



**SAN MATEO COUNTY
PROBATION DEPARTMENT**
Prison Rape Elimination Act (PREA) Policy

Topic **Sexual Abuse Prevention, Detection and Response**

Date March 5, 2023

Purpose The purpose of this policy is to provide guidelines (1) to assist in preventing, identifying, monitoring, and tracking all forms of sexual abuse in the juvenile facilities; (2) to ensure that staff, contractors, volunteers, or persons providing services in San Mateo County Probation juvenile facilities are trained to recognize such behaviors and take appropriate action; and (3) to ensure juvenile residents receive orientation and have a mechanism for reporting abuses.

Policy The San Mateo County Probation Department is committed to providing healthy, safe and secure custodial care for its juvenile residents. The Probation Department has zero tolerance towards all forms of sexual abuse, sexual harassment, and staff sexual misconduct within its facilities and contracted programs in compliance with the Prison Rape Elimination Act of 2003. The Probation Department (Department) recognizes that prevention of youth sexual assault and abuse is a core component of facility security operations.

The purpose of this policy is to outline the Department’s approach to prevention, detection, reporting and responding to such conduct. This policy prohibits sexual contact, sexual harassment and acts of sexually abusive behaviors among residents and/or between residents and staff, volunteers, contractors, interns or official guests/visitors, regardless of consensual status. The Probation Department

The Department will immediately respond to allegations, fully investigate reported incidents, pursue disciplinary action and refer for investigation and prosecution those who perpetrate such conduct.

Reference State of Washington Department of Corrections (DOC) Policy (2016), DOC 490.800, Prison Rape Elimination Act (PREA) Prevention and Reporting, Prison Rape Elimination Act 28 C.F. R. Part 115.

General Overview

A. The San Mateo County Probation Department will respond to, investigate the merits of all allegations, provide appropriate medical and mental health treatment, protect alleged victims and other residents from retaliation and future abuse, and support the prosecution of sexual abuse within its facilities.

- B. The Department's response to allegations of sexual abuse shall be guided by the following goals:
1. Protection of victims from further abuse, retaliation, or intimidation; Ensuring victims have immediate access to medical, mental and advocacy services;
 2. Protection of staff against false accusations of abuse through fair, thorough, accurate and impartial investigations;
 3. Support for victims so that reporting of sexual abuse is not deterred;
 4. Preservation of the integrity of criminal and personnel investigations; and
 5. A fair and just resolution of allegations
- C. Through continual education of staff and clients/residents, the Department will increase awareness of safe reporting mechanisms and available services to victims, thereby creating an institutional culture that discourages sexual abuse.
- D. It shall be the policy of the Probation Department to maintain and promote facilities that provide the highest quality of services to victims of sexual abuse regardless of their actual or perceived sexual orientation or gender identity. LGBTI youth confined at both facilities shall receive fair and equitable treatment, without bias and in a professional and confidential manner based on principles of sound professional practices.
- E. The Department will provide multiple internal mechanisms for residents to report easily, privately and securely sexual abuse, sexual harassment, staff sexual misconduct, neglect, retaliation or violation of responsibilities that may have contributed to an incident of sexual abuse.
- F. All Department institution staff must understand their responsibility in the prevention, detection and reporting of all incidents of sexual abuse, sexual harassment and staff sexual misconduct. Trained staff will help prevent incidents of sexual abuse by following policy, procedures and guidelines during the performance of their duties; ensure the timely reporting of incidents when they occur, and assist in providing immediate treatment for victims, including those who are deaf, hard of hearing, blind, visually impaired, as well as those who have intellectual, psychiatric or speech disabilities.
- G. Through objective screening, assessment and classification, the Department will identify opportunities for placement of residents in housing, programming education, and work assignments by separating and carefully monitoring both sexually aggressive and vulnerable clients/residents to reduce the incidence of sexual abuse.

- H. The Department requires that all residential programs contracting with this department are committed to the elimination of sexual abuse in their programs by adopting policies and procedures consistent with this department policy and PREA.
- I. To ensure continuous quality improvement in policies, procedures and practices toward a zero-tolerance standard, the Department will collect data, review all sexual abuse incidents, facilitate identification of causal factors, and pursue corrective action.

Definitions

Agency: The San Mateo County Probation Department which has direct responsibility for the operation of all juvenile facilities within the County of San Mateo that confines youth (residents), including the implementation of policy as set by the governing authority.

Bisexual: A person who is emotionally, romantically, and sexually attracted to both men and women.

Camp Kemp: County of San Mateo Juvenile Rehabilitation Facility for girls.

Contractor/ Contract Worker: A person who provides services on a recurring basis pursuant to a contractual agreement with the agency.

Department: Refers to the San Mateo County Probation Department

Direct Care Staff: Any employee primarily responsible for the supervision and control of residents in housing units, recreational areas, dining areas, and other program areas of the facility. This includes Probation and Group Supervisor series positions.

Discrimination: Means any practice that penalizes, or disadvantages youth based on their sexual orientation or gender identity.

Employee: A person who works directly for the agency or facility.

Exigent circumstances: Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Facility: A place, institution, building (or part thereof), set of buildings, structure, or area (whether or not enclosing a building or set of buildings) that is used by an agency for the confinement of individuals.

Garrity Warning: Informs staff that their answers to questions during internal affairs investigation will not be used against them in a criminal prosecution (Garrity v. New Jersey).

Gay: A person whose emotional, romantic, and sexual attractions are primarily for individuals of the same sex, typically in reference to men.

Gender identity: A person's internal, deeply felt sense of being male or female, regardless of the person's sex at birth.

Gender Non-Conforming: A person whose appearance or manner does not conform to traditional societal gender expectations.

Harassment: Includes name-calling, slurs, disrespectful gestures, being joked about, being picked on, being touched or stared at, being labeled abnormal, sinful or sick, being approached for sex and being told one can or should choose to not be LGBTQI. Attempting to change a youth's sexual orientation or gender identity is a form of harassment.

Institution Staff: Any paid employee of the Department who works directly for juvenile facilities.

Intersex: A person whose sexual or reproductive anatomy, or chromosomal pattern, does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as a disorder of sex development.

Juvenile: Any person under the age of 18, unless under adult court supervision and confined or detained in a prison or jail.

Juvenile Facility: A facility primarily used for the confinement of juveniles pursuant to the juvenile justice system or criminal justice system.

Juvenile Sexual Misconduct: Any behavior or act of a sexual nature, either consensual or nonconsensual between juveniles. Completed, attempted, threatened, or requested sexual acts are included.

Lesbian: A woman whose emotional, romantic, and sexual attractions are primarily for other women.

LGBTQI: Common acronym for Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning), and Intersex. This term is often used to refer to individuals whose sexual orientation is not heterosexual or whose gender identity is non-conforming.

Medical Practitioner: means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients with the scope of his or her professional practice. A "qualified medical practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental Health Practitioner: means a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified mental health practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Over-familiarity: Means staff / Contractor / Vendor / Volunteer / Intern etc. engaging in or attempting to engage in conduct, likely to result in intimacy or a close personal relationship with a resident/youth. Examples include flirting with each other; exchanging personal letters or gifts; requests or granting of special favors; discussing personal matters with residents/youth; horseplay etc.

Pat-down search: A running of the hands over the clothed body of a resident by an employee to determine whether the individual possesses contraband.

PREA Compliance Manager: A facility designee with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The PREA compliance manager need not be "upper-level", but should have access to facility staff, managers, and supervisors in order to guide implementation within the facility.

PREA Coordinator: Deputy Chief of Institutions or designee. The PREA Coordinator is someone in an upper-level position with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

PREA Standards: Guidelines established by the U.S. Department of Justice to ensure the compliance of the prevention, detection, response, monitoring, and eradication of sexual abuse and harassment in institutions.

Prison Rape Elimination Act (PREA) of 2003 (42 U.S.C. 147): Prison Rape Elimination Act of 2003 supports the elimination, reduction and prevention of nonconsensual sex, abusive sexual contact and staff sexual misconduct within corrections systems; mandates national data collection efforts; applies to all federal, state and local prisons, jails, police lockups, juvenile facilities, and community setting such as residential facilities.

Queer: Historically used as a derogatory term, *queer* has been widely reclaimed, especially by younger LGBTQI people, as a positive social and political identity. It is sometimes used as an umbrella term for all LGTBQI people.

Questioning: Refers to the active process in which a person explores her/his own sexual orientation, and/or gender identity, and questions the cultural assumptions that they are heterosexual and/or gender conforming.

Resident: An individual who resides at the YSC, Camp Glenwood, or Camp Kemp and is cared for by the San Mateo County Probation Department employees.

Service Providers: This term includes contracted persons, volunteers, interns, or other vendors providing service in the Department's juvenile facilities.

Sexual Abuse: includes sexually abusive contact, sexually abusive penetration, indecent exposure, voyeurism, sexual harassment, and other acts of sexual exploitation carried out towards a child or adult against the person's will. Such abuse may be non-physical.

Sexual abuse encompasses (1) resident on resident sexual abuse (2) resident on resident sexual harassment (3) staff on resident sexual abuse (4) staff on resident sexual harassment. It is defined below:

Sexually Abusive Contact-touching without penetration of the genitalia, anus, groin, breast, inner thigh, or buttocks, either directly or through clothing, of another person.

Sexually Abusive Penetration-contact between the penis and vagina or the penis and anus; contact between the mouth and the penis, vagina, or anus; or penetration of the anal or genital opening of another person by hand, finger or other object.

Indecent Exposure-the display by a staff member of his/her genitalia, buttocks, or breast in the presence of a youth.

Voyeurism-an invasion of a youth's privacy by a staff member, contractor, volunteer, intern, or official guest/visitor unrelated to official duties such as peering at a youth who is showering, or undressing in his/her room, taking images of all or part of a clients naked body or of a client performing bodily functions, or requiring a youth to expose him/herself for reasons unrelated to official duties.

