# Prison Rape Elimination Act (PREA) Audit Report
## Juvenile Facilities

☐ **Interim** ☒ **Final**

**Date of Report** 05/30/2018

## Auditor Information

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|---|---|
| **Name:** Yvette D. Klepin | **Email:** yklepin1@gmail.com |
| **Company Name:** Audit and Action | |
| **Mailing Address:** PO BOX 1606 | **City, State, Zip:** Ramona, CA 92065 |
| **Telephone:** (6190 994-1174 | **Date of Facility Visit:** 02/26/2018 |

## Agency Information

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|---|---|---|---|
| **Name of Agency**<br>San Bernardino County Probation | | **Governing Authority or Parent Agency** *(If Applicable)* | |
| **Physical Address:** 175 West 5th Street | | **City, State, Zip:** San Bernardino, CA 92415 | |
| **Mailing Address:** Click or tap here to enter text. | | **City, State, Zip:** Click or tap here to enter text. | |
| **Telephone:** (909) 387-5528 | | **Is Agency accredited by any organization?** ☐ Yes ☒ No | |
| **The Agency Is:** | ☐ Military | ☐ Private for Profit | ☐ Private not for Profit |
| ☐ Municipal | ☒ County | ☐ State | ☐ Federal |

**Agency mission:** We improve the lives of those we are committed to serve through a balanced approach of rehabilitation and the protection of the community.

**Agency Website with PREA Information:** http://joinprobation.org/PREA.aspx

### Agency Chief Executive Officer

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|---|---|
| **Name:** Michelle Scray-Brown | **Title:** Chief Probation Officer |
| **Email:** Michelle.Scray-Brown@prob.sbcounty.gov | **Telephone: (909) 386-1810** |

### Agency-Wide PREA Coordinator

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|---|---|
| **Name:** Wendy Douglas-Mitchell | **Title:** Probation Corrections Supervisor II |

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| **Email:** Wendy.Douglas-Micthell@prob.sbcounty.gov | **Telephone:** (909)387-5528 |
| **PREA Coordinator Reports to:**<br>Division Director II Stephanie Rogue | **Number of Compliance Managers who report to the PREA Coordinator** 5 |

## Facility Information

| | | | |
|---|---|---|---|
| **Name of Facility:** High Desert Juvenile Detention Assessment Center | | | |
| **Physical Address:** 21101 Dale Evans Parkway Apple Valley, CA 92307 | | | |
| **Mailing Address (if different than above):** Click or tap here to enter text. | | | |
| **Telephone Number:** (760) 961-6202 | | | |
| **The Facility Is:** | ☐ Military | ☐ Private for Profit | ☐ Private not for Profit |
| ☐ Municipal | ☒ County | ☐ State | ☐ Federal |

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|---|---|---|---|---|
| **Facility Type:** | ☒ Detention | ☐ Correction | ☐ Intake | ☐ Other |

**Facility Mission:** We improve the lives of those we are committed to serve through a balanced approach of rehabilitation and the protection of the community.

**Facility Website with PREA Information:** http://joinprobation.org/PREA.aspx

**Is this facility accredited by any other organization?** ☒ Yes ☐ No

### Facility Administrator/Superintendent

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|---|---|
| **Name:** Nathan Scarano | **Title:** Division Director II/Superintendent |
| **Email:** Nathan.Scarano@prob.sbcounty.gov | **Telephone:** (760) 961-6612 |

### Facility PREA Compliance Manager

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|---|---|
| **Name:** Pam Hunter | **Title:** Probation Supervisor II |
| **Email:** Pam.Hunter@prob.sbcounty.gov | **Telephone:** (760) 961-6702 |

### Facility Health Service Administrator

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|---|---|
| **Name:** Deborah McKinney | **Title:** Probation Health Services Manager |
| **Email:** Deborah.McKinney@prob.sbcounty.gov | **Telephone:** Click or tap here to enter text. |

### Facility Characteristics

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|---|---|---|---|
| **Designated Facility Capacity:** 200 | | **Current Population of Facility:** 37 | |
| **Number of residents admitted to facility during the past 12 months** | | | 791 |
| **Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:** | | | 465 |
| **Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:** | | | 672 |
| **Number of residents on date of audit who were admitted to facility prior to August 20, 2012:** | | | 0 |
| **Age Range of Population:** | 12-19 years old | | |
| **Average length of stay or time under supervision:** | | | 23.4 days |
| **Facility Security Level:** | | | Secured |
| **Resident Custody Levels:** | | | High Risk Offenders |
| **Number of staff currently employed by the facility who may have contact with residents:** | | | 122 |
| **Number of staff hired by the facility during the past 12 months who may have contact with residents:** | | | 14 |
| **Number of contracts in the past 12 months for services with contractors who may have contact with residents:** | | | 0 |

## Physical Plant

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|---|---|---|---|
| **Number of Buildings:** 4 | | **Number of Single Cell Housing Units:** 0 | |
| **Number of Multiple Occupancy Cell Housing Units:** | | | 100 |
| **Number of Open Bay/Dorm Housing Units:** | | | 3 |
| **Number of Segregation Cells (Administrative and Disciplinary:** | | | 0 |

**Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):**

The facility has a Closed-Circuit Television System that has video and audio monitoring capability. The system is monitored 24 hours a day, seven days a week by staff in their Central Control area for all external and internal cameras. External cameras are strategically placed and monitor entrances and recreational areas. Internal cameras are placed to monitor hallways, classrooms and common dayroom areas. If upgrades are planned in the future they will determine camera placement by taking into account allegations reported, where incidents occurred in the facility as well as blind spots. There were not any cameras in the medical area at this time, except in the medication room, but the area is staffed with a Correctional Officer.

## Medical

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|---|---|
| **Type of Medical Facility:** | On-site medical clinic combined with Arrowhead Regional Hospital when needed. |
| **Forensic sexual assault medical exams are conducted at:** | Redland Hospital or Kaiser Fontana |

## Other

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|---|---|
| **Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:** | 164 all facilities |
| **Number of investigators the agency currently employs to investigate allegations of sexual abuse:** | 0 |

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of San Bernardino County Probation Department's (SBCPD) High Desert Juvenile Detention Assessment Center (HDJDAC) was conducted on February 26, 2018 and February 28, 2018 for leadership and documentation review housed at the administrative offices by Yvette D. Klepin and Robert Sayasane Ramona, CA and San Diego, CA respectively. Both auditors are Department of Justice (DOJ) Certified PREA Auditors for juvenile facilities. Pre-Audit preparation included a thorough review of documentation and materials submitted along with data submitted in the Pre-Audit Questionnaire. Documentation submitted included San Bernardino County Probation Department PREA policy, procedures, forms, education materials, training curriculum training rosters, and PowerPoints, organization charts, and other material related to demonstrating compliance with the PREA standards. A review of the materials submitted raised questions prior to the on-site visit that were asked and answered via e-mail and phone conversations with the PREA Coordinator Wendy Douglas-Mitchell with additional materials being provided. The auditors held a pre-meeting on February 20, 2018 with facility Compliance Managers, the PREA Coordinator, Facility Superintendent, department policy writer, and the Deputy Chief Probation Officer. SBCPD personnel were informed of the audit process and questions the auditors had were answered at that time as well as agency representative questions.

During the one-day on-site visit, auditors were provided two privates rooms to conduct confidential interviews. Formal interviews were conducted with facility staff, educators, and residents. There were no contracted or volunteer staff at the facility to interview the day of the on-site visit. The day of the on-site visit there were a total of 37 resident in the facility (26 males and 11 females).

