

COMMUNITY CONFINEMENT FACILITIES



Auditor Information			
Auditor name: Michael T. Spicer			
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Email: cwospicer@yahoo.com			
Telephone number: 559-583-1329			
Date of facility visit: February 13-14, 2016			
Facility Information			
Facility name: Turning Point of Central California, Inc. - Salinas RRC			
Facility physical address: 116 E. San Luis Street Salinas, CA 93901			
Facility mailing address: (if different from above)			
Facility telephone number: (831) 758-4492			
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: Mr. Ray Banks			
Number of staff assigned to the facility in the last 12 months: 25			
Designed facility capacity: 51			
Current population of facility: 21			
Facility security levels/inmate custody levels:			
Age range of the population: Ages: 21-83			
Name of PREA Compliance Manager: Deborah Carrillo		Title: Deputy Regional Director	
Email address: dcarrillotp@sbcglobal.net		Telephone number: 831.422.9171 #11	
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: (831) 422-9171 ext. 11			
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 first PREA audit was scheduled for the Salinas RRC for the weekend of February 13th and 14th, 2016. Working closely with the Agency-Wide PREA Coordinator, a notice was posted at the Salinas RRC and Agency website (http://www.tpocc.org/?page_id=4843) for a pending audit six weeks prior to the actual audit for confidential communications. The Agency has established communication with community-based or victim advocates such as the Monterey County Rape Crisis Center.

Prior to the audit, I received the Agency's PREA Audit: Pre-Audit Questionnaire Community Confinement Facilities and began my initial auditor review and extensive discussions with the Agency-Wide PREA Coordinator. During the pre-audit phase, an extensive document review was conducted based on the submission of the Agency's questionnaire, policies, procedures and supporting documentation.

The audit began at the Salinas RRC with an opening session attended by the Deputy Regional Director who serves as the site's PREA Compliance Manager. A facility tour followed the opening session.

At the completion of the facility tour, I met again with PREA Compliance Manager for a document review session. A standard by standard document review was then conducted using the Agency's questionnaire, policies, procedures and supporting documentation. The Agency's staffing plan was also reviewed.

At the completion of the document review session, I met with the Agency's administrative assistant to review personnel files. An audit of personnel files focused on, but was not limited to, documentation involving background checks, self disclosures 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. The Agency staffs 3 shifts (day, swing and nights). Interviews were conducted to represent all three shifts. A total of eight (8) staff members were interviewed that included the PREA Compliance Manager, case managers, trained investigators, security monitors, kitchen staff and an administrative assistant. A total of eleven residents were contacted for interviews. Of the 11 contacted, 10 were interviewed with one who declined to be interviewed. Of those residents interviewed, 2 were female and were interviewed by phone the following week because they were on a family visit at the time of the audit. The interview of the Agency-Wide PREA Coordinator was conducted in the weeks leading up to and during the audit with information derived from our extensive discussions.

The CEO and CFO were interviewed face-to-face at the Agency's headquarters in Visalia, CA on March 4, 2016.

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.

As a result of my audit, Turning Point of Central California, Inc. Salinas RRC was found to be in full 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 March 16, 2016 and subsequently provided to the Agency's PREA Coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS



The 59 bed Salinas RRC is located on 0.3946 of acreage in the “Laurel West” residential neighborhood at 116 East San Luis Street in Salinas, California. Built in 1900, the 8,797 square foot two-story facility has 15 multi-occupancy living quarters coupled with 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 facility also houses program offices, a central kitchen, general living room, game room, exercise yard, dining rooms, 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 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: 0

Number of standards met: 37

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 SRRC 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 in the general living room.
- 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 is contracted with the U.S. Department of Justice Federal Bureau of Prisons (BOP) [Contract #DJB200110] for the confinement of residents. The contract includes an obligation for the Agency to adopt and comply with Community Confinement PREA Standards.
- The Agency is contracted with the Monterey County Probation Department for the confinement of a small number of residents. Although the contract does not include an obligation for the Agency to adopt and comply with Community Confinement PREA Standards, the Agency follows BOP contract requirements which provides value-added PREA protections for this resident population.

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 SRRC policy and procedure manual.
- The Agency maintains a staffing plan in accordance with the Federal Bureau of Prisons, Statement of Work.
 - The staffing plan designates two (2) monitoring 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.
 - The Staffing Plan notes a cadre of full time personnel that includes a Facility Director, Case Managers, Kitchen Supervisor and Social Services Coordinator during normal business hours.
- Agency's Staffing Plan takes into consideration physical layout, blind spots and composition of residents.
- The deployment of video monitoring throughout the facility 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.

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) address all elements of the standard (All policies reference the standard).
- The SRRC 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 Agency's policies and procedures.
- Staff and resident interview responses.
- First hand observations of pat-down searches of residents by staff were in alignment with the standard.
- First hand observations of staff announcing their presence when entering areas vulnerable to cross-gender viewing. Overhead announcements during shift changes were observed.

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 SRRC 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 SRRC policy and procedure manual direction for the provision of PREA information materials in Spanish, Arabic, Chinese, Korean and Persian in addition to Spanish interpreters when necessary for residents with limited English proficiency.
- Agency's policy #17 provides guidance and SRRC policy and procedure manual direction on the prohibition of resident interpreters except for circumstances permitted by the standard.
- All the above mentioned policies references the standard.
- Agency's large PREA informational poster board is displayed in both English and Spanish.