Sexual Harassment- repeated verbal statements, comments, or behaviors of a sexual nature to a youth by any individual including threats, extortion, bribery, demeaning references to gender, derogatory comments about body or clothing, or profane or obscene language, gestures, or written comments.

Sexual Assault Response Team (S.A.R.T.): A team that is responsible for coordinating responses and follow-up to special incidents of youth sexual abuse. Team is also responsible for providing sexual abuse sensitivity training to staff.

Sexual Abuse of a resident by another resident: Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse.

Sexual Abuse of a resident by a staff member, contractor, volunteer, intern, official guest/visitor; includes any of the following acts, with or without consent of the client:

1. Contact between the penis and the vulva or the penis and the anus
2. Contact between the mouth and the penis, vulva, or anus
3. Penetration of the anal or genital opening of another person, however slight, by hand, finger, object, or other instrument; and
4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of another person, excluding contact incidental to a physical altercation
5. Contact between the penis and the vulva or the penis and the anus
6. Contact between the mouth and the penis, vulva, or anus

7. Contact between the mouth and any body part where the staff member, contractor or volunteer has the intent to abuse, arouse, or gratify sexual desire
8. Penetration of the anal or genital opening, however slight, by a hand, finger, object or other instrument that is unrelated to official duties, or where the staff member, contractor, volunteer, intern or official guest/visitor has the intent to abuse, arouse or gratify sexual desire;
9. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, volunteer, intern, or official guest/visitor has the intent to abuse, arouse, or gratify sexual desire;
10. Any attempt, threat, or request by a staff member, contractor, volunteer, intern, etc. to engage in the activities described in items (i) – (v) of this section;
11. Any display by a staff member, contractor, volunteer, intern, or official guest/visitor of his or her uncovered genitalia, buttocks, or breast in the presence of a client and/or
12. Voyeurism by staff member, contractor, volunteer, intern, or official guest/visitor.

Sexual Contact: Shall include, but not limited to carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling or molestation of a person (doesn't matter whether it's against their will), rape or otherwise sexually exploiting another person. Sexual contact between residents is prohibited and is deemed to be non-consensual and, therefore, deemed sexual misconduct.

Sexualized conversations: Verbal and non-verbal communications and demeanor which can take place between people, and which can include sexual jokes, innuendos, sexual references, and/or banter in which sexual topics are openly discussed.

Staff: Any employee of Probation, Health, Behavioral Health, and Schools. In addition, contractors, volunteers and any other services provider.

Staff Sexual Misconduct: Any Behavior or act of a sexual nature, either consensual or nonconsensual, directed toward a juvenile by an employee, volunteer, official visitor, or agency representative. Such acts include intentional touching of the genitalia, groin, anus, breast, inner thigh or buttocks with the intent to abuse, arouse, or gratify sexual desire and occurrences of indecent exposure, invasion of privacy, or voyeurism for sexual gratification. Completed, attempted, threatened, or requested sexual acts are included.

Supervision Staff: Employee primarily responsible for the supervision and control of residents in housing units, recreational areas, dining areas, and other program areas of the facility. This includes Probation and Group Supervisor series.

Strip search: A search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia.

Substantiated Allegation: An allegation that was investigated and determined to have occurred.

Transgender: An umbrella term that can be used to describe people whose gender expression is non-conforming and/or whose gender identity is different from their assigned sex at birth. This term can include transsexuals, gender queers, cross-dressers, and other whose gender expression varies from general norms.

Unfounded Allegation: An allegation that was investigated and determined NOT to have occurred.

Unsubstantiated Allegation: An allegation that was investigated and there was insufficient evidence to make a determination as to whether or not the event occurred.

Victim Advocate: An individual, who may or may not be affiliated with the Department, who provides victims with a range of services during the forensic exams and investigatory process. Services may include emotional support, crisis intervention, information and referrals, and advocacy to ensure victims' interests are represented, their wishes respected, and their rights upheld.

Volunteer: An individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

Youth Services Center (YSC): County of San Mateo Juvenile Detention Facility

Zero Tolerance Policy: Consensual sex between juveniles is not allowed in any San Mateo County juvenile facility and will be addressed by the facility's disciplinary processes. All allegations of nonconsensual sex, abusive sexual contact, sexual harassment, staff sexual misconduct and juvenile sexual misconduct shall be investigated, and if applicable, criminal charges may be filed. Disciplinary sanctions and penalties shall apply to any violation of the policy to reinforce importance and deterrence.

STRATEGIES AND RESPONSES TO REDUCE AND PREVENT SEXUAL ABUSE AND SEXUAL HARASSMENT OF RESIDENTS:

- A. The Department's strategies to prevent, detect, reduce and respond to sexual abuse and sexual harassment of residents are outlined under the following broad headings:
1. Prevention Planning;
 2. Responsive Planning;
 3. Training and Education;
 4. Screening For Risk of Sexual Victimization and Abusiveness;
 5. Reporting Procedures;
 6. Official Response to Resident Reporting, including Coordinated Response;
 7. Investigations;
 8. Discipline;
 9. Medical and Mental Care;
 10. Data Collection and Review;
 11. Audits and Corrective Action.

Procedure

I. General Provisions

- A. It is the policy of the San Mateo County Probation Department to ensure that any form of sexual activity between youth or between youth and staff/volunteers/contract workers, regardless of consensual status, is strictly prohibited. Such conduct is subject to administrative disciplinary sanction and may result in criminal prosecution.
- B. Staff sexual misconduct is any behavior or act of a sexual nature directed towards a resident by an employee, volunteer, contract worker or visitor. Romantic relationships between staff and residents are included. Sexual acts consist of:
 1. Intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to arouse or gratify sexual desire.
 2. Completed, attempted, threatened, or requested sexual acts.
 3. Occurrence of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.
- C. Youth detained in a San Mateo County juvenile facility cannot give consent to engage in sexual acts under this policy, regardless of the youth's age.
- D. Retaliation against any youth or employee who reports or assists in the investigation of alleged sexual abuse is strictly prohibited and is grounds for disciplinary action up to and including termination of employment.

- E. Staff sexual harassment is any repeated verbal statement or comment of a sexual nature to a resident by an employee, volunteer, contract worker or official visitor. Behaviors may include:
 - 1. Demeaning reference to gender or derogatory comments about body or clothing.
 - 2. Repeated profanity or obscene gestures.

II. Prevention Planning

115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator:

A. The San Mateo County Probation Department has a written policy mandating zero tolerance toward all forms of sexual abuse, sexual harassment and staff sexual misconduct. The Department enforces this policy by ensuring its facilities and programs providing services to residents comply with all applicable PREA standards. This policy prohibits sexual contact and acts of sexually abusive behavior, including sexual harassment among residents and/or between residents and staff, volunteer, contractor, intern or official guest/visitor, regardless of consensual status.

B. Existing policies that reinforce and complement the Zero Tolerance Policy as they relate to staff behavior. These policies variously establish specific expectations for staff behavior as related to their responsibilities, among which include, but are not limited to, the following:

- 1. Staff shall conduct themselves in a professional manner and as role models for residents/minors at all times.
- 2. Staff are prohibited from using profanities, obscene and derogatory language.
- 3. Staff shall maintain confidentiality of residents' criminal charges, convictions, medical and mental health history.
- 4. Staff are prohibited from maintaining contact or developing social relationships with residents upon their release.
- 5. Staff shall treat all residents/minors and their family with respect and dignity and remain objective, fair and consistent when interacting with them.

C. The Department Zero Tolerance Policy on sexual abuse, sexual harassment and sexual misconduct is a complement to, not a substitute for, the existing County-wide policy on Sexual Harassment.

D. Consensual Sexual Relationships:

1. Consensual sexual relationships between residents are against policy. Residents who engage in these relationships will be charged with major infraction with appropriate sanctions. Even though these relationships may be desired by both parties, they present medical and psychological issues which compromise residents' safety. The spread of sexually transmitted diseases, jealousy between participants and from other residents and other issues make consensual sex a threat to everyone's safety. Additionally, a consensual relationship can end, but in the close confines of a facility setting, the individual cannot get away from each other. This may cause feelings of fear, anxiety or anger, and may create situations of sexual assault and other forms of violence.

E. Non-Discriminatory, Developmentally-Sound Treatment of Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTQI) Youth:

1. It is the policy of the Probation Department and its juvenile institutions to establish operational guidelines and training to respond to the gender identity and sexual orientation of the youth in our care. Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning) and Intersex (LGBTQI) youth shall receive fair and equitable treatment without bias. LGBTQI youth shall be safe and accepted and not treated as abnormal or bad. The Department recognizes that LGBTQI youth are in the midst of adolescent development and have complex needs that require the sensitivity and awareness of well-trained staff in performing their duties without bias toward or criticism or judgment of LGBTQI youth. The Department's policy on LGBTQI youth is enunciated in this Administration Policy and Procedures Manual, Article 5, Section 1352.5.

- F. In compliance with PREA Standards, the Department will use an objective screening instrument to determine vulnerability for victimization and/or sexually aggressive behavior. Additionally, the admission staff shall ascertain any gender-nonconforming appearance and consider whether the resident is or is perceived to be LGBTI; the youth's perception of his or her own vulnerability, and any additional information that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Probation facilities will not place LGBTQI youth in particular housing, bed, or other assignments solely on the basis of such identification nor consider LGBTQI as an indicator of likelihood of being sexually abusive.

1. In deciding whether to assign a transgender or intersex youth to a particular unit for male or female residents, and in making other housing and programming assignments, each facility will consider (on a case-by-case basis) whether a placement would ensure the youth's health and safety and whether the placement would present management or security problems. The transgender or intersex youth's own view with respect to his or her own safety shall be given serious consideration.
2. Each facility will ensure that transgender and intersex youth shower separately from other residents. Each facility will reassess these placement and programming assignments for transgender and intersex youth periodically, but not less than two times annually.
3. If a youth is isolated due to the risk of sexual victimization, each facility shall follow the policy guidelines on Isolation or Separation and Transgender and Intersex Youth as spelled out in the Policy and Procedures Manual.