The auditors collectively conducted interviews with facility leadership, staff and resident. The interviews were conducted consistent with DOJ PREA auditing expectations in content and approach, as well as interviewees being selected (i.e. Facility Superintendent, Compliance Manager, specialized staff, random staff, random resident, etc.). An extensive tour was conducted by both auditors which included the lobby area, intake and release, housing units, classrooms, visiting area, health services, recreation area, and administration area. Laundry is completed in the living area; no resident enters the kitchen area or warehouse. All doors where residents do not have access were locked. While on tour auditor Klepin attempted to open six doors and all were locked. Residents did not roam the facility. During the tour every resident outside the living area were escorted by a correctional officer. During the tour the auditors were permitted access to all areas of the facility requested. Several posters were placed throughout the facility announcing the upcoming audit six weeks prior to the on-site audit visit. The posters provided information regarding the audit and included the auditor's name and contact information. Pictures were emailed to auditor Klepin verifying the posters were posted consistent with the DOJ auditing expectations.

At the end of the tour a total of 21 staff were interviewed, including leadership staff and 15 interviews were conducted with residents. Resident were randomly selected to participate in the audit by obtaining a current roster of residents and selecting every third name. The list was also used to identify specific populations such as residents with disabilities and Lesbian, Gay, Bisexual, Transgender residents. The random sampling process was also used to select staff for interviews. If the staff was not available, due to incidents occurring at the facility, auditor Klepin selected another staff. Staff from the AM, PM and Late-Night shift were interviewed. HDJAC leadership accommodated the auditors request to interview specific staff and covered resident supervision while staff were participating in the interview process. While at the facility auditor Sayasane reviewed resident case records, programming information and grievances. Training records were provided to auditor Klepin and reviewed prior to the on-site audit. Agency Investigative reports of sexual abuse or assault were reviewed to verify none had occurred at the facility during the audit period. Staff records were

reviewed and completed at the SBCPD administrative offices, where the files were located, on February 28, 2018. Sixteen background files were randomly selected consisting of new staff, promoted staff and volunteer staff hired and promoted during the audited period.

On February 28, 2018 a two hour debrief was held at SBCPD administrative offices with leadership and Compliance Managers, as well as their policy writer. The purpose of the meeting was to summarize preliminary audit findings, providing specific strengths and areas for improvement as related to the PREA standards. After the on-site visit was completed PREA Coordinator Douglas-Mitchell provided auditor Klepin updates to policy from information relayed at the debrief meeting as well as the juvenile facility Coordinated Response Plan.

It is clear that the leadership of SBCPD and HDJDAC have made PREA compliance a high priority and have expanded great effort to ensure sexual safety of the residents in their care. It was clear staff are vested in PREA as demonstrated through their knowledge and understanding of the protection requirements.

Findings report was submitted 25 days following the on-site portion of the audit, an initial findings report was submitted to the HDJAC Superintendent and the agency PREA Coordinator.

## Facility Characteristics

The SBCPD operates HDJDAC, a locked secured 200 bed facility located in Apple Valley, California. This facility contains facility administrative offices, a medical clinic, mental health offices, classrooms and recreation areas. The facility is located at 21101 Dale Evans Parkway. HDJAC is a facility designed to house resident ages 12-19 years old waiting for court hearings on felony charges and probation violations. The facility is surrounded by fence with razor wire at the top. The design has three buildings that house resident. The housing units have single and double occupancy rooms with locked doors. A toilet is located in each of the cell rooms. There is a dayroom for residents, a shower area and a small laundry room is located adjacent to the dayroom. A camera is set to allow visibility to the doorway of the laundry room and staff do not enter the room when a resident is in the room doing laundry. The staff remain outside the doorway in full camera view in the dayroom. The resident showers are located in the dayroom area. Since cameras cover the dayroom the shower area is blacked out on the camera system as observed by auditor Sayasane when looking at the camera monitoring area. The cameras are monitored by staff in a separate control area in the facility. The facility has separate school classrooms for resident education and cameras are located in the classrooms.

When residents are brought to the facility they enter through the intake area. A pat down search is completed and a hand-held metal detector is used as part of the search process. The Central Control area houses video monitoring equipment that provides video feed from all external and internal cameras. External cameras are strategically placed to monitor entrances and recreational areas. Internal cameras monitor hallways, the intake area, dayrooms in housing units, and classrooms. The Central Control staff provides constant monitoring seven days a week/twenty-four hours a day. The facility has a medical clinic area that also houses mental health professionals. There is a staff lounge area, staff restroom probation offices and administrative offices, all of which are secure and residents are not allowed access.

The facility has approximately 122 staff assigned. The SBCPD has approximately 164 volunteers and contractors but are shared with other facilities the department operates. Volunteers and contractors are not assigned specifically to one facility. On the day of the on-site visit no volunteers or contractors were in the building.

There were 791 residents that entered the facility from January 1-December 31, 2017. There were 37 residents in the facility on the day of the on-site visit. The population has been on a downward swing over the last 10 years. The average length of stay was 23.4 days.

## Summary of Audit Findings

| Interim Findings | Final Audit Findings |
|---|---|
| **Number of Standards Exceeded: 0** | **Number of Standards Exceeded: 0** |
| **Number of Standards Met: 40** | **Number of Standards Met: 43** |
| **Number of Standards Not Met: 3** | **Number of Standards Not Met: 0** |

During the audit period, HDJDAC reported that no allegations of sexual abuse or sexual harassment were received, thus there were no criminal or administrative investigations related to sexual abuse or sexual harassment conducted at HDJDAC.

Overall the interview of residents reflected that they were aware of HDJDAC's zero tolerance and they understood the PREA protections in place to ensure their safety from sexual abuse and sexual harassment. Residents are informed at the beginning of the intake process by intake officers, the Orientation Handbook and a video about PREA. The information they receive includes the zero-tolerance policy, multiple ways to report sexual abuse and sexual harassment, and the grievance process. Residents stated they knew the various ways to report sexual abuse and sexual harassment. They discussed the posters that provide names and phone numbers of who they can call to report sexual abuse and sexual harassment that are posted by the housing unit pay phones. During the resident interviews all said they felt safe in the facility.

All facility staff interviewed privately indicated they have had detailed related PREA training regarding the agency's zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in preventing, detecting, reporting, and responding to sexual assault and sexual harassment allegations. Staff consistently articulated the variety of methods for residents and staff to report sexual abuse and sexual harassment. They knew and understood first responder duties as evidenced by their responses in the auditor interviews. However, during conversations with housing unit staff the day of the on-site it was found that newly-hired staff "shadowing" veteran staff in the units had not yet received PREA related training. As part of the corrective action plan the CORE training for new staff was immediately rearranged to place PREA training early in the CORE and the staff not yet trained were no longer working in the units. Proof of training will be submitted to the auditor once completed.

SBCPD was in the process of developing a written Coordinated Response Plan but had not completed it by the on-site visit. Since the on-site the Coordinated Response Plan was completed and it was submitted to the auditor on March 16, 2018. The plan is comprehensive and outlines all areas required by the standard.

In review of the all materials submitted the agency collects information from a variety of sources (i.e. intake officers, medical professional, mental health professionals, interviews with residents, and the resident's case file) classification and housing unit assignments. However, they did not have an objective screening instrument. They were in the process of developing one. Since the on-site portion of the audit they finalized their screening tool and provided it to auditor Klepin on March 23, 2018. The tool is consistent with PREA standards.

In summary, although three areas remain deficient it is clear after resident and staff interviews SBCPD leadership has made PREA a high priority. They have dedicated staff in key positions such as

Superintendents, the PREA Coordinator and Compliance Mangers, that have contributed to the success of their PREA implementation thus far. SBCPD has dedicated a significant amount of time and resources to policy development, training and education of staff and residents and is commended for their progress.

**May 2018 Update Since the Audit: Corrective Actions Taken by HDJDAC to Achieve Full Compliance:**

The Interim Compliance Report reflected there were three standards that were in non-compliance at HDJDAC. Therefore, a required corrective action period not to exceed 180 days began on March 24, 2018. The auditor made suggestions for the corrective action plan and the PREA Coordinator agreed and began immediate corrections to those standards found not to be in compliance. HDJDAC completed the required corrective actions requested by the Auditor to bring the facility into full compliance with the PREA standards.