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 SRRC 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 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 Agency's personnel files.
- Interview of Agency's CEO, PREA Coordinator, SRRC Deputy Regional Manager and the custodian of 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 SRRC policy and procedure manual guidance on the deployment of monitoring technologies.
- An inspection of the premises revealed that the facility has adequate CCTV coverage for the safety and security of residents and staff consistent with security industry standards.
 - 29 interior/exterior cameras are strategically located throughout the facility with a 24-hour DVR recording platform and multiplex live viewing capability.
 - DVR is backed up with a 30-day recording capability.
 - Camera views do not capture staff offices, resident rooms and restrooms to ensure privacy.
- Interviews with Agency's CEO, PREA Coordinator, SRRC Deputy Regional Manager and staff confirmed Agency's commitment to the utilization of video monitoring to augment the organization's overall security plan.

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: Meets Standard.

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

- Agency's policy #21 provides guidance and SRRC 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 SRRC 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 SRRC policy and procedure manual direction on forensic medical examinations and the use of SANE's or SAFE's and documented efforts to provide them.
- Agency's policy #23-b provides guidance and SRRC policy and procedure manual direction on the use of rape victim advocates and has established a working relationship with the Monterey County Rape Crisis Center who provide services to anyone including residents. Agency had a back up victim advocate with a Licensed Marriage and Family Therapist and the implementation of response team reports with action plans.
- All the above mentioned policies references 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager and 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 obtaining 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 SRRRC 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 Agency's policy and procedures.
- Interviews with Agency's PREA Coordinator, SRRRC Deputy Regional Manager and investigative staff confirmed Agency's commitment to ensuring referrals of allegations for investigations.

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 SRRRC policy and procedure manual direction on the Agency's commitment to train all staff who have contact with residents.
- The Agency's documented efforts in training staff to the standard requirements using both curriculum provided by the PREA Resource Center and Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRRC Deputy Regional Manager, 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 SRRC policy and procedure manual direction on the Agency's requirement to train all volunteers and contractors who have contact with residents on their responsibilities with respect to the Agency's policies and procedures regarding sexual abuse and harassment prevention, detection and response.
- Volunteers and contractors 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator and SRRC Deputy Regional Manager 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 SRRC policy and procedure manual direction on the Agency's efforts to educate residents during the intake process.
- 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 Salinas RRC Sexual Abuse/Harassment Prevention and Intervention Guide: An Overview" (7 pages) that covers all elements required by the standard.
- Residents sign and acknowledge receipt of guide.
- The Agency demonstrates efforts to provide residents with PREA education materials in all formats.
- Agency maintains a PREA information center bulletin board at the facility in the general living room.
- 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.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager 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 SRRC 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager 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 SRRC 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 SRRC policy and procedure manual direction on the Agency's implementation of control measures from information derived from residents from the intake screening tool.
- Agency utilizes a Federal Bureau of Prison intake and screen form and the Agency's "Sexual Predator-Vulnerability PREA Screening Checklist" to screen residents upon intake.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager, 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 SRRC 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager, 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 SRRC 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 SRRC 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 with internal and external reporting sources located in the general living room.
- 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager 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 SRRC 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 Monterey County Probation Department whichever applicable.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager and staff confirmed Agency's commitment to dealing with 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 SRRC 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 Agency's policies and procedures.
- Agency has established communication with the Monterey County Rape Crisis Center for the provision of services.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager 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 SRRC 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager 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 SRRC 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager and staff confirmed Agency's commitment to their reporting obligations as required by the standard.
- The Agency has a PREA incident reporting form readily available to staff.

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 SRRC policy and procedure manual direction on the Agency's commitment to providing immediate protective measures for residents at risk of sexual abuse.
- Upon entry, 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager 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 SRRC 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 Monterey County Probation Department, whichever applicable.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager 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 SRRC 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager 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: Meets Standard.

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

- Agency's policy #40, which references the standard, provides guidance and SRRC 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").
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager 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 SRRRC 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRRC Deputy Regional Manager 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 SRRRC 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRRC Deputy Regional Manager, 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 SRRC policy and procedure manual direction on the Agency's understanding of imposing a standard of the preponderance of evidence or lower, 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager 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 SRRC 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager 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 SRRRC 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 Agency's policies and procedures.
- Interviews with Agency's CEO, PREA Coordinator, SRRRC Deputy Regional Manager 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 SRRRC 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRRC Deputy Regional Manager 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 SRRC 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.
- The Agency's documented efforts in training staff to the standard using both curriculum provided by the PREA Resource Center and Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager, 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 SRRC 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 Natividad Medical Center in Salinas, CA 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager, 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 SRRC policy and procedure manual direction on providing resident victims of 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 Agency's policies and procedures.
- Interviews with Agency's PREA Coordinator, SRRC Deputy Regional Manager and staff confirmed Agency's commitment to providing resident victims of sexual abuse 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 SRRC 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 Agency's policies and procedures.
- Interviews with Agency's CEO, PREA Coordinator, SRRC Deputy Regional Manager 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 SRRC 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, "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 Agency's policies and procedures.
- Interviews with Agency's CEO, PREA Coordinator, SRRC Deputy Regional Manager and staff 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 Agency's policies and procedures.
- Interviews with Agency's CEO, PREA Coordinator, SRRC Deputy Regional Manager and investigative staff 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 SRRC 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 Agency’s policies and procedures.
- Interviews with Agency’s PREA Coordinator, SRRC Deputy Regional Manager and staff confirmed Agency’s commitment to retain, secure and make available to the public, aggregated sexual abuse data.

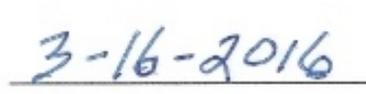
AUDITOR CERTIFICATION

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.



Auditor Signature



Date