III. PREA Management Requirements

A. PREA Program Coordinator:

The Department PREA Coordinator is responsible for oversight of all Prison Rape Elimination Act related activities. The Deputy Chief of Institutions is the designated PREA Coordinator for the Department and will have sufficient time and authority to oversee compliance efforts. Duties include:

1. Develop, implement and oversee the Department's efforts to comply with the PREA standards for both the Juvenile Hall and the Camps.
2. Serve as the Department's expert regarding PREA standards, implementation, and monitoring.
3. Coordinate and develop procedures to identify, monitor, collect data, and track sexual misconduct incidents occurring in Department facilities and programs;
4. Review incident reports and allegations of sexual abuse to ensure the matter is referred to the Sheriff's Office for investigation and maintain related statistics;
5. Review new policies and procedures to ensure compliance with PREA standards.
6. Conduct audits to ensure compliance with Department policy and PREA standards for prevention, detection, and response to sexual abuse.
7. Ensure that all probation facilities have a PREA Compliance Manager assigned to oversee site compliance efforts;
8. Be a resource for the Compliance Manager when a PREA or sexual abuse related questions arise.
9. Ensure all staff, volunteers, contractors, interns, and visitors are trained regarding sexual abuse, sexual harassment, and sexual misconduct.
10. Make certain that any private agencies or others who operate facilities, who have new or renewed contracts with the Department, are in compliance with PREA standards.

B. PREA Compliance Manager:

An Institution Services Manager (ISM) shall carry out the facility responsibilities and function as the facility PREA Compliance Manager. Under the direction of the Deputy Chief of Institutions, the duties include:

1. This designee will communicate on a regular basis and work with the Department's PREA Coordinator to develop, implement and oversee facility efforts to comply with federal standards as specified in the Prison Rape Elimination Act.
2. Responsible for hands-on involvement with auditors conducting reviews at the facilities and for developing corrective action plans necessary as a result of the audit report.
3. Responsible for ensuring all PREA training is conducted for facility staff and that all staff have been properly trained on PREA prior to their interaction with residents.
4. Responsible for ensuring that residents have access to information regarding PREA, the Department's Zero-Tolerance Policy on, sexual abuse and sexual

harassment, and that information is readily available to residents if they need to report any incident.

5. Responds and or reviews all reported sexual related incidents i.e., grievances, sick call slips and verbal reports; and
6. Conducts fact finding on alleged sexual abuse or sexual harassment.
7. Responsible for ensuring confidentiality of reported information and monitoring any retaliation that may happen because of a reported incident.
8. Sufficient time will be allotted to this assignment to make every effort to protect youth against sexual abuse and harassment.

IV. Prevention

- A. In conjunction with the Department's zero tolerance mandate, all facility administrations will provide for adequate levels of direct supervision to protect youth against sexual abuse or sexual harassment:
 1. The staffing level will comply or exceed staffing ratios as determined by State of California's Title 15 regulations.
 2. The staffing plan will be strictly complied to except during limited and discrete exigent circumstance and any deviation will be fully documented.
 3. Exigent circumstance is defined as *any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of the juvenile facility.*
 4. Staffing plans and staffing patterns will be evaluated as needed, but no less frequently than once each year, to assess and document whether staffing adjustments are necessary.
- B. As possible, video surveillance systems will enhance, but not replace face-to-face direct supervision and monitoring by probation staff:
 1. Video records may be assessed and reviewed by management (ISMs)/administration to validate compliance with policies and procedure.
 2. Any expansion of video surveillance systems and/or modification of existing facilities will take into account PREA concerns, and as possible, make design decisions to further protect residents against sexual abuse.
- C. Lead Staff, Institution Services Managers (ISMs), and facility administrators will conduct and document unannounced rounds to ensure staff is in compliance with policies, procedures and expectations.
 1. Rounds will be conducted at least once during each AM shift, PM shift, and Graveyard shift.
 2. Staff are prohibited from alerting other staff that supervisory rounds are occurring unless related to the legitimate operations of the facility.
- D. Housing units will identify, assess, and take reasonable steps to ensure that residents with special needs (i.e. residents with disabilities and residents who are limited English proficient) are able to access all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and harassment.
- E. Resident searches will be conducted by staff of the same sex, except in exigent circumstances. Cross-gender searches are permissible only in exigent situations

that involve the immediate or urgent safety of the youth or the security of the facility, and only with the approval of an ISM. Cross-gender searches shall be conducted in the presence of another staff member. When the youth is of ambiguous gender, staff shall contact an ISM. The ISM shall take into account the wishes of the youth and contact the youth's parent or guardian in determining which staff will conduct the search. In the event of a cross-gender search or the search of a youth with ambiguous gender, all staff involved shall file an Incident Report.

- F. Residents will be allowed to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when incidental to routine room checks.

V. Hiring Probation Employees, Contract Workers, and Volunteers

- A. The Probation Department will not hire, promote, or contract with individuals who may have contact with youth if they have a history of certain sexual misconduct.
- B. After the initial application and interview process, the Probation Department will fingerprint and conduct criminal background record checks on all potential probation employees as part as the hiring process.
 - 1. This includes making an effort to contact all prior institutional employers for information on substantiated misconduct investigations, or resignations during pending investigations.
 - 2. A Review of local or state child abuse registry will be conducted as part of the standard background process.
- C. The Probation Department prohibits hiring or promoting anyone who may have contact with residents who has:
 - 1. Engaged in sexual abuse in confinement settings;
 - 2. Engaged in or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse;
 - 3. Any incidents of sexual harassment will be closely evaluated and may disqualify candidates from employment/promotion opportunities;
 - 4. Been convicted of a felony offense in this or any other state/federal jurisdiction, or of any offense in any other state/federal jurisdiction which would have been a felony if committed in this state.
- D. Fingerprinting employment candidates/volunteers will generate automatic notification from Department of Justice should an active employee, volunteer or contact worker be arrested/cited for criminal activity. This notice will allow the Department to keep record checks current and address any criminal contact.
- E. Criminal background checks with fingerprints will be conducted on all juvenile facility volunteers/contract workers who will have contact on a recurring basis with residents.

1. Juvenile facilities will apply the above hiring standards to volunteers (*See Section V. C. above*). Any exceptions to the felony conviction standard must be approved by the Chief Probation Officer. No exceptions to Section V.C. item 1 or V.C. item 2 will be made.
2. Guest speakers, and one-time visitors who are under direct and constant supervision by juvenile facility staff do not need to have criminal background checks completed, but must be escorted and under supervision anytime they are in the secure detention facility. Staff must remain in the same room with and within reasonable hearing distance of the guest speaker/visitor.

VI. Intake Screening and Housing Assignment

A. Upon each resident's arrival at the YSC and Camp Kemp, and periodically throughout a resident's confinement, staff shall obtain and use information about the resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

B. According to PREA, there must be a classification system for residents to ensure appropriate housing while in custody and to prevent sexual abuse.

A qualified intake officer shall evaluate each resident housed in the juvenile facilities within the County. The evaluation shall assist the intake officers in determining the level of security required, special handling requirements, appropriate program activities, and proper housing assignment to ensure the safety of staff and residents.

The classification policy outlines assessment and appropriate housing for residents who may be a victim or an offender of inmate sexual assault or harassment as outlined by PREA. Residents identified with such history shall be referred to the mental health staff as a high priority for evaluation.

PREA states that residents should only be isolated within the facility as a last resort when less restrictive measures are inadequate to keep them and other residents safe. Even then, the resident shall only be isolated until an alternate safety measure can be arranged. During this period of isolation, residents must have access to daily large muscle exercise, any legally required educational programming, regular visits from medical or mental health staff, and access to other programs, if possible. Every 30 days, the facility should review if there is need for continued isolation.

Reasons to separate juveniles may include vulnerability to victimization, sexually aggressive behaviors, other specific information about individual residents that may indicate heightened needs for supervision/safety precautions, or to ensure privacy for transgender youth to dress and perform bodily functions without residents of the opposite gender viewing them.

When considering housing for LGBTQI residents, an individual assessment must be made. The resident's classification and housing needs must be reassessed at least twice per year to review any possible threats to the residents' safety. Finally, LGBTQI residents cannot be solely placed into a unit based on their classification unless there is a specific unit for them based on a legal settlement or consent decree.

- C. During the admission process each minor will be classified according to established Classification criteria. Staff utilize such factors as age, gender, maturity, sophistication, legal status, emotional stability and admitting offenses, among other criteria, of each youth/minor admitted, in order to assign appropriate classification of risk to determine housing, supervision, and care.
 1. The classification process and information that is obtained at intake will be used to establish housing unit assignment and to increase staff awareness of potential safety concerns.
 2. The housing assignment shall be made with the intent of separating victims and aggressors by unit and/or room.
 3. Under no circumstances shall those identified or confirmed as sexually aggressive be housed in the same room as individuals that have been identified as sexually vulnerable.

 - D. All new arrivals, detained and committed to the YSC or subsequently to the Camp, shall be screened upon arrival for potential risk to be sexually abusive or victimized. The residents will be assessed using the following criteria:
 1. Whether the resident has mental, physical, or developmental disability
 2. The age and physical build
 3. Previous commitment / detention
 4. Criminal charges and offense history, including sustained petitions for sex offenses
 5. And gender nonconforming appearance or manner or indication as LGBTQI and whether the resident may therefore be vulnerable to sexual abuse
 6. History of victimization or abusiveness
 7. Resident's own perception of vulnerability and
 8. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

 - E. Any information gathered from the assessment will be notated in the youth's case file.

 - F. If a youth/resident discloses prior sexual victimization or abusiveness during the intake screening or assessment, the staff must notify the youth that report of a sexual abuse will be reported to the Child Protective Services and Behavioral Health for follow-up.