**As to §115.313: Supervision and Monitoring:**

On May 2, 2018 the Auditor received documentation supporting the facility had developed a written staffing plan and will continue to review their staffing needs in accordance with the plan on an annual basis to include the PREA Coordinator.

**As to §115.331: Employee Training:**

On April 10, 2018 the Auditor received a training roster documenting the staff that had not received PREA training prior to being placed in housing units had received PREA training on April 3, 2018.

**As to §115.341: Screening for Risk of Victimization and Abusiveness:**

On May 21, 2018 SBCPD provided Auditor Klepin with their updated Juvenile Detention Assessment and Classification form, completed assessments on youth entering the facility, and documentation supporting staff were trained in the use of the assessment. The Classification form includes information about youth and their perception as to vulnerability towards victimization and abusiveness.

# PREVENTION PLANNING

## Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SBCPD has implemented a PREA Policy as set forth in SBCPD Manual Section #23, Section I. The policy contains clear expectations with regard to zero tolerance for all forms of sexual abuse and sexual harassment. The policy comprehensively addresses the agency's approach to preventing, detecting, reporting, and responding to all forms of sexual abuse and harassment. The policy contains pertinent definitions, sanctions and training expectations/efforts with probation employees, volunteers, contractors, residents, and others.

The agency has designated Probation Corrections Supervisor II Wendy Douglas-Mitchell as there PREA Coordinator. The PREA Coordinator reports directly to Division Director II Stephanie Rogue of the department's Compliance Unit. PREA Coordinator Douglas-Mitchell indicated she has sufficient time and authority to develop, implement, and oversee SBCPD's efforts to comply with the PREA standards. As SBCPD has more than one facility there are designated Compliance Managers at each facility. HDJDAC has two Compliance Managers. The primary Compliance Manager is Probation Corrections Supervisor II Pam Hunter. In the interview she stated she has sufficient time to perform her PREA related duties as the facility has a second Compliance Manager; Probation Corrections Supervisor I Toya Smith. Between the two they are able to complete all PREA related functions.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section I, SBCPD and HDJDAC Organizational Chart, interviews with PREA Coordinator Douglas-Mitchell and Compliance Manager Hunter and the PRE-Audit Questionnaire.

## Standard 115.312: Contracting with other entities for the confinement of residents

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SBCPD has not entered into or renewed contracts with any private or governmental agencies for the confinement of its residents since the implementation of the PREA standards. In discussion with leadership during the briefings should they enter into or renew current contracts they will provide the language in the contracts regarding expectations of preventing, detecting, reporting and responding to sexual abuse and sexual harassment as well as having a zero tolerance towards sexual abuse and sexual harassment.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section II, interviews with PREA Coordinator Douglas-Mitchell and Compliance Manager Hunter and the PRE-Audit Questionnaire.

## Standard 115.313: Supervision and monitoring

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC does not have a formalized, written staffing plan that addresses the eleven mandatory elements and considerations required of the PREA standards. The foundation of the plan is present in their PREA policy (SBCPD Policy Manual section III). In assisting with determining compliance versus non-compliance information was obtained from interviews with leadership at the facility, the PREA Coordinator and the Deputy Chief that oversees SBCPD institutional facilities and documents provided (i.e. Master Schedule, Staff Number Positions report, overtime usage report, staffing daily schedules, unannounced rounds report, camera system layout, minutes from meetings for camera system upgrades, PREA policy #23, interviews with resident and supervision staff, allegations of sexual harassment and sexual abuse reports).

The HDJDAC facility has a camera system which is comprised of multiple video screens located in a central control area. The screens are monitored by staff members 24 hours a day, seven days a week. Live video footage of these areas can be accessed remotely from the Watch Commander and facility Superintendent offices.

HDJDAC is mandated by Board State Community Corrections to maintain a 1:10 waking hour and 1:30 sleeping hour staff to resident ratio while the PREA standard mandates a 1:8 and 1:16 ratio respectively. HDJDAC has adopted the PREA standards in their PREA policy #23, section III D. In reviewing the daily schedules, daily population reports, overtime reports and interviews with leadership the facility maintains the PREA standard ratios on a daily basis. When the facility falls below the PREA standard ratios due to circumstances such as sick calls by staff the facility uses volunteer and mandated overtime to cover the shifts to maintain the ratio at all times. Interviews with residents, staff and observations while on site, verified HDJDAC compliance in this area. Observations included a maximum of 7 residents in each classroom at any given time, as well as one supervision staff. While in the units there was a maximum of 5 resident with 2 staff and in one unit 17 residents with four staff present (3 supervision staff and one new supervision staff shadowing for training purposes).

Review of the handwritten unit logs and the electronic unannounced round 2017 document indicate unannounced rounds are conducted by Probation Supervisors I and II's. Documentation included place, date, time, name, position, purpose of round and notes. Interviews with supervision staff and residents supported these rounds are conducted regularly.

During the interviews it was determined the PREA Coordinator has not been involved in the staffing plan to date. She has been in the position for nine months since the previous PREA Coordinator transitioned out of the facility. As a staffing plan is not documented there is no evidence to support the previous PREA Coordinator being involved in the staffing plan.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section III, interviews with Division Director I Mary Garcia, PREA Coordinator Douglas-Mitchell and Compliance Manager Hunter and the PRE-Audit Questionnaire. Board of State and Community Corrections Title 15 was reviewed. Documents reviewed included Master Schedule, Staff Number Positions report, overtime usage report, staffing daily schedules, unannounced rounds report, camera system layout, minutes from meetings for camera system upgrades.

**Corrective Action Plan:**

1. **Develop/Document/Send Proof to auditor of written staffing plan by May 31, 2018**
2. **Staffing plan shall include the PREA Coordinator**

**Verification of Corrective Action since the Audit**

Auditor Klepin was provided supplemental documentation on May 2, 2018 to evidence and demonstrate actions taken by SBCP and HDJDAC administration regarding this standard. The documentation provided was HDJDAC staffing plan. SBCPD/HDJDAC administration developed a formalized staffing plan. The staffing plan addresses the eleven considerations in this standard and requires annual review of the plan by SBCPD and HDJDAC administration which includes the PREA Coordinator. HDJDAC is now fully compliant with this standard.

## Standard 115.315: Limits to cross-gender viewing and searches

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SBCPD Policy Manual #23 section A states “Probation staff will not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.” Interviews with supervision staff and residents support the policy is followed. Residents reported they have never been pat-down or stripped searched by the opposite gender staff and staff reported they have never conducted cross-gender pat-down or strip searches. They have enough male and female supervision staff on each shift so this would not occur. To ensure if a housing unit does not have the same-sex gender staff to conduct searches they will move staff around so they do not cross-gender search. During the on-site it was observed only female staff are assigned to female units and staff and residents confirmed this during interviews. For male units it was observed there was a mixture of male and female staff assigned to the male units. The facility leadership and staff reported if this were to occur staff would have to obtain prior approval from the Watch Commander/Supervisor prior to conducting and it would be fully documented on their log for strip searches, including the reason for the cross-gender search as well as audio recorded. Nursing staff, facility leadership and staff interviewed said body cavity searches would only be conducted at the local hospital by medical practitioners.

A review of the training records indicated all supervision staff have been trained on how to conduct searches, including opposite-gender and transgender searches. Supervision staff during interviews were able to articulate the training included how to conduct searches in a professional, respectful, and non-intrusive manner. Search training is conducted for each staff yearly. Training records were reviewed and all have attended the training. The training PowerPoint was also provided and reviewed which supports the training reported and the policy. It was noted and observed during the on-site visit that when a new intake enters the facility they have the resident behind a screen that covers everything but from the neck and above as well as the lower legs. The resident change clothing behind the screen and hand staff the clothing they entered the facility in.

