC policy and procedure manual direction on corrective measures to be taken when a volunteer or contractor violates the Agency's sexual abuse and sexual harassment policies.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to implementing corrective action measures when a volunteer violates the Agency's sexual abuse and sexual harassment policies.

Standard 115.278 Disciplinary sanctions for residents

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #47, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's process when imposing discipline on residents who engage in "resident on resident" (or resident on staff if applicable) sexual abuse or sexual harassment.
- The Agency follows the disciplinary program statement for the Federal Bureau of Prisons for guidance when evaluating prohibitive acts and contacts CDCR for incidents involving State residents.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators, staff and residents confirmed Agency's commitment to disciplinary sanctions for residents who engage in "resident on resident" (or resident on staff if applicable) prohibitive acts.

Standard 115.282 Access to emergency medical and mental health services

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #48, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's process to provide emergency medical and mental health services to all residents who are sexual abuse victims at no cost to the resident.
- Agency has designated Community Regional Medical Center (Fresno) as the primary location for residents to access medical and mental health services.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators, staff and residents confirmed Agency's commitment to providing access to free medical and mental health services to residents who are victims of sexual abuse.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #49, which references the standard, provides guidance and GSRRC policy and procedure manual direction on providing resident victims and abusers involving sexual abuse with ongoing medical and mental health care at no cost to the resident.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's PREA Coordinators and staff confirmed Agency's commitment to providing resident victims of sexual abuse and abusers access to ongoing medical and mental health services at no cost.

Standard 115.286 Sexual abuse incident reviews

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #50, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency's management of sexual abuse incident reviews.
- Although the Agency has no historical incidents of sexual abuse, it has a process in place to initiate an incident review when an incident is received and investigated.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's CEO, PREA Coordinators and staff confirmed Agency's commitment to conducting sexual abuse incident reviews.

Standard 115.287 Data collection

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #50, which references the standard, provides guidance and GSRRRC policy and procedure manual the Agency's efforts to collect information on "incident-based" sexual abuse data on an annual basis.
- The Agency plans to enhance their data collection capability by utilizing, "The Department of Justice Survey on Sexual Violence" guidelines.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with the Agency's CEO and PREA Coordinators confirmed Agency's commitment to collect sexual abuse data annually.

Standard 115.288 Data review for corrective action

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency's policy #50, which references the standard, provides the Agency's upper management guidance for creating corrective action plans and program improvement considerations based on sexual abuse incident data.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency's policies and procedures.
- Interviews with Agency's CEO and PREA Coordinators confirmed Agency's commitment to review available sexual abuse incident data for corrective action and program improvement.

Standard 115.289 Data storage, publication, and destruction

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

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

Findings: Meets Standard.

Objective Evidence: Compliance to this standard was demonstrated by the following:

- Agency’s policy #50, which references the standard, provides guidance and GSRRC policy and procedure manual direction on the Agency’s protocol to retain and secure for 10 years aggregated sexual abuse data and to make available to the public aggregated sexual abuse data on an annual basis with identifiers redacted.
- The Agency’s documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and the Agency’s policies and procedures.
- Interviews with Agency Wide PREA Coordinator confirmed Agency’s commitment to retain, secure and make available to the public, aggregated sexual abuse data.

AUDITOR CERTIFICATION

I certify that:

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

Michael T. Spiew

May 23, 2016

Auditor Signature

Date