 - G. If there is an indication of probability for victimization or sexually aggressive behavior, and an overall high level of risk, appropriate interventions shall be implemented to ensure the safety of the resident and others, such as No Roomate Status. Screening information shall be used, in conjunction with other assessment information, to guide staff in bed assignment, programming, education and work assignment, referral to clinician, or treatment interventions.

 - H. In deciding whether to assign a transgender or intersex resident to a housing unit for male or female residents, and in making any other housing and programming assignments, the Department/facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
-

- I. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice a year to review any threats to safety experienced by the resident.
- J. A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.
- K. Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
- L. If a resident is isolated as a last resort when less restrictive measures are inadequate to keep him/her safe, the facility (Juvenile Hall or Camp) shall clearly document the following:
 - a) The basis for the facility's concern for the resident's safety; and
 - b) The reason why no alternative means of separation can be arranged
- M. Residents in crisis including victims and perpetrators of incidents of sexual abuse, will receive immediate, unimpeded access to on-site and off-site mental health services to mitigate any psychological effects of critical incidents. The nature and scope of care are determined by medical and mental health practitioners according to their professional judgment.
- N. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.
- O. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.
- P. If a resident is isolated pursuant to paragraph (D) of this section, the facility shall clearly document:
 - a. The basis for the facility's concern for the resident's safety; and
 - b. The reason why no alternative means of separation can be arranged.
- Q. Each youth admitted to the YSC shall have a medical screening completed. This may include both a medical history and an evaluation of mental health status.
 - 1. At the initiation of medical services, medical practitioners are required to inform the resident of their duty to report, and the limitation of confidentiality unless precluded by federal, state or local law.
 - 2. Medical and mental health practitioners are mandated to report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility. They must

also report retaliation and/or any incidents of staff neglect that may have contributed to an incident or retaliation.

3. Medical and mental health practitioners are also required to complete mandatory child abuse reporting as specified by law.
- R. Should the medical or mental health evaluation indicate that the juvenile has been sexually assaulted, is a potential victim or potential victimizer, the health professional will take appropriate steps to ensure that:
1. Proper documentation is completed, including Suspected *Child Abuse Report*, if warranted;
 2. The resident receives needed medical treatment and psychological services;
 3. If fitting, make a recommendation for any special housing needs;
 4. Follow up care or services are provided, as suitable.
- S. Room assignment shall be made to provide an environment for youth that is safe and secure. An admission's staff member will speak with the youth and reviews all known information to determine if any special housing considerations are needed. The staff will communicate this information to the housing unit.
- T. Housing unit staff will review all information and use room assignment criteria to affect the best possible combination of residents assigned to a room. Should a resident at any time display behavior(s) that poses as a threat to harm their roommate, the lead staff will initiate a room change and place the resident on the appropriate special housing program.

VII. Limits to Cross Gender Viewing and Searches

- A. Searches in the Department's facilities are guided by applicable federal laws and the provisions of California Penal Code Section 4030, and as noted in the Policy and Procedure Manual, Article 5, 1360, Searches
- B. A transgender or intersex resident will not be searched or physically examined in a manner that is humiliating or degrading nor for the purpose of determining the youth's anatomy in accordance with Policy and Procedures Manual.
- C. If the resident's genital status is unknown, it may be determined during conversations with the resident, by viewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
- D. Staff shall not conduct cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches except in exigent circumstances, or when performed by medical practitioners. All cross-gender strip searches, cross-gender visual body cavity searches and cross-gender pat-down searches shall be documented and justified.
- E. Staff (with direct supervision responsibilities) shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs.

- F. All facilities must ensure that residents are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks as specified.
- G. Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
- H. Staff of the opposite sex, shall announce their presence when entering a resident housing facility or an area where resident is likely to be showering, performing bodily functions, or changing clothing.
- I. The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.
- J. The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

VIII. Residents with Disabilities and Residents who are Limited English Proficient

- A. The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.
- B. The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can

interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

- C. Accommodations for residents with disabilities are made to ensure that residents who are limited English proficient (LEP), deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or through non-youth interpreters.
- D. The Department prohibits the use of resident interpreters, resident readers, or other types of resident assistants, except in exigent circumstances.
- E. Residents who cannot communicate in English language or are legally blind or deaf or have any other impairment that may preclude their understanding have the orientation conducted in a manner that they can understand.
- F. Probation has been providing language assistance services to its clients for several years. Language assistance services are all interpretation and translation services provided by employees, volunteers or contractors to an LEP person in their primary language to ensure their ability to communicate effectively with Probation personnel or contracted service providers.
- G. There are bilingual employees within the Institutions and Juvenile Services Divisions of the Department providing in-language, interpretation and sight translation services. This corps of bilingual employees provides immediate support to all Probation clients and the families of juveniles receiving juvenile services located at primary and satellite locations. These employees are certified by the County's Department of Human Resources to provide either oral only or both oral and written language assistance.
- H. The Department provides contracted certified language assistance resources for Probation employees to access when communicating with LEP individuals. Probation has a contract with County of San Mateo Office of Community Affairs Immigrant Services and has a contract with the San Mateo County Superior Court's Court-Certified Interpreters Program. Both entities provide certified interpreter services for telephonic and in-person communications. The Department maintains contact information for both of these contracted services, which it makes available to Probation personnel.
- I. The Department utilizes its corps of bilingual employees to translate vital documents. Document translation for languages other than what staff are proficient in, are handled through contracted resources.

IX. Resident Orientation and Education

- A. During the resident's initial orientation, in addition to all other topics covered in the policies and procedures manual, staff are to provide age-appropriate information to the orientation regarding the Department's Zero Tolerance Policy relating to nonconsensual sexual contact and abusive sexual contact, sexual harassment, staff sexual misconduct, sexual abuse prevention, and how to report such incidents. It will also include youth's rights to be free from sexual abuse and free from retaliation for reporting abuse. This information should be provided both verbally and in written format in a language that is clearly understood by the juvenile upon intake.

- B. Information provided shall include, but not be limited to:
1. violation)
 2. Staff Department's zero tolerance stance
 3. Overview of what constitutes sexual abuse and harassment
 4. Prevention and intervention
 5. Reporting incidents of misconduct
 6. Treatment and counseling
 7. Protection against retaliation
- C. Consequence of false allegation (such as verbal or written reprimand, up to a new law will document verification of the resident orientation and education of PREA by completing the Sexual Abuse Resident Orientation Acknowledgement Form:
1. Staff will maintain the original signed acknowledgment form in the resident file.
 2. Key information will also be available to residents through posters, residents' handbooks or other written formats.
- D. For residents detained prior to the implementation of PREA Education Program, the training materials will be provided, within 60 days of establishment of the program, by the Group Supervisor assigned to each resident in custody. The resident will sign the Sexual Abuse Resident Orientation Acknowledgement Form demonstrating that they have been provided the materials and confirm that they understand the training received.
- E. Staff shall provide residents' education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.
1. Steps shall include providing interpreters as necessary and appropriate.
 2. Resident interpreters will not be used to conduct orientations, assist in investigating misconduct allegations, or communicate other *non-emergency* information to residents who are limited in English.
- F. In addition to providing such education the Department shall ensure that key information is continuously and readily available or visible to residents through resident handbooks, other written formats. Posters shall also be posted at, but not limited to, these areas to continuously inform residents about key information: Housing Units, Admissions, Central Dining, School, and Gymnasium
- G. Resident/Youth shall be required to sign an acknowledgement of having received the "Zero Tolerance Policy and Sexual Abuse Reporting" form during the intake process. A copy of the acknowledgement shall be maintained in the youth's case file.
- H. Orientation:
1. The Department ensures that youth admitted into the Juvenile Hall and Camp receive timely, meaningful, and appropriate orientation that will help ease their transition into the facility. This orientation also ensures that youth quickly learn about their rights, as well as their responsibilities while within the facility. The policy also requires that orientation includes a packet which is also available in Spanish, which are acknowledged in writing by the youth. If the youth cannot read, someone fluent in the youth's language will read the packet to him/her.

X. Resident Supervision and Monitoring

- A. The San Mateo County Probation Department juvenile facilities maintain the safety, wellbeing and accountability for the whereabouts of all youth assigned to its facilities. Each facility provides supervision necessary to protect residents from harm, including sexual abuse. Staff conduct count of the population at various times, including during shift changes.
- B. Staff of the opposite gender are to announce their presence when entering a resident housing unit or area. Staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.
- C. Supervision staff and the Institution Services Manger shall conduct and document announced and unannounced rounds to identify and deter sexual misconduct. These rounds shall also be conducted in all units/areas of the facility during day and night shifts hours.
- D. Staff are prohibited from alerting other staff members that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.
- E. The Probation Department shall use stationary video monitoring system to assist in ensuring the safety and well-being of residents, staff and visitors in its facilities. Video monitoring shall not substitute for the appropriate supervision of residents.
- F. Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios.
- G. Each facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

XI. Medical and Mental Health Screening; History of Sexual Abuse

- A. If a resident/youth discloses prior sexual victimization or abusiveness during the intake process or during a medical or mental health intake screening or assessment, the staff will report the abuse according to state Mandated Child Abuse Reporting guidelines. For resident/youth over the age of 18, medical and mental health staff shall obtain informed consent from the resident/youth prior to reporting the abuse.
- B. If the intake screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

- C. If the intake screening indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
- D. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments.
- E. The Department will ensure that medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.
- F. The nature and scope of unimpeded access to emergency medical treatment and crisis intervention services are determined by medical and mental health practitioners according to their professional judgement.
- G. Any youths reported or believed to have been sexually assaulted shall be immediately referred to health care staff for appropriate first aid and emergency care. The youth shall be sent to San Mateo County Medical Keller Center for further examination, treatment, and collection of forensic evidence. When on-site health care staff are unavailable, the youth shall be transported to the hospital for treatment. The first responders will take preliminary steps to protect the victim.
- H. All known abusers or perpetrators will be provided treatment, as deemed necessary by qualified mental health professional. Each youth/resident shall be provided individualized and measurably effective services directed towards his/her assessed risk and needs.
- I. Any allegation, suspicion or report of a sexual assault/abuse that includes penetration will be immediately referred for outside medical (Keller Center) testing, evaluation and forensic examination.
- J. Health information will be kept confidential. The youth/resident will be asked to sign a release of information permitting the hospital to release the records of the evaluation to the Department/facility health care staff to be placed in the youth's/resident's health record.
- K. Resident victims of sexual abuse while in custody shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections and prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
- L. Medical services shall be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- M. Medical services staff will provide appropriate follow-up care and treatment. At the follow up appointment, the youth's/resident's physical and emotional status will be assessed. The

provider will review the records from the outside medical facility to determine if all medical aspects of the evaluation were completed.