SBCPD policy require staff of the opposite gender to announce their presence when entering a housing unit. Resident interviews were a mixture regarding hearing staff make the announcements. All six female residents stated male staff do not work in the female unit. Usually male staff entering the unit are supervisors or male staff enter during emergencies. All six stated when male staff enter they announce “male on deck”. Seven of the nine male residents interviewed stated female staff do not announce but they know by hearing them talk or when they do safety check. During the on-site visit male and female staff did announce the presence of the opposite gender entering the unit. However, it was noted to be said in a volume that was not very loud for youth to hear throughout the unit. This was discussed in the debrief with the Compliance Managers. At the monthly all staff meeting and email it was addressed that announcements must be loud enough for residents to hear. Compliance Managers will check periodically to make sure announcements are made in a volume loud enough for all to hear. On April 13, 2018 Auditor Klepin conducted an on-site to interview youth to ensure the announcement was being heard. Auditor Klepin randomly selected youth to interview by obtaining a copy of the youth roster and selected every third youth available at the facility on this day. There was a total of 46 youth on the roster (11 female and 35 male). Eleven youth were interviewed (2 female and 9 male). Eight of the eleven said the staff of the opposite gender made an announcement when they entered the living unit. The three who stated they did not hear any announcement had come from units where other youth reported they did hear the announcement. Each housing unit also posted a sign on the entrance door as an extra reminder for staff to announce their presence. Therefore, it was concluded the announcement practice is in place.

Each housing unit has individual showers in one area adjacent to the dayroom. In the male units the doors are partial doors that cover the genital and buttocks area. The female unit has the same type door and for taller females there is concern that their breast may be exposed. Due to the age and design of the facility staff instruct all female resident to face the shower wall at all times during their shower. The staff monitoring the cameras cannot see the resident in the shower as this is blacked out on the camera as observed during the on-site visit. Interviews with supervision staff and residents support the supervision staff do not view their “private parts” (meaning breast, genital and buttocks).

Each housing cell has its own toilet and residents are allowed to enter their room and close the door when using the toilet. As there is a window on each door for staff to conduct safety checks on residents the supervision staff reported the residents drape a towel over their private areas to cover themselves from view. Residents verified during interviews they cover themselves with a towel when using the toilet.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section IV, facility training records, observations during on-site visit, interviews with PREA Coordinator Douglas-Mitchell and Compliance Manager Hunter, facility staff, residents and the PRE-Audit Questionnaire.

## Standard 115.316: Residents with disabilities and residents who are limited English proficient

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The facility takes appropriate steps to ensure that residents with disabilities (i.e. residents who are deaf or hard of hearing, residents who are blind or have low vision, residents who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. SBCPD has contracts with interpreter services. A list of the agencies, phone numbers and services were provided to auditor Klepin. During the on-site interviews it was verified the Watch Commanders/Supervisors have interpreter information regarding agencies, phone numbers and services provided. In the interviews it was specifically stated if an interpreter is needed for the youth for school and waking hours the facility will contact an agency and have an interpreter with the youth during waking hours. HDJDAC also has staff that are bilingual and provide bilingual pay (extra hourly wages) to those staff that are certified to be used as translators at the facility. Auditor Klepin spoke to one staff that was bilingual and he verified he is used to translate for Spanish speaking youth. There were no non-English speaking residents the day of the on-site visit. There were five youth with IEPs on the day of the on-site. The PREA Coordinator also verified with the school residents are performing at the fifth-grade level and that the written information provided to youth are written at the fifth-grade level. If residents need assistance as they do not understand staff will talk with them to ensure they understand.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section V, list of certified interpreter services with phone numbers and interviews with PREA Coordinator Douglas-Mitchell, random probation staff, and the PRE-Audit Questionnaire.

## Standard 115.317: Hiring and promotion decisions

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The SBCPD policy manual section #23 states the agency/facility does not hire or promote individuals who have engaged in sexual abuse in prisons, jail, lock-up, community confinement facility, or juvenile facility. It also states SBCPD does not hire or promote individuals who have been convicted of engaging or attempting to engage in sexual activity that was facilitated by force or coercion, or if the victim did not or could not consent. Prior to employment background checks are conducted using various data bases (i.e. FBI, DOJ, DMV, CNI, Probation records and Local Sheriff records. Policy #23 section VI D also states they will consult with the Child Abuse Index before enlisting services of any contractor having contact with residents.

In place of conducting criminal background checks every five years SBCPD monitors alerts from the Department of Justice relating to when an employee, volunteer or contractor is alleged to have committed a criminal act. Employees, volunteers and contractors are required to disclose any arrests or convictions regarding such conduct. Failure to disclose can lead up to termination. For volunteer and contract staff if there is an allegation of abuse or they fail to disclose arrests or convictions they are not allowed any contact with residents and are not allowed in the facility.

Auditors Klepin and Sayasane reviewed 17 background files and all had the requisite checks as stated in their policy supporting compliance with the PREA standards.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section VI, background files and interviews with Investigation Staff PCSI Tiffany Dodson and Professional Standards Supervisor Christopher Chris Armijo, and the PRE-Audit Questionnaire.

## Standard 115.318: Upgrades to facilities and technologies

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC reports there have been no acquisitions of new facilities or substantial expansions or modifications the current HDJDAC facility. The facility currently has both external and internal video camera monitoring and the ability to audio monitor. Auditory monitoring is used during strip searches. As they do not video tape any strip searches. Cameras internally are located in hallways, classrooms, and housing unit dayrooms. Cameras are not placed in sleeping rooms or toilet areas. Although the camera in the dayroom can video the shower area the showers have been blacked out so no one can video tape the shower area. External cameras view all outdoor areas on the facility grounds that include walkways and recreation areas. Video cameras are monitored 24 hours a day, seven days a week by the Central Control unit.

Should the facility upgrade the monitoring system the agency leadership will consider a variety of factors including sight lines, blind spots, and inaccessible areas.

Evidence to support the finding of this standard included SBCPD Policy #23, Section VII, completed Pre-Audit Questionnaire, HDJDAC Security map showing video camera locations, and interviews with Division Director I Mary Garcia, Deputy Chief Probation Officer Julie Francis.

# RESPONSIVE PLANNING

## Standard 115.321: Evidence protocol and forensic medical examinations

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC does not conduct criminal investigations regarding allegations of sexual abuse. The staff are trained to contact local law enforcement and preserve and protect the scene and victim, and the alleged perpetrator, until local law enforcement arrive. During interviews of medical, supervision staff and leadership staff they were able to articulate the need to preserve the scene and ensure the victim and abuser do not destroy any possible evidence (i.e. not brush their teeth, not shower, use the toilet or change their clothes). Staff are formally trained on how to respond to an allegation of sexual abuse. Review of the training curriculum and training rosters support the information provided by staff during the on-site visit.

Forensic medical examinations are conducted at the local hospital and not at HDJDAC. HDJDAC has a MOU with San Bernardino Sexual Assault Services to make available a victim advocate to provide support services such as crisis intervention, emotional support, information and referrals for the victim. The MOU was provided and reviewed by auditor Klepin. Forensic exams are made available at no cost to the victim.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section VIII, San Bernardino Sexual Assault Services MOU, interviews with random supervision staff, Medical Supervisor II Janice Felix, PREA Coordinator Douglas-Mitchell. and Pre-Audit Questionnaire.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SBCPD ensures that criminal and administrative investigations are completed for every allegation of sexual abuse and sexual harassment. If a resident makes an allegation of sexual abuse HDJDAC Watch Commander and Supervisors are required to immediately report the allegation through their chain of command and report all sexual abuse allegations that are criminal in nature to local law enforcement (San Bernardino County Sheriff) for investigation.

SBCPD website states in the PREA section "The department will fully investigate and immediately address all allegations of sexual assault, sexual abuse and sexual harassment to include criminal and administrative sanctions as appropriate." Policy is available upon request as well. SBCPD also provides a brochure to parents that is made available in the visiting area that is a "Guide for Parents and Guardians" titled Sexual Assault, Harassment, and Abuse Prevention & Intervention. In the brochure, highlighted in red letters, it states "Charges will be pursued in ALL incidents of Sexual Assaults."

The agency will document these referrals through incident and investigative reports however none were reported in the audit period so documentation could not be reviewed.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section IX, interviews with Deputy Chief Probation Officer Julie Francis and PREA Coordinator Douglas-Mitchell, and the PRE-Audit Questionnaire.

# TRAINING AND EDUCATION

## Standard 115.331: Employee training

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

All HDJDAC employees receive training on PREA related topics. Resident supervision officers attend a CORE training that includes PREA related topics. Prior to the on-site audit verification that staff have received the PREA training was determined by reviewing training rosters and records provided by the department. However, during the on-site visit it was noted there were some staff "shadowing" other staff

as they were in their CORE training. When asked if they received PREA training they replied they had "not yet but I am not left alone with any youth." During a debrief with leadership staff and the PREA Coordinator it was suggested they receive training prior to being in the unit. Since the on-site audit the staff not trained have not had contact with residents and will receive PREA training in their Juvenile Institution CORE training scheduled on April 4, 2018 according to PREA Coordinator Douglas-Mitchell. Signed training rosters will be provided after the staff complete the PREA training. The CORE curriculum was changed so staff in the future will receive PREA training on day three of the CORE training, well before the staff will have contact with youth. CORE training schedule was updated and a copy was provided to the auditor on March 1, 2018.

The PREA training curriculum was provided to the auditor prior to the on-site audit. Auditor Klepin reviewed the training PowerPoint as well as agency policy and facility procedures and determined that the training addressed the 11 areas required in PREA standard §115.331(a):

i. Its zero-tolerance policy for sexual abuse and sexual harassment;
ii. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
iii. Residents' right to be free from sexual abuse and sexual harassment;
iv. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
v. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
vi. The common reactions of juvenile victims of sexual abuse and sexual harassment;
vii. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
viii. How to avoid inappropriate relationships with residents;
ix. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
xi. Relevant laws regarding the applicable age of consent.

Interviews with staff indicate they are aware and fully understand their responsibilities as trained by the department as well as their mandated reporting responsibilities.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section X, training curriculum, training rosters, interviews with PREA Coordinator Douglas-Mitchell, random supervision staff and the PRE-Audit Questionnaire.

**Corrective Action Plan:**

1. **Staff not trained in PREA will be trained April 4, 2018.**
2. **Proof of training will be provided by April 10, 2018.**

**Verification of Corrective Action since the Audit**

During the on-site audit there were staff training staff working in the housing units, "shadowing" other staff, that had not received PREA training. On April 10, 2018 the Auditor received and reviewed a training roster that documented the staff that had not received PREA training prior to being placed in

housing units had received PREA training on April 3, 2018. HDJDAC is now fully compliant with this standard.

## Standard 115.332: Volunteer and contractor training

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC has a policy and process in place to ensure all contracted staff and volunteers are trained prior to having contact with residents. Training records of contract and volunteer staff were provided and reviewed. All contract and volunteer staff signed acknowledgement forms indicating they have received and understand the training provided which included areas such as department's zero-tolerance policy, red-flags, how to report sexual abuse and sexual harassment and had the opportunity to ask questions. The training PowerPoint was also provided and reviewed to indicate the training is inclusive of all areas in preventing, detecting, reporting and responding to allegations of sexual abuse and sexual harassment.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section XI, training records review, Review of training PowerPoint, interview with Medical Supervisor II Janice Felix, educational staff Katherine Wright and Shawanna Dusabloa.

## Standard 115.333: Resident education

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC is committed to ensuring youth understand their right to be safe. HDJDAC provides a number of ways that youth receive information that they have a right to be free from sexual abuse and sexual harassment. Each youth is shown a video upon intake informing them of their rights. They also receive an Orientation Handbook. In the handbook HDJDAC answers what sexual assault is, informs of the zero-tolerance policy, how to report sexual related incidents, has information on medical exams, Sexual

Assault services (available in the community), options and contact information for reporting and information on Human Trafficking.

Review of facility documentation and youth interviews verified all youth placed at HDJDAC receive comprehensive education regarding the right to be free from sexual abuse and sexual harassment, how to report and they have a right not to be retaliated against when they report alleged sexual abuse and sexual harassment. All youth interviewed reported they had received the Orientation Handbook. 19 case files were reviewed and all 19 had received PREA orientation upon intake. All youth received PREA education and most had received it within the 10-day period. To ensure all residents receive the education within the 10-day mandated period HDJDAC changed their PREA education schedule to be conducted on a weekly basis in the orientation unit. All youth interviewed were able to explain how they can and would report incidents of sexual abuse and sexual harassment. In addition, there were posters throughout the facility that declare the facility's zero-tolerance towards sexual abuse and sexual harassment. Posted at the resident phones were phone numbers and names that youth could call to make reports, including the Ombudsman. If youth have disabilities, are Limited English Proficient, are deaf, hard of hearing, have low vision or are blind interpreters are contacted to assist the resident throughout their stay at the facility.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section XII, Orientation Handbook, resident case file review, auditor observations during the on-site visit, interviews with residents and the PRE-Audit Questionnaire.

## Standard 115.334: Specialized training: Investigations

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC does not conduct criminal investigations and refer all such cases to the San Bernardino County Sheriff Department Sex Crimes Against Children Unit. HDJDAC staff do not conduct administrative investigations on allegations of sexual abuse and sexual harassment. The SBCPD has a Professional Standards unit that conducts administrative investigations. This is a small unit and one staff has received specialized training in techniques for interviewing juveniles of sexual abuse. That staff member would conduct the interviews. All Professional Standards staff have received training on conducting investigations which include proper Miranda and Garrity Warnings. Training records and staff interviews support SBCPD meets this standard.

Evidence reviewed to support the finding for this standard includes SBCPD Policy #23, Section XIII, training records, interviews with Deputy Chief Julie Francis, Professional Standards staff Carlos Armijo, and Compliance Manager Kathy Sloan, Administrative staff Jennifer Villa, and the PRE-Audit Questionnaire.

## Standard 115.335: Specialized training: Medical and mental health care

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Medical and Mental Health professionals working at HDJDAC have received training and understand how to detect and assess signs of sexual abuse and harassment; how to preserve evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and to whom to report suspicions and allegations of sexual abuse and sexual harassment. Interviews with medical and mental health practitioners as well as review of the training PowerPoint support the training is provided. Training records support the finding all medical and mental health professionals assigned and working in the facility received and understand the training.

During interviews with Probation leadership and staff (Probation staff, medical staff and mental health staff) the facility does not conduct any forensic evaluations. In the event a youth alleges sexual abuse the victim would be transported to the local hospital to see a SANE/SAFE professional.

Evidence reviewed to support the finding for this standard includes review of training documents and interviews with PREA Coordinator Douglas-Mitchell probation staff, medical Supervisor II Janice Felix and mental health staff Martha Parra and the PRE-Audit Questionnaire.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.341: Screening for risk of victimization and abusiveness

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

All residents that enter HDJDAC have an initial screening and assessment during the initial intake process that occurs when the resident enters the facility. The intake process utilizes a number of assessment processes to gather information about the resident. The process includes an interview with the intake officers, medical staff and mental health staff, the MAYSI II, as well as a review of the Case Electronic system to gather information on the resident. The screening process is very thorough and gathers significant information that is used to determine the resident's needs. All youth that entered the facility in 2017 completed the intake process. When reviewing the process and various documents all eleven areas detailed in this standard are covered. However, at the time of the on-site visit the facility did not have an objective screening instrument. SBCPD was in the process of developing an objective screening instrument. A draft was submitted to auditor Klepin for review. Input from the auditor was provided and the Risk Screening tool is now completed and was submitted to auditor Klepin on March 23, 2018. After review, the Risk Screening tool meets the requirement of this standard. Implementation and proof of implementation will be provided during the corrective action plan period.