XII. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

- A. The Department offers all youth/resident victims of sexual abuse/assault the same level of care as if they were in a community setting to ensure ongoing medical and mental health evaluations and treatment. All victims of sexual abuse are immediately referred to outside medical testing and evaluation. Upon release from custody, Probation Staff and Behavioral Health will provide the youth/resident with follow up referrals to Rape and Trauma Services and the community for services to ensure continuity of care.
- B. Resident victims of sexually abusive vaginal penetration while in custody shall be offered pregnancy tests. If pregnancy results from conduct specified, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- C. Youth victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- D. Youth/resident will receive appropriate interventions if they engage in youth on youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, are made with the goal of promoting improved behavior by the youth and ensuring the safety of other youth and staff. Pre-adjudicated youth will not be placed in a sexually harmful behaviors treatment program.
- E. If pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- F. Resident victims of sexual abuse while in custody shall be offered tests for sexually transmitted infections as medically appropriate
- G. The Department will pay for medical expenses incurred on behalf of committed youth/resident in Juvenile Hall or Camp regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- H. The Department is committed to ensuring that each facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

XIII. Staffing

- A. Each facility ensures adequate number of personnel sufficient to carry out its program and meet established State standards and regulations in accordance with the State of California, Title 15 Regulations on staffing ratios. These ratios provide for adequate levels of staffing, and, where

applicable, video monitoring, to protect residents against sexual abuse and misconduct. No required service is to be denied because of insufficient staffing.

- B. Each facility ensures it has sufficient number of supervisory level staff to ensure adequate supervision of all staff members.
- C. In order to provide sufficient and continuous supervision of minors, the criteria for staffing ratios are currently as follows:
 - 1. 1:8 wake hours and 1:16 sleep hours
- D. Staffing plans must be developed for each facility and adhered to except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.
 - 1. Once each year, for each facility, the PREA Compliance Manager, in consultation with the PREA Coordinator shall assess, determine and document whether adjustments are needed to the staffing plan established.
 - 2. Prevailing staffing patterns
 - 3. The facility's deployment of video monitoring systems and other monitoring technologies; and
 - 4. The resources the facility has available to commit to ensure adherence to the staffing plan.
 - 5. When assessing adequate staffing levels and the need for video monitoring, the Department shall ensure that each facility staffing plan considers the following:
 - a. Generally accepted detention and correctional practices;
 - b. Any judicial findings of inadequacy;
 - c. Any findings of inadequacy from federal investigative agencies;
 - d. Any findings of inadequacy from internal or external bodies;
 - e. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated;
 - f. The composition of the resident population;
 - g. The number and placement of supervisory staff;
 - h. Institution programs occurring on a particular shift;
 - i. Any applicable state or local laws, regulations or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
 - j. Any other relevant factors.
- E. To ensure that any deficiencies in resident supervision are promptly identified and corrected, the Deputy Chief for institutions, the management, and supervisory staff shall review all critical incidents to examine known areas where sexual abuse has occurred to assess and take corrective action regarding any physical barriers that may have enabled the abuse.

XIV. Staff Training and Education

- A. The Probation Department shall train all employees who may have contact with residents on:
 - 1. Its zero-tolerance policy for sexual abuse, staff sexual misconduct, and sexual harassment;

2. How to fulfill their responsibilities under agency sexual abuse, staff sexual misconduct, and sexual harassment prevention, detection, reporting, and response;
 3. Resident's right to be free from sexual abuse, staff sexual misconduct, and sexual harassment;
 4. Resident's/employee's rights to be free from retaliation for reporting sexual abuse and sexual harassment;
 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
 6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
 7. How to detect and respond to signs of threatened and actual sexual abuse;
 8. How to avoid inappropriate relationships with residents;
 9. How to communicate effectively and professionally with residents, including lesbians, gay, bisexual, transgender, intersex, or gender non-conforming residents;
 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
 11. Relevant laws regarding appropriate age of consent.
- B. After the initial -eight hour PREA Training, refresher training will be provided every two years for juvenile facility employees who have contact with youth.
 - C. The Department shall document, via employee signature of the PREA Acknowledgement Statement, that staff/employees understand the training they have received.
 - D. PREA Training shall be documented and records retained by the Department's training unit.
 - E. In addition to the training, the Deputy Chief of Institutions or designee, will ensure that key and refresher information relative to PREA and current sexual abuse and sexual harassment policies are continuously and readily available and/or visible to all staff through posters, resident handbook, staff/unit meetings and email distribution.
 - F. All new institution employees (direct supervision staff) shall receive eight hour PREA Training within 6 months of being hired with refresher training every two years thereafter.

XV. Volunteer and Contractor Training

- A. All juvenile facility volunteers and contractors who have contact with residents will receive training on their responsibilities under the agency's sexual abuse and sexual harassment policy.
- B. All new and renewed contracts with private and public agencies covered under PREA and contracted with the San Mateo County Probation Department will have language requiring compliance with the Department's zero-tolerance policy toward sexual abuse, sexual harassment and staff sexual misconduct. The following is the required Prison Rape Elimination Act (PREA) language for all new Request for Proposals (RFPs), contracts or contract renewals:
 - i. Contractor will comply with the Probation Department's Zero Tolerance Policy related to preventing, detecting, monitoring, investigating, and eradicating sexual abuse within all juvenile detention facilities.

- ii. Contractor shall complete the required PREA training prior to beginning services in Probation juvenile detention facilities (for new agreements).
 - iii. Contractor shall complete the required PREA training, within 30 days of the effective date of this amendment (for current agreements).
 - iv. The Contractors and volunteers will show they understand the training they have received by reviewing and signing the PREA Acknowledgement Statement.
- C. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the San Mateo County Probation Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- D. Should a volunteer and/or contractor be the first to receive a report that a resident has allegedly been sexually abused, they shall be directed to:
- 1. Request that the alleged victim not take any actions that could destroy physical evidence.
 - 2. Immediately notify a probation staff or juvenile facility supervisor.
- E. Documentation of training will be maintained by the PREA Coordinator
- F. Volunteers and contractors are required to complete PREA refresher training every 2 years.

SAN MATEO COUNTY PROBATION DEPARTMENT PREA TRAINING MATRIX	
PARTICIPANTS	TRAINING MODULE
1 Group Supervisors Institution Services Managers Juvenile Probation Officers Juvenile Probation Services Managers Administrators	<ul style="list-style-type: none"> • One initial 8-Hour Training Curriculum and 4-Hour update every two years • Department PREA Policy & Reporting Responsibilities Acknowledgement Statement
2 Volunteers Contractors Interns Teaching Staff Full Time and Part-Time Clerical Staff	<ul style="list-style-type: none"> • 2-4 Hour Training Curriculum every two years • Department PREA Policy & Reporting Responsibilities Acknowledgement Statement
3 Residents (Youth in custody)	<ul style="list-style-type: none"> • Upon <u>all</u> intake, orientation (Sexual Abuse & Sexual Harassment Prevention and Reporting) • PREA Pamphlet • Department PREA Policy & Acknowledgement Statement
4 Medical and Mental Health Staff	<ul style="list-style-type: none"> • 2-4 Hour Training Curriculum every two years • Department PREA Policy & Reporting Responsibilities & Acknowledgement Statement

XVI. Upgrades to Facilities and Technology

- A. When the Department designs or acquires any new facility and in planning any substantial expansion or modification of existing facilities, the Department will consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect residents from sexual abuse in addition to any local or State physical plant requirements.
- B. In all facilities, staff will ensure that all hidden or secluded areas (such as janitor closets, blind spots) where covert sexual behavior may occur are monitored and the doors kept locked and secured at all times.

C. Clear and Unobstructed View:

1. The Department will ensure that its facilities maintain a clear and unobstructed view into offices, classrooms, or any room/location where a resident and staff may interact.

D. Technologies:

1. The Department uses video monitoring systems in the Juvenile Hall and Camp Kemp to enhance the safety and security of staff and residents and to prevent, detect, and respond to incidents.