When a resident is assigned a housing unit a correctional officer is assigned to the resident and they meet with the resident throughout the stay at the facility. Needs are reassessed consistently through the meeting process with residents.

Materials, interviews and other evidence obtained included SBCPD policy #23, section XIV, Pre-Audit questionnaire, intake observation by audit Sayasane, intake screening instrument for correctional officers, booking questionnaire, Sexual Orientation Gender Identification and Gender booking questionnaire, mental health evaluation and screening form, medical screening form, and interview with intake officers, PREA Coordinator Douglas Mitchell and Compliance Manager Pam Hunter.

**Corrective Action Plan:**

1. **Train and implement the use of the Risk Screening tool and provide proof of implementation to auditor by May 31, 2018.**

**Verification of Corrective Action since the Audit**

On May 21, 2018 SBCPD provided Auditor Klepin with their updated Juvenile Detention Assessment and Classification form. This form is now used in part as a Screening for Risk of Victimization and Abusiveness. In review of the tool it includes questions for and about youth to assist in determining if a youth is at risk of victimization or abusiveness in potential sexual misconduct. A training roster documenting staff training was provided as well. HDJDAC provided a copy of nine youth's risk assessment. After review, the risk assessment provided staff with information that was used to determine housing and any needs the youth may have to protect them from victimization and prevent abusive behavior.

## Standard 115.342: Use of screening information

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SBCPD policy requires that all information gathered through the custody (intake) and assessment process to ensure proper classification and placement as well as protective precautions required to ensure a resident's safety from sexual abuse and sexual harassment. Policy requires facility to make individualized determinations about how to ensure the safety of each youth. During interviews the staff related housing determinations are made on a case by case basis using all information obtained through the intake and assessment process and emphasized the youth's own perception is taken into account as well.

SBCPD Policy states "youth will not be isolated from other youth." If there is a need to isolate it will be done in the least restrictive manner and youth will not be restricted from daily large-muscle exercise or any legally required educational programming or special education services. If a youth is isolated the facility will clearly document the facility's concern for the youth's safety and the reason why no alternative means of separation could be arranged. This will be documented in the Case Electronic system that contains the youth's case file. When on isolation youth will receive visits from medical and mental health staff and will not be restricted from work opportunities or programs. During the on-site visit no youth were on isolation so the auditor could not interview residents in isolation. Even though the facility staff stated they do not use isolation the policy provides it can be used. If used any staff can be utilized to supervise youth on isolation. Therefore, auditor Klepin chose to ask a supervision staff about resident's in isolation. The staff answers were consistent with SBCPD policy.

At the time of the audit there were seven youth in the facility that identify as lesbian or gay. There were no transgender youth or intersex youth in the facility at the time of the on-site visit. During staff interviews PREA Coordinator Douglas-Mitchell did relate they did have one transgender female in the facility in 2017. During the assessment process the resident did state she would be more comfortable in a female unit and was accommodated. During the interviews all residents said they were informed of their right to be free from sexual abuse and sexual harassment and how to report and whom to report to if they did not feel safe. All residents reported they felt safe while in the facility.

Besides interviews with residents' evidence relied upon in determining compliance included SBCPD Policy #23, Section XV, completed Pre-Audit Questionnaire submitted by HDJDAC, intake staff interview, supervision staff, and PREA Coordinator Douglas-Mitchell and Compliance Manager Hunter.

# REPORTING

## Standard 115.351: Resident reporting

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC provides residents multiple ways to report sexual abuse, sexual harassment, retaliation, and staff neglect internally. Residents receive information, and education on reporting at intake and through comprehensive resident education within 10 days of entering the facility, and the resident Orientation Handbook. There are also posters visible throughout the facility, in particular in the housing units. Methods for residents reporting include verbally telling a supervision staff, Supervisor or Director, a contractor, a volunteer, medical or mental health staff, teachers, the PREA Compliance Unit which includes the PREA Compliance Manger. External reporting includes the Ombudsman, parents, guardians, third-parties, attorneys, and through a formal Citizen's Complaint process. Residents may also report by writing a grievance. They can hand the grievance to a staff or place it in a confidential grievance lock box where a Supervisor/Watch Commander are the only ones with access. Residents also have access to telephones in the housing units. Phone numbers of those they can call for free are posted on the wall by the pay phones. They are also allowed to make phone calls from the facility phone upon request free of charge. Regarding the pay phones it was stated that the pay phone conversations are recorded but not monitored. The pay phones are not operated by HDJDAC or SBCPD. It was stated they would not ask for any records of phone calls unless there was a reason and a court order to do so. Residents are informed of the recorded calls verbally and in writing.

Interviews with residents and staff clearly demonstrate that all are knowledgeable about PREA and the variety of methods available to them in order to report sexual abuse, sexual harassment, and retaliation concerns. Residents know where the posters are located and know about the PREA information in their handbooks. All residents acknowledged they were provided access to the pay phones and facility phone upon request. A few residents were confused as to if the pay phone calls were free but acknowledged they have many other ways to report. It was suggested during the briefing that they ensure all residents understand the pay phone procedures and that calls on the poster on the wall was clear.

Evidence reviewed to support the finding for this standard includes observations during the on-site visit, Orientation Handbook, interviews with random staff and residents.

## Standard 115.352: Exhaustion of administrative remedies

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The agency reported there have been no grievances or emergency grievances filed during the audit period. The agency has a formalized grievance policy. Through the process if the grievance goes to administration on appeal the total process time from initial grievance to the appeal decision and

notification is less than 30 days, well within the 90 days the standard calls for. There are not any time limits imposed on when a resident can or cannot file a grievance. All grievances are accepted and processed. Through interviews with various probation staff if a youth had an emergency grievance they would immediately address the concern.

All residents are informed of the grievance process and are provided an orientation handbook that informs the resident of the process as well. Residents are not required to attempt to resolve grievances informally prior to filing a written grievance. If the grievance is about a staff and is PREA related a supervisor will address the grievance rather than giving it to the grieved staff.

Information considered for finding compliance included SBCPD Grievance and Appeal Procedure Title 15 Section 1361, NCCHC, SBCPD Policy Manual #23, section XVII, Pre-Audit Questionnaire submitted by the PREA Coordinator, Resident Orientation Handbook, and interviews with random staff.

## Standard 115.353: Resident access to outside confidential support services and legal representation

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC provides access to outside victim advocates for emotional support services related to sexual abuse by providing, resident Orientation Handbook, brochures, by posting names of agencies and their addresses and phone numbers, which include toll-free hotlines.

The facility does not house solely for civil immigration purposes.

When residents make phone calls on the facility phones they are given reasonable communication in as confidential a manner as possible. The facility posts on the wall by all pay phones in the housing units as to the extent the calls may be monitored. The residents are allowed legal and confidential access to attorneys and legal representatives as well as reasonable access to parents and legal guardians through visitation, in writing and phone call.

SBCPD has entered into a Memorandum of Agreement with the Department of Behavioral Health Forensic Adolescents Services Team to provide residents with support and they also provide referral information to San Bernardino Sexual Assault Services in relation to sexual assault and sexual abuse.

Information supporting the finding of meeting this standard included observation by auditors during the on-site visit, SBCPD Policy #23, section XVIII, Memorandum of Agreement with Department of Behavioral Health, resident Orientation Handbook, random interviews with residents and housing staff,

and informal interview with PREA Coordinator Douglas-Mitchell and Compliance Manager Hunter during the on-site visit, and interview with Assistant Medical Manager Carols Peace.