XVII. Reporting

- A. The Probation Department will provide multiple ways for residents to privately report sexual misconduct, retaliation for reporting misconduct, and staff neglect of responsibilities contributing to misconduct.
 1. Residents who are victims of, or have knowledge of, sexual misconduct should immediately report the incident either verbally or in writing to staff (Group Supervisor, Probation Officer, Lead Staff, ISM, teacher, mental health therapist, psychologist, nurse, chaplain, or any other adult in the building).
 2. Residents may tell a parent/guardian, their attorney/legal representative, or other trusted adult during a visit, phone call or via written correspondence so that the responsible adult may initiate the report on behalf of the youth by contacting a Department employee.
 3. Residents have reasonable and confidential access to their attorney and parent/legal guardians.
 4. Residents may utilize the “locked box” grievance procedure to report sexual misconduct. This allows the resident a method to submit a report without alerting staff, and permits the report to be submitted anonymously.
 - a. Grievance forms, pencils, and lock boxes are readily available in each of the housing units;
 - b. No time limit is imposed on submission of a grievance;
 - c. Youth are not required to attempt to resolve issue with staff;
 - d. Ensures that a grievance is not referred to staff who is the subject of the complaint;
 - e. Designated supervisory staff will process such a grievance as a high priority in accordance with established facility procedures regarding allegation of misconduct, and notify the YSC Director and PREA Coordinator;
 - f. If a resident is at substantial risk of imminent sexual abuse, staff will take immediate action to protect the youth and ensure the report is forwarded to a juvenile facility administrator without delay and;
 - g. Residents may not be disciplined for filing a grievance unless it was filed in “bad faith,” or deliberately false. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

- B. Staff should accept reports made verbally, in writing, anonymously, and from third parties.
1. Promptly document any verbal report. Documentation of verbal reports shall be completed the same day.
 2. Citizen Complaint Forms are available at the admissions desk but are not required to be used. Written complaints will be accepted on other formats as well.
- C. Each facility must ensure that all youth with disabilities (including, for example residents/youth who are deaf, or hard of hearing, those who are blind, or have low vision, or those who have intellectual, developmental, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect and respond to sexual abuse, sexual harassment and staff sexual misconduct to residents/youth who are limited English Proficient, including steps to provide interpreters, who can interpret effectively, accurately and impartially, both receptively and expressively.
- D. Residents will be advised that filing a false sexual misconduct report is an offense according to California Penal Code Section 148.5, which states, in part, "Every person who reports to any peace officer, the Attorney General, or a deputy attorney general, or a district attorney, or a deputy district attorney that a felony or misdemeanor has been committed, knowing the report to be false, is guilty of a misdemeanor."
- E. A report of sexual misconduct made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident even if an investigation does not establish evidence sufficient to substantiate the allegation.
- F. Staff who suspects a resident is being sexually abused or sexually harassed, should contact their supervisor (Lead Staff) or manager (ISM) to submit a verbal and/or written report:
1. The Department will take all reasonable steps to protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigation, from retaliation by other resident or staff.
 2. If an individual who cooperates with an investigation expresses fear of retaliation, measures will be taken to protect the individual against retaliation. Protection measures may include, but are not limited to, housing changes/transfers, removal of alleged staff or resident abusers from contact with victim(s), and emotional support services.
 3. Following a report of sexual abuse, ISMs shall monitor the conduct or treatment of residents/staff who reported the sexual abuse, and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff.
 - a. Monitoring shall be conducted for at least 90 days following a report of sexual abuse and will continue beyond 90 days if the initial monitoring indicates a continuing need. *Monitoring may terminate if allegation is determined to be unfounded.*
 - b. Monitoring includes:
 - i. Periodic status checks
 - ii. Review of any resident disciplinary reports
 - iii. Housing changes
 - iv. Resident program changes

- v. Negative staff performance reviews
- vi. Staff reassignments/changes in duties
- c. If the supervisor detects changes that may suggest possible retaliation by resident or staff, administration shall be promptly notified and steps taken to remedy any such retaliation.
- 4. Retaliation against juveniles who refuse to submit to sexual activity, intimidation of a witness or intimidation against reporting a sexual complaint is prohibited and shall be referred for administrative investigation and/or to local law enforcement for criminal prosecution.
- 5. Employees who fail to report incidents of abusive sexual contact, and/or staff or juvenile sexual misconduct, shall be held accountable and disciplined accordingly if found negligent for not reporting.

XVIII. Official Response Following a Resident Report

- A. In accordance with Department Policy, staff must immediately report knowledge, suspicion, or information regarding sexual misconduct that occurs in the facility, and/or staff neglect or violation of responsibilities that may have contributed to sexual misconduct.
- B. If any nonconsensual sexual activity/contact is reported to an employee, or is observed by an employee, the employee shall:
 - 1. Immediately separate the alleged victim and the perpetrator;
 - 2. Notify the juvenile facility ISM-OD;
 - 3. Preserve and secure any crime scene until released by law enforcement;
 - 4. Notify medical and mental health staff to provide services to the victim;
 - 5. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff should request the alleged victim not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating;
 - 6. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff should ensure as possible, that the alleged abuser not take any actions that could destroy physical evidence (same actions as described in *Section X-B, item 5*);
 - 7. Collect any physical evidence not contained in the crime scene in coordination with, and at the direction of local law enforcement and;
 - 8. Document the incident on an Incident Report.
- C. The employee and ISM-OD shall follow the steps listed on the Sexual Assault Incident Checklist.
- D. Every staff is a mandatory child abuse reporter for all incidents of suspected sexual child abuse or neglect. Staff must comply with mandatory child abuse reporting laws.
- E. All investigation shall be kept confidential. Staff are not to discuss information related to sexual abuse investigations apart from mandatory reporting obligation and disclosures to ISMs or others pursuant to Departmental policy and

instructions received from persons involved in conducting the criminal or administrative investigation.

XIX. Confidentiality

- A. Any sexual abuse information received by any staff member must only be disclosed on a need-to-know basis and in accordance with state and federal privacy laws, professional licensure, and ethical standards.
- B. Youth/ Resident interviews about sexual abuse incidents must be conducted in safe and private environments.
- C. Under no circumstances may access to treatment resources be denied a youth/resident who is a victim of sexual abuse because the youth/resident refuses to disclose sexual abuse incident details to investigators

XX. Investigation and Evidence Collection

- A. All allegations of sexual abuse or sexual harassment will be administratively and/or criminally investigated:
 - 1. All allegations of sexual abuse or sexual harassment will be reviewed by the YSC Director.
 - 2. In situations that require further actions, (e.g. an internal investigation or referral to a local law enforcement agency) the matter will be addressed in a timely manner.
 - 3. The YSC Director, or designee, will promptly report the allegation of sexual abuse to
 - a. The County Chief Probation Officer, Deputy Chief Probation Officer of Institutions, and assigned Deputy Probation Officer;
 - b. The victim's parents/legal guardian;
 - c. If the juvenile is under the guardianship of the child welfare system, the agency will report the incident to the minor's welfare worker instead of the parent/legal guardian and;
 - d. If the victim is under the juvenile court jurisdiction, the juvenile's attorney/legal representative will be notified within 14 days.
- B. If the allegation does not appear to involve criminal conduct, the Department will complete an objective investigation, following the Department's protocol for conducting administrative investigations. See *Probation Department Administrative Policy on Complaints Regarding Employee Misconduct*.
- C. Administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse.
- D. Allegations which involve criminal conduct will be forwarded to the San Mateo County Sheriff's Office or other appropriate law enforcement agency with legal authority to conduct a criminal investigation.
- E. All such law enforcement referrals will be documented.
- F. The Department will cooperate fully within legal limits, with any law enforcement agency's criminal investigation.

- G. Investigations regarding sexual abuse/misconduct will not be terminated solely based on:
1. The source of the allegation recants the allegation
 2. The alleged victim or juvenile abuser is released from the facility
 3. The alleged staff abuser resigns/departs the facility
- H. If the alleged incident did not occur at a San Mateo County juvenile facility, but while the resident was confined at another facility, the YSC Director (or designee) will contact the administrator of the facility where the abuse occurred within 72 hours of discovery, and notify the appropriate investigating agency of the alleged sexual abuse incident. All such contacts will be documented.
- I. Should another agency contact the San Mateo County Probation Department to notify the Department of an allegation of sexual abuse/misconduct which occurred while the youth was detained in our facility, the standard investigative procedures will be followed (as applicable) to ensure the incident is fully and thoroughly investigated.
- J. Following a resident's allegation that a **staff** has committed sexual abuse against the resident, the Department shall subsequently inform the resident (unless allegation is determined to be unfounded) whenever:
1. The staff is no longer posted within the resident's unit;
 2. The staff is no longer employed at the facility;
 3. The Department learns that the staff has been indicted on a charge related to sexual abuse within the facility;
 4. The Department learns that the staff has been convicted on a charge related to sexual abuse within the facility.
- K. Following a resident's allegation that he or she has been sexually abused by **another resident**, the Department shall subsequently inform the alleged victim whenever:
1. The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 2. The Department learns that a charge related to sexual abuse within the facility has been sustained against the alleged abuser.
- L. The above reporting or attempted notification to resident(s) shall be documented. The Department's obligation to report shall terminate if the resident is released from the Department's custody.
- M. Following the completion of an administrative or criminal investigation involving sexual misconduct/abuse, the resident will be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the Department did not conduct the investigation, the YSC Director (or designee) will request the relevant information from the investigative agency in order to inform the resident of the outcome (substantiated, unsubstantiated or unfounded).

- N. The Probation Department will retain all written sexual abuse/sexual misconduct investigations or documents for as long as the alleged abuser is incarcerated or employed by the agency, plus five years (unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention).

XXI. Preservation of Ability to Protect Residents from Contact and Abusers

- A. Each facility will employ multiple protection measures, including custody and housing changes, special management plans, No Contact Status, or transfers for youth/resident victims or abusers and emotional support services for youth or staff that fear retaliation for reporting sexual abuse or cooperation with investigations.
- B. During the law enforcement investigations and the administrative review process the accused staff member will be placed on “No Contact Status” if there is an allegation of child abuse, sexual harassment or sexual misconduct.
- C. Employees/Staff placed on ‘No Contact Status” will not be allowed contact with any youth until the completion of the required investigation
- D. Prior to placing an employee on “No Contact Status”, the Institution Services Manager, and the facility Director, in consultation with the Deputy Chief, will consider the following factors:
 - 1. The severity of the resident injury
 - 2. Witness statements
 - 3. Video evidence, if available, and any other evidence
 - 4. Past history of the accused staff member
- E. The employee/staff may be placed on paid administrative leave until the completion of the required investigation.
- F. Neither this Department nor any other governmental entity responsible for collective bargaining on this Department’s behalf shall enter into or renew any collective bargaining agreement that limits this Department’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

XXII. Discipline

- A. Staff shall be subject to disciplinary sanctions up to and including termination for violation of agency sexual abuse or sexual harassment policies.
 - 1. The standard of evidence required in determining whether an allegation of sexual abuse or sexual harassment is substantiated is a *preponderance of the evidence*.
 - 2. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
 - 3. Disciplinary sanctions for violation of Department policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse)

shall be commensurate with the nature and circumstances of the acts committed, staff's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

4. Staff who participates in or permits youth/resident or staff to violate rights of youth/resident will be subject to disciplinary action up to and including termination.
5. Staff who participates in, or permits the unlawful discrimination, harassment or bullying of youth/resident will be subject to disciplinary action up to and including termination.
6. All violations of sexual abuse or sexual harassment policies which appear to rise to the level of criminal conduct will be reported to law enforcement agencies.