## Standard 115.354: Third-party reporting

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SBCPD allows and excepts third part complaints and provides information on how to report complaints of sexual abuse and sexual harassment. This information is distributed to the residents in the resident Orientation Handbook. Also, parents/legal guardians are provided a copy of the resident Handbook and a brochure titled Sexual Assault, Harassment, and Abuse Prevention & Intervention A Guide for Parents & Guardians. Posters in the visiting area also provide information regarding names and phone numbers to make reports to.

Information relied upon to supporting the findings in this standard included SBCPD Policy #23, section XIX, resident Orientation Handbook and Sexual Assault, Harassment, and Abuse Prevention & Intervention A Guide for Parents & Guardians brochure, auditor observations during the on-site visit, and random interviews with residents and supervision staff.

# OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

## Standard 115.361: Staff and agency reporting duties

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

All SBCPD staff are required to immediately report any suspected or alleged abuse, sexual harassment, neglect, or retaliation to the required entities per agency policy. The agency requires all staff to comply with mandated child abuse reporting laws and reporting requirements applicable. All residents are informed by medical and mental health staff at initiation of services their duty to report and the limitations of confidentiality.

If the resident is under the welfare system the caseworker is notified. Other notifications include the Juvenile Court, and the resident's attorney or legal representative as well as local law enforcement if criminal in nature.

Information supporting the finding in this standard included SBCPD Policy #23, section XX, completed Pre-Audit Questionnaire, Interview with Compliance Manager Hunter, medical personnel Supervisor II Janice Felix, mental health provider Martha Parra, and Assistant Medical Manager Carlos Peace.

## Standard 115.362: Agency protection duties

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC reported there has not been any incidents in the auditing period where the facility determined a resident was subject to substantial risk of imminent sexual abuse. Review of policy (SBCPD Policy #23, section XXI and interview with PREA Coordinator Douglas-Mitchell demonstrated the protective measures that would be taken in the event it was found that a resident was at imminent risk of sexual abuse.

## Standard 115.363: Reporting to other confinement facilities

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The facility has not received any allegations that a HDJDAC resident was abused while at another facility. SBCPD policy does require the facility Director or designee to notify the other facility Director/designee where the alleged abuse occurred and that notification in a memo format will be completed within 72 hours after receiving the allegation. The documentation will be maintained by the PREA Coordinator. HDJDAC has not received any information regarding alleged abuse at their facility from another facility during this auditing period, but if they were to receive one they would ensure the allegation is investigated in accordance with PREA standards.

Evidence supporting the finding of this standard includes SBCPD Policy #23 section XXII, completed Pre-Audit Questionnaire, interview with PREA Coordinator Douglas-Mitchell, and Division Director I Mary Garcia.

## Standard 115.364: Staff first responder duties

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC reported there were no allegations that a resident had been sexually abused, therefore there were no victims to interview. Although none were reported the auditor did ask staff what they would do if there were a report and all were able to articulate the procedure. SBCPD policy does address what staff are to do should an abuse occur. Steps include to separate the victim and alleged abuser and requesting the victim and alleged abuser not destroy collectable evidence that includes washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. Interviews with staff indicate they understand the duties as a first responder.

Evidence supporting the finding to this standard included SBCPD policy #23, section XXIII, PRE-Audit Questionnaire, and random interviews with supervision staff and medical staff.

## Standard 115.365: Coordinated response

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SBCPD has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse and sexual harassment. For Sexual Harassment the plan takes the form of a flow chart titled San Bernardino County Juvenile Facilities Plan for Coordinated Response to Sexual Harassment and a report form for Sexual Abuse Immediate Services Report.

Evidence relied upon for the finding in this standard include SBCPD Policy #23 section XXIV, completed PRE-Audit Questionnaire, San Bernardino County Juvenile Facilities Plan for Coordinated Response to Sexual Harassment and a report form for Sexual Abuse Immediate Services Report.

## Standard 115.366: Preservation of ability to protect residents from contact with abusers

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **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 Klepin reviewed the three MOUs:

a) Specialized Peace Officer Unit 2016-2019
b) Probation Unit 2015-2019
c) Consolidated Memorandum of Understanding 2015-2019

All three-give management the discretion to place staff in work assignments they deem appropriate. Division Director I Mary Garcia related they would move staff immediate from the alleged victim and would not allow resident contact during the investigative process.

Evidence relied upon for the finding in this standard included review of MOU Specialized Peace Officer Unit 2016-2019, MOU Probation Unit 2015-2019, MOU Consolidated Memorandum of Understanding 2015-2019 and interview with Division Director I Mary Garcia.

## Standard 115.367: Agency protection against retaliation

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC reported that they have not had any PREA related incidents during the auditing period. SBCPD policy Agency Protection Against Retaliation regarding reports of sexual abuse and sexual harassment. As there were not allegations during the auditing period the auditors could not interview any alleged

victims. The agency has designated Supervisors, Watch Commanders, Division Directors, the PREA Compliance Mangers, PREA Coordinator, Facility Superintendent, Compliance Unit and the Deputy Chief of Institutional Services as monitors for staff and youth should a report of sexual abuse or sexual harassment occur to ensure the victim and reporters are not retaliated against.

Evidence reviewed to support the finding for this standard included SBCPD Policy #23, section XXVI, completed PRE-Audit Questionnaire, Interview with Division Director I Mary Garcia and PREA Coordinator Douglas-Mitchell.

## Standard 115.368: Post-allegation protective custody

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SBCPD policy states “Single cell or isolation to protect youth who is alleged to have experienced sexual abuse will follow the Housing Classification Assessment procedure to protect the youth in the least restrictive manner. This will occur only as a last measure only until an alternative means of keeping all youth safe can be arranged. Youth will not be removed from regular programming or daily visits from medical or mental health care providers.” HDJDAC reported they did not use single cell or isolation to protect a youth during the audited period as there were no reports of alleged sexual abuse. Leadership staff did state they would use single cell if a minor requested or there was a need to in order to protect the youth but isolation would most likely not be used.

Evidence relied on for finding of this standard included SBCPD Policy #23, section XXVII, completed Pre-Audit Questionnaire, and random staff interviews during the on-site visit.

# INVESTIGATIONS

## Standard 115.371: Criminal and administrative agency investigations

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC conducts administrative investigations but does not conduct criminal investigations. All criminal allegations are referred to local law enforcement. The SBCPD staff conducting the administrative investigations are officers assigned to SBCPD Professional Standards Unit. Most of the investigators are newly appointed and have not received specialized training in interviewing victims of alleged abuse. There is one staff that is currently trained. There were no reports of sexual abuse during this auditing period.

In review of SBCPD Policy the policy states all criminal cases will be referred to local law enforcement. SBCPD will investigate allegations of Sexual Harassment and they will investigate promptly, thoroughly, and objectively, including third-party and anonymous reports. They will preserve the scene and protect all electronic monitoring data. According to policy they will not conduct compelled interviews and not terminate or request local law enforcement terminate an investigation solely because the source of the allegation recants, the resident leaves the facility, or the staff terminates from their employment. SBCPD will not determine credibility by a person's status or ask them to take a polygraph as a condition of proceeding with the investigation. SBCPD will also review whether staff actions or failure to act contributed to the incident. Information will be documented in a written report.

Evidence reviewed to support the finding in this standard includes SBCPD Policy #23, section XXVIII, staff interviews with PREA Coordinator Douglas Mitchell, Professional Standards Supervisor Christopher Armijo, Compliance Manager Kathy Sloan. Deputy Chief Probation Officer Julie Francis.

## Standard 115.372: Evidentiary standard for administrative investigations

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SBCPD does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated. Interviews with staff confirm compliance.

Evidence relied upon for the finding in this standard includes SBCPD Policy #23, section XXIX, Pre-Audit Questionnaire, interview with Deputy Chief Probation Officer Julie Francis.

## Standard 115.373: Reporting to residents

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC reports there were no reports involving sexual abuse or sexual harassment at the facility during the audited period. As there were no incidents the auditor was not able to review any notification documentation for this standard. The agency's PREA policy SBCPD Policy #23, section XXX is consistent with this PREA standard and interview with PREA Coordinator Mitchell-Douglas.

# DISCIPLINE

## Standard 115.376: Disciplinary sanctions for staff

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC reported there has been no staff from the facility that has been terminated (or resigned prior to termination), reported to a licensing board or disciplined for violating the agency's sexual abuse or sexual harassment policies during this audit period. SBCPD policy requires that staff are subject to disciplinary actions including termination for violations of sexual abuse, sexual harassment, or sexual misconduct. The policy provides sanctions will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. If there is a finding of sexual abuse termination will be the presumptive sanction per SBCPD policy.

Evidence reviewed for the finding in this standard included SBCPD Policy #23, section XXXI, completed Pre-Audit Questionnaire, and interview with Deputy Chief Probation Officer Julie Francis.

## Standard 115.377: Corrective action for contractors and volunteers

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SBCPD Policy Manual #23, Corrective Action for Contractors and Venders states: "Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with youth and will be reported to local law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies." It further relates the facility will take appropriate remedial measures and will consider whether to prohibit further contact with youth in the case of any other violation of SBCPD sexual abuse or sexual harassment policies. During this auditing period no contractors or volunteers violated these policies.

Evidence supporting the finding included SBCPD Policy #23 section XXXII and interview with PREA Coordinator Douglas-Mitchell.

## Standard 115.378: Interventions and disciplinary sanctions for residents

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC reported there were not any administrative findings or criminal findings of resident-on-resident sexual abuse at the facility during the audited period. The facility does not use isolation. SBCPD policy entails all of the requirements of this standard including a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding of youth on youth sexual abuse or following a criminal finding of guilt. Further any disciplinary sanctions will be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and sanctions imposed for comparable offenses by other youth with similar histories. In the event isolation is used the resident will not be denied access to medical and mental health services, will not be denied large-muscle exercise, access to legally required education, or special education services. They will also have access to other programs and work opportunities to the extent possible. They will take into consideration any mental disabilities and will offer both the victim and alleged perpetrator mental health service. Policy prohibits disciplinary actions when allegations are made in good faith.

Evidence reviewed for the finding in this standard included SBCPD Policy #23, section XXXIII, completed PRE-Audit Questionnaire, interview with PREA Coordinator Douglas-Mitchell, and Resident Orientation Handbook.

# MEDICAL AND MENTAL CARE

## Standard 115.381: Medical and mental health screenings; history of sexual abuse

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Of the fifteen-youth interviewed seven reported they disclosed prior sexual abuse histories, none of which occurred at a facility. When a history of sexual abuse is reported youth, by policy, are referred to the mental health staff for crisis intervention and possible follow-up services within 14 days. All youth were referred to mental health staff during the intake process. Agency policy and practice ensure confidentiality of information received. Informed consent disclosures are provided by on-site medical and mental health practitioners.

Evidence reviewed to support the finding in this standard included SBCPD Policy #23, Section XXXIV, completed Pre-Audit Questionnaire, interviews with residents, screening staff, interview with medical staff Supervisor II Janice Felix, mental health staff Martha Parra, and Assistant Medical Director Carlos Peace.

## Standard 115.382: Access to emergency medical and mental health services

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC reported there were no incidents of sexual abuse during then audited period, thus there were no medical records to review. Agency policy requires that resident victims receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All victims are transported to local hospitals where SANE medical exams are conducted. A MOU with San Bernardino Sexual Assault Services provides victim support. Upon return from the hospital medical staff education and awareness for any medical needs the victim may have.

Evidence supporting the finding in this standard includes SBCPD Policy #23, Section XXXV, completed Pre-Audit Questionnaire, Resident Orientation Handbook, interview with medical staff Supervisor II Janice Felix, mental health provider Martha Parra, and Assistant Medical Manager Carlos Peace.

## Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

HDJDAC reports that in during the audited period there has not been any criminal or administrative investigations of alleged sexual abuse completed at the facility; thus, the auditors were not able to conduct resident interviews or review corresponding documentation of practices. The agency policy does however contain provisions for all areas in this standard. Medical and mental health evaluations and treatment will be offered to all residents, who have been a victim of sexual abuse in the facility, to include treatment plans and/or referrals upon release or transfer to another facility, at no cost to the victim. Services will be consistent with the care at the community level. Pregnancy and sexually transmitted disease services, education and information will be provided to the victim and a mental health evaluation and treatment will be attempted on all youth-on-youth abusers within 60 days of learning of their abuse history.

Evidence reviewed for the finding in the standard include SBCPD Policy #23, Section XXXVI, completed Pre-Audit Questionnaire, Resident Orientation Handbook, interview with medical staff Assistant Manager Carlos Peace and Supervisor II Janice Felix.

# DATA COLLECTION AND REVIEW

## Standard 115.386: Sexual abuse incident reviews

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SBCPD Policy manual #23, section XXXVII, Sexual Abuse Incident Reviews requires the review team to review incidents within 30 days of the conclusion of every criminal investigation or administrative investigation of sexual abuse unless the allegation was unfounded. The review team will consist of upper level management officials with input from line Supervisors, investigators, and medical or mental health practitioners. The review team will:

1.) Consider whether the allegation or investigation indicates a need to change policy or procedure to better prevent, detect, or respond to sexual abuse;
2.) Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, or intersex identification, status, or perceived status, gang affiliation, or was motivated or caused by other group dynamics at the facility;
3.) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse;
4.) Assess the adequacy of staffing levels in the area during different shifts;
5.) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
6.) Prepare a report of its findings, including, but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the facility Superintendent and the PREA Compliance Officer.

The facility will implement the recommendations for improvement or will document its reasons for not doing so.

During the time period this audit entails there were no substantiated allegations of sexual abuse at HDJDAC. However, HDJDAC leadership and line staff meets as a group after incidents occur to review and learn from the incident. This was observed occurring twice while on-site after two separate incidents happened. Staff interviews revealed the knowledge of incident reviews and the incident review process.

## Standard 115.387: Data collection

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its control and uses standardized instrument and set of definitions. The agency aggregates the data annually and prepares a report. The agency's PREA Coordinator is responsible for preparing this aggregate data report for the agency.

Evidence used for the finding in this standard includes, SBCPD Policy #23, Section XXXVIII, completed Pre-Audit Questionnaire, interviews with PREA Coordinator Douglas-Mitchell and Facility Compliance Manager Hunter, and the San Bernardino County Probation Department website.

## Standard 115.388: Data review for corrective action

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The agency's first annual report to include data related sexual incidents was in 2016. Interview with the PREA Coordinator, and review of the San Bernardino website demonstrate compliance with this standard. The agency will use this data for corrective action purposes as required by §115.388.

Evidence to support the finding for this standard included SBCPD Policy #23, Section XXXIX, competed Pre-Audit questionnaire, review of SBCPD website, and interviews with PREA Coordinator Mitchell-Douglas and Compliance Manager Hunter.

## Standard 115.389: Data storage, publication, and destruction

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The first annual report was produced in 2017 covering calendar year 2016. Interview with the PREA Coordinator demonstrates compliance in this area. County policy addresses required retention periods.

Information obtained for supporting that the agency meets the standard included review of the agency's website, completed Pre-Audit questionnaire, and interview with PREA Coordinator Douglas-Mitchell.

# AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

This is the first PREA audit for HDJDAC. The auditors had access and the ability to observe all areas of the facility requested. The auditor received all documentation requested in a timely manner and was able to conduct private interviews with staff and residents. The auditors name and mailing address was posted throughout the living units for residents to see if they chose to send any correspondence. The auditor did not receive any correspondence from residents.

## Standard 115.403: Audit contents and findings

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

N/A: There has been no Final Audit Reports issued in the past three years as this is the first PREA audit for HDJDAC.

# 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 Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Yvette D. Klepin 05/30/2018

**Auditor Signature** **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.