B. Residents who engage in sexual abuse are subject to disciplinary sanctions pursuant to Juvenile Court proceedings, criminal proceeding or through the juvenile facility's formal disciplinary process.

1. Any disciplinary sanctions commensurate with the nature and circumstance of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.
2. The Department will ensure that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
3. Resident discipline will comply with applicable policy governing disciplinary sanctions.
4. Residents will receive appropriate interventions if they engage in resident-on-resident sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, are made with the goal of promoting improved behavior by the resident and ensuring the safety of other residents and staff.
5. To the extent that the Department's Zero Tolerance Policy prohibits all forms of resident-on-resident sexual activity, the Department will not deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.

C. The Department, in compliance with PREA standards, strictly prohibits any form of consensual sexual activities between resident and resident, staff, contractors, volunteers, and interns. Such conduct is subject to administrative disciplinary sanctions and may result in criminal prosecution.

1. Any contractor, volunteer or intern who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
2. The Department shall take appropriate remedial measures, and consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor, volunteer or intern.

XXIII. Post Allegation Protective Custody

- A. The Department has as a policy the belief all youth under supervision have a right to be free from unreasonably restrictive conditions of confinement, including isolation, and that most situations can be managed through the use of counseling techniques, verbal corrections, rewards, privilege restrictions or enhancements. In most situations, the least restrictive method is used, and isolation is used as a last resort.
- B. Isolation is used under two of these circumstances:
 - 1. Minor (residents) with disciplinary issues who have been segregated to maintain order, safety and security, and
 - 2. Protective Custody; which is defined as a type of confinement (or care) to protect a minor from harm, either from outside or from other minors (residents)
- C. Isolation, which in compliance with PREA standards, dictates the following:
 - 1. Isolation is temporary and will end once the circumstances causing isolation are resolved.
 - 2. Whenever a minor (resident) is in isolation, periodic direct visual monitoring and counseling by staff is mandated.
 - 3. Each minor (resident) must be seen in their room no less than every 15 minutes.
 - 4. A mental health referral is made for a minor in isolation beyond 24 hours for intensive counseling plan that provides assistance in re-integration.
 - 5. A minor (resident) placed in isolation shall not be subjected to corporal punishment, physical or psychological degradation
 - 6. Minors (residents) shall maintain their rights while in Isolation., including their rights to programming, counseling, medical , religious and educational services, unless their rights pose a safety issue to the minor or others
 - 7. Minors (residents) will receive one hour of large muscle activity.
- D. Resident abusers shall be removed from contact with victims, and emotional support services shall be provided for youth, or staff who fear retaliation for reporting sexual abuse, or cooperation with investigations.
- E. Upon a resident return from the emergency room, a new custody and housing assessment will be completed. The facility Director, or designee, in consultation with the Deputy Chief will make a decision regarding housing/bed placement for the alleged victim. The safety, security and well-being of the alleged victim will be primary in these decisions. The alleged victim will not be housed in the same area as the alleged perpetrator.

XXIV. Medical and Mental Health Care

- A. In accordance with The California Medical Protocol for Examination of Assault and Child Sexual Abuse Victims, in-Custody sexual abuse victims, notwithstanding the victim's willingness or lack thereof to identify the abuser or cooperate with any investigation arising out of the incident, shall receive, without financial cost, timely, unimpeded access to emergency medical treatment and crisis intervention services:

1. A resident who experiences sexual abuse, there is a suspicion or a report of a sexual assault from someone, will be allowed access to forensic medical examination where evidentiary or medically appropriate.
 2. Staff will follow the San Mateo County Child Sexual Abuse Response Protocol which details the coordinated response plan between the Keller Center (at SMMC, San Mateo Medical Center), Law Enforcement, Rape and Trauma Services (RTS), and Child Protective Services.
 3. The California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims requires that forensic tests and examinations be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The sexual assault response team at the Keller Center (at SMMC, San Mateo Medical Center) provides medical and forensic response to victims of sexual assault who come into the Emergency Department 24 hours a day:
 - a. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.
 - b. Efforts to provide SAFEs or SANEs examination shall be documented.
 4. Medical treatment includes information about, and access to, emergency contraception and sexually transmitted infections prophylaxis where medically appropriate.
 5. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff should take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health practitioners.
- B. Probation staff shall attempt to make available to the victim, a victim advocate, from Rape and Trauma Services (RTS), a rape crisis center or other qualified community-based organization:
1. Reasonable communication, in as confidential a manner as possible, between the resident and these organizations will be permitted.
 2. Local, state, or national victim advocacy or rape crisis toll-free hotlines and mailing addresses will be made available to residents.
- C. As requested by the victim, the RTS victim advocate or his or her designee/replacement shall be permitted to accompany and support the victim through the forensic medical examination process and investigator interviews and can provide emotional support, crisis intervention, information, and referrals.
- D. Victims of in-custody sexual abuse will be provided follow-up services, treatment plans, and (when necessary) referrals for continued care following transfer or release as deemed appropriate by medical personnel:
1. These services, at no cost to the victim, will be provided in a manner that is consistent with the level of care the resident would receive in the community.
 2. Victims of sexual abuse will not be denied treatment for failure to name the abuser or cooperate in the investigation arising out of the incident.

- E. The Deputy Chief of Institutions or designee shall maintain copies of agreements with the local Rape Crisis Center to provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by making accessible mailing addresses and telephone numbers, including toll free hotline numbers, where available. Staff shall inform residents, prior to giving them access, of the extent to which such communications will be monitored to ensure that confidentiality is maintained.

XXV. Coordinated Response

- A. In responding to incidents of sexual abuse in the juvenile facilities, the Department is committed to a coordinated and victim centered care approach involving the staff First Responder, Law Enforcement, Child Protective Services (CPS), Victim Advocates, Medical and Mental Health Care Providers, the District Attorney's Office, the PREA Coordinator, facility probation manager (PREA Compliance Manager) and the Deputy Chief for Institutions. The role of each responding party shall be as follows:
1. **The Staff First Responder** will follow the steps outlined in this policy under Staff First Responder Duties. Upon informing the supervisor on duty, the supervisor will notify the facility Director who, in turn, will inform the Deputy Chief for Institutions. Law enforcement is notified in all incidents where violation of the law is suspected.
 2. **Law enforcement officers (the Sheriff's Office)** will be responsible for processing the crime scene evidence, conduct investigation, work to enhance victims' safety, collaborate with the Probation Department to arrange for victims' transportation to and from the exam site as needed, interview victims in a language they understand, collect evidence from the scene, coordinate collection and delivery of evidence to designated labs or law enforcement facilities, interview suspects, and conduct other investigative activities (such as interviewing suspects and witnesses in a language they understand, requesting crime lab analyses, reviewing medical and lab reports, preparing and executing search and arrest warrants, writing reports, and presenting the case to the District Attorney's Office.
 3. **Victim Advocates from the Rape Trauma Services (RTS)** may be involved in initial victim contact (via 24-hour hotline or face-to-face meetings) or be involved no later than 24 hours of the incident. Responsibilities will include - offer victims advocacy, emotional support, crisis intervention, information, language assistance services, including interpreters, and referrals before, during, and after the exam process; and help ensure that victims have transportation and are accompanied to and from the exam site. Advocates will also provide comprehensive, longer-term services designed to aid victims in addressing any needs related to the assault, including but not limited to counseling, legal (civil, criminal, and immigration), and medical system advocacy.

4. **Medical and Mental Health care providers at each facility will initially** assess victims for acute medical needs and refer victim to the Keller Center at San Mateo County Medical Center to provide stabilization, forensic examination and treatment.
 5. **Forensic Examiners at the San Mateo County Medical Keller Center** perform the medical forensic exam, gather information for the medical forensic history, collect and document forensic evidence, and document pertinent physical findings from victims. They will offer information, treatment, and referrals for sexually transmitted infections (STIs), and other non-acute medical concerns; assess pregnancy risk and discuss treatment options with the victim, including reproductive health services; and testify in court if needed. They will coordinate with advocates to ensure patients are offered crisis intervention, support, and advocacy before, during, and after the exam process and encourage use of other victim services
 6. **The District Attorney’s Office, in consultation with law enforcement investigators shall** determine if there is sufficient evidence for prosecution and, if so, prosecute the case. The Probation Department will ensure the full cooperation of staff and first responders as needed in the investigation process.
- B. In all coordinated first response activities concerning sexual abuse of youth, the Probation Department will evaluate each incident of sexual abuse to:
1. Ensure that that the victim receives the required treatment;
 2. Assess potential causes of the incident or allegation (e.g. race, ethnicity, gender identity, sexual orientation, gang affiliation, interpersonal dynamics, etc.);
 3. Identify any physical barriers that may have enabled the abuse (e.g. blind spots, covered windows, poor lighting, etc.);
 4. Identify inadequacy of staffing levels during different shifts;
 5. Conduct an assessment of technology, policy, or training, to better prevent, detect, and/or respond to incidents of sexual abuse
 6. Ensure all identified corrective actions are documented.

XXVI. Access to Legal Representation

- A. Residents in all facilities have constitutional right to unimpeded access to attorneys and legal representation as well as court and legal services.
- B. Residents shall have reasonable and confidential access to their attorney, or other legal representation, their parents, or legal guardians for reporting of sexual allegations.

XXVII. Data Collection and Review

- A. Any Special Incident Reports that allege nonconsensual sex, abusive sexual contact or staff misconduct, shall be collected by the YSC Director, or his/her designee.

- B. The Department will collect accurate data, using a uniform collection tool for every allegation of sexual abuse including all available incident-based documents, including reports, investigation files and sexual abuse incident reviews at all facilities. Incidents involving sexual abuse and sexual harassment shall be captured in the Incident Reports database.
- C. The data collection will contain all the data required to complete the Survey of Sexual Violence conducted by the Department of Justice's Bureau of Juvenile Statistics.
- D. The PREA Coordinator and Compliance Manager will review, analyze and use all sexual abuse and harassment data, at least, annually, to assess and improve the effectiveness of the Department's prevention, detection and responding to sexual contact, sexual abuse, sexual harassment and sexual misconduct policies, practices and training.
- E. YSC Director (or designee) shall be responsible for compiling records and annually reporting statistical data to the Federal Bureau of Justice as required by PREA of 2003.
- F. Upon request, the Department can provide such data from the previous year to the Department of Justice no later than June 30.
- G. The purpose of the annual data collection is to identify problem areas, and to take corrective action on an ongoing basis.
- H. All data collected will be securely retained for at least ten years, after the date of its initial collection.

XXVIII. Data Monitoring and Data Review for Corrective Action

- A. The PREA Compliance Manager will complete an annual self-assessment at the facility as guided by the PREA Coordinator.
- B. The Manager responsible for contracts, in conjunction with the PREA Coordinator, will monitor all contractors providing services for residents for PREA compliance.
- C. The PREA Coordinator develops guidelines and policies for the prevention, detection, response, and monitor of sexual abuse and harassment that makes safety the top priority for youth/residents and staff.
- D. The PREA Coordinator will conduct an internal Department/Facility culture assessment every two (2) years. Upon completion of the culture assessment, the Department/Facility will gain an understanding of the informal practices and the values and beliefs of staff. This will enable the Department/Facility to have a deeper understanding of how PREA efforts are taking root throughout the Department. All staff will be required to complete 2-4-hour PREA training every two years as a part of the refresher training.
- E. The PREA Compliance Manager, in collaboration with the Management Analyst and the PREA Coordinator, will provide trend data to assess and improve the effectiveness of the Department sexual abuse prevention, detection, and response policies, practices, and training, including:

1. Identifying problem areas;
 2. Recommend corrective action on an ongoing basis;
 3. Provide trend data for preparing annual reports;
 4. Providing comparison data of the current year's data.
 5. Assess Department's progress in addressing sexual abuse
- F. The Department shall prepare an annual report of its findings of its data review and any corrective actions for each facility. Such report shall include a comparison of the current year's data and corrective actions with those of prior years and provide an assessment of the Department's progress in addressing sexual abuse.
- G. The Department's report shall be approved by the Chief Probation Officer and made available to the public.
- H. If the Department finds it necessary to redact specific material from its reports, the redactions shall be limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility in question.

XXIX. Exhaustion of Administrative Remedies

- A. There will be no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
- B. A resident has exhausted his or her administrative remedies with regard to a claim of sexual abuse, regardless of who made the report, when the Department makes a final decision on the merits of the report of abuse, or the local law enforcement agency or Protective Services has cleared the case.
- C. A final departmental decision will be made 90 days of the initial filing of a grievance. The Department may claim an extension of up to 70 days to make a final decision.
- D. The computation of the 90-day period shall not include time consumed by residents in preparing any administrative appeal.
- E. The victim will be notified in writing of any extension and will be provided with a date by which a decision will be made. If a victim requests the grievance not be processed, the Department shall document that request. The Department may require the alleged victim to personally pursue additional steps in the administrative remedy process.
- F. A resident seeking immediate protection from imminent sexual abuse will be deemed to have exhausted his or her administrative remedies 48 hours after notifying any Department staff member of his or her need for protection.
- G. Before a resident can file a federal lawsuit, the resident must exhaust all facility requirements through the grievance process. However, in urgent and emergency situations when a resident seeks immediate injunction from the court to provide protection from imminent harm of abuse, an exemption to the 90-day waiting period shall be waived.

1. There will be no timeline for resident/youth to file a federal lawsuit, except if the State laws set limitations.
- H. The Department will allow the following third parties to assist residents and/or file requests on residents' behalf for administrative remedies relating to allegations of sexual abuse:
1. Fellow Residents
 2. Staff Members
 3. Family Members
 4. Attorneys
 5. Outside Advocates
- I. Other than parents and guardians, a resident may decline such a grievance from third parties. A decline by a resident shall be documented.
- J. A parent or legal guardian of a resident shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such a resident regardless of whether or not the resident consents.
- K. A resident who alleges sexual abuse may submit a grievance without referring it to, or submitting it to a staff member who is the subject of the complaint.
- L. A resident who is alleging substantial risk of imminent sexual abuse can file an emergency grievance at any time, by any means, without following the grievance procedure.
- M. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the receiving staff shall immediately forward the grievance to his or her supervisor for review and immediate action. The supervisor shall ensure that within 48 hours of initial receipt of grievance, a response is provided, and shall issue a final decision within 5 calendar days. The initial response and the final decision shall document the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.
- N. The Department prohibits the use of informal grievance process by a resident or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- O. A resident shall be disciplined for filing a grievance related to alleged sexual abuse only where it can be demonstrated that the resident filed the grievance in bad faith.

XXX. Legal Services

- A. The County Counsel Office will serve as the gatekeeper for all alleged matters concerning the Department by providing, but not limited to, the following services:

1. Reviewing Department actions to ensure compliance with state and federal laws
2. Monitoring all litigation initiated against the Department pursuant to the Department's objectives; and
3. Responding to the request for records under the Open Records Act, by subpoena and discovery motions.

XXXI. Third Party Reporting

- A. In accordance with Section 832.5 of the California Penal Code, "each department or agency in this state that employs peace officers shall establish a procedure to investigate complaints by members of the public against the personnel of these departments or agencies and shall make a written description of the procedure available to the public." Members of the public, clients, or minors under the jurisdiction of the Probation Department, and departmental employees, have the lawful right to file a complaint relating to performance or alleged misconduct within the San Mateo County Probation Department. In addition to this reporting mechanism, sexual abuse related incidents can be reported as follows:
- B. Forms for members of the public to make written complaints involving personnel of the San Mateo County Probation Department will also be available during business hours in the Internal Affairs Unit and at all Probation offices and facilities.

XXXII. Citizen Notification

- A. A closing letter is mailed to the citizen making the complaint within 30 days of completing an investigation. Pursuant to Section 832.7(e)(1) of the Penal Code, the notification letter will include:
 1. The disposition of the complaint, and
 2. An explanation of confidentiality restrictions imposed under Section 832.7(a) of the Penal Code

XXXIII. Resident Notification

- A. Following an investigation into an allegation of sexual abuse, the resident victim shall be notified as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the Department did not conduct the investigation, it will request the relevant information from the investigative agency in order to inform the resident.
- B. Through posters at Juvenile Hall and Camps and information on the Department's webpage, the public will be informed on how to report sexual abuse on behalf of a resident

XXXIV. Reporting to Other Confinement Facilities

- A. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Deputy Chief for Institutions, or the Director of the facility or his/her designee that received the allegation shall notify the head of the facility where the alleged abuse occurred and shall also notify the appropriate law enforcement agency as well as CPS. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation

and that the Deputy Chief or the facility Director or his/her designee shall document that it has provided such notification.

- B. In all cases where another facility or agency refers allegations of sexual abuse or sexual harassment that occurred within one of our facilities, the designated point of contact shall be the facility Director or designee. Or the Deputy Chief for Institutions in the absence of the facility Director.
- C. It shall be incumbent upon the Deputy Chief for Institutions or the facility Director or his/her designee to ensure that the allegation is investigated in accordance with the PREA standards

XXXV. Sexual Abuse Incident Review Team

- A. A Sexual Abuse Incident Review will be conducted at the conclusion of every sexual investigation (except those investigations determined to be unfounded).
- B. Within 24 hours of a sexual abuse incident, the facility Compliance Manager or his/her designee shall notify Rape and Trauma Services victim advocate.
- C. The Review Team will conduct the review within 30 days of the conclusion of the investigation.
- D. The Review Team will include:
 - 1. The Department PREA Coordinator;
 - 2. The PREA Compliance Manager;
 - 3. The YSC and Camp Kemp Compliance Managers;
 - 4. The Department Investigator;
 - 5. Medical and/or Mental Health Administrator as deemed appropriate;
 - 6. Other Department administrator or manager as needed based on the individual circumstance of the incident.
- E. The Review Team will consider if:
 - 1. Policy or procedure changes are warranted;
 - 2. Individual or group dynamics motivated or caused the situation to develop;
 - 3. After review of the physical layout where the abuse occurred, consider possible modifications to physical barriers which may have enabled the abuse;
 - 4. Assess the adequacy of staffing levels and;
 - 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- F. The Review Team will prepare a report for the YSC Director of their findings, with any recommendations:
 - 1. PREA Coordinator will retain a copy of the report
 - 2. The PREA Coordinator will document recommendations that were implemented, and reason why other recommendations were not followed.

- G. Within 20 business days of the incident, the facility's Compliance Manager will ensure that all required reports are provided to the PREA Coordinator, the Deputy Chief for Institutions and the Chief Probation Officer.

XXXVI. Data Storage, Publication and Destruction

- A. The Department shall securely maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.
- B. To the extent applicable, the Department shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, available to the public.
- C. The Department shall make public, without personal identifiers, sexual abuse data.

Institutions Services Managers supervise the application of relevant policies and procedures. The Institution Services Managers are accountable to the Superintendent, who is accountable to the Deputy Chief Probation Officer of the Institutions Division.