

# PREA Facility Audit Report: Final

**Name of Facility:** Echo Glen Children's Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 12/05/2019

**Date Final Report Submitted:** 07/01/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Joel Whitt	<b>Date of Signature:</b> 07/01/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	Whitt, Joel
<b>Address:</b>	
<b>Email:</b>	joel.whitt@zajonc-corp.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	10/21/2019
<b>End Date of On-Site Audit:</b>	10/23/2019

FACILITY INFORMATION	
<b>Facility name:</b>	Echo Glen Children's Center
<b>Facility physical address:</b>	33010 SE 99th St, Snoqualmie, WA, Washington - 98065
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Jennifer Zipoy
<b>Email Address:</b>	jennifer.zipoy@dcyf.wa.gov
<b>Telephone Number:</b>	425-691-0323

Superintendent/Director/Administrator	
<b>Name:</b>	Don Mead
<b>Email Address:</b>	nehemiah.mead@dcyf.wa.gov
<b>Telephone Number:</b>	425-831-2500

Facility PREA Compliance Manager	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	
<b>Name:</b>	Jennifer Zipoy
<b>Email Address:</b>	jennifer.zipoy@dcyf.wa.gov
<b>Telephone Number:</b>	M: (425) 831-2705

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Stacia Hornbacher
<b>Email Address:</b>	stacia.hornbacher@dcyf.wa.gov
<b>Telephone Number:</b>	425-831-2503

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	155
<b>Current population of facility:</b>	82
<b>Average daily population for the past 12 months:</b>	89
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	12-25
<b>Facility security levels/resident custody levels:</b>	Institution Minimum, Medium, Maximum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	187
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	17
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	231

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Washington State Department of Children, Youth, and Families
<b>Governing authority or parent agency (if applicable):</b>	Washington State Department of Social and Health Services
<b>Physical Address:</b>	1115 Washington St. SE, Olympia, Washington - 98504
<b>Mailing Address:</b>	
<b>Telephone number:</b>	360-902-8088

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Marybeth Queral
<b>Email Address:</b>	QueraMB@dshs.wa.gov
<b>Telephone Number:</b>	360-902-7957

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Eric Crawford	<b>Email Address:</b>	eric.crawford@dshs.wa.gov

## AUDIT FINDINGS

### **Narrative:**

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

In July of 2019, the Department of Juvenile Rehabilitation for the State of Washington was moved from under the auspices of the Washington State Department of Social and Health Services (DSHS) to being under the auspices of the newly created Washington State Department of Children, Youth and Families (DCYF). The Washington State Department of Children, Youth & Families (DCYF) is the agency that oversees the Juvenile Rehabilitation (JR) division. JR serves Washington state's highest-risk youth.

DCYF requested a PREA Audit for the JR facility known as the Echo Glen Children's Center (EGCC) in August of 2019. EGCC is in Snoqualmie, Washington and the pre-audit work began on September 4, 2019 and the onsite portion of the PREA Audit was conducted between October 21, 2019 and October 23, 2019. (NOTE: For the purposes of this PREA Report the term "Agency" always represents the DCYF and the term "Facility" always represents EGCC).

The Data Audit Framework used by this Auditor to assess the Agency's and Facility's compliance with the PREA Standards relied on Agency policies, Facility procedures, the Pre-Audit Questionnaire and associated attachments. Further, the Data Audit Framework relied on interviews with 25 staff [20 from the Facility and five (5) from the Agency], 14 residents of the 79 residents at the facility (17.7% of all residents at the facility), a review of 40 client files (including 30 current residents and 10 files of former residents, 11 staff files, volunteer files; as well as interviews with local area service providers [local area rape crisis center, local hospitals that would be used for forensic exams, and the local police department]).

To complete this audit, this auditor used a triangulated audit methodology. First, all submitted and related documentation was reviewed. This included policies, procedures, organizational charts, forms, etc. After a thorough review of the documentation was completed, this auditor conducted interviews [semi-structured and unstructured] of staff, residents, and other stakeholders [local community-based organizations who provide victim advocacy services to residents, as well as, interviewing staff from the agencies responsible for investigating sexual abuse and sexual harassment allegations at the facility]. Once the interviews were completed, the auditor reviewed files, and reports. This allowed the auditor to determine if the agency and facility were complying with all related PREA standards.

An important part of the audit methodology was the site tour and review. On October 21, 2019, this auditor toured the EGCC. A review of the facility allowed the auditor to: (1) note obvious blind-spots; (2) observe the areas where residents typically shower, change clothes, and/or perform bodily functions; (3) note staff locations and movements; (4) record resident supervision levels; and (5) observe the types and abundance of communications between the facility and residents, via posters and notices.

To ensure that the audit process was fair and transparent, the auditor utilized a random selection process to identify security staff, residents, and files for review. At the beginning of the audit, the auditor asked for four lists. The lists were: (1) Current security staff; (2) Current residents; (3) Staff who were

promoted within the past 12-months; (4) List of contractors and volunteers; and (5) Residents who discharged within the past 12-months. This auditor placed a number next to each name, on each list, starting with the number one (1) and moving upward in a sequential manner. Once all current security staff members were numbered, this auditor utilized a computerized random number generator to identify the security staff that were selected for interviews. This ensured that every security staff member had an equal chance of being selected for an interview. Careful attention was paid to ensure that security staff from all shifts were selected and that security staff assigned to different housing areas were selected. Once this was completed, this auditor repeated this process for each of the remaining lists.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Echo Glen Children's Center is a 25 acre campus that includes 28 buildings (e.g., 13 cottages, a school complex, health center, recreational facilities, cafeteria, maintenance, administration and social service buildings). The facility has 16 segregation cells. Of the 13 cottages, eight are currently used to house residents. The eight cottages in operation (Chinook, Copalis, Exodus/kalama, Klickitat, Nisqually, Toutle, Willappa, and Yakima) serve to house residents during the PREA Audit. Each of these cottages are used to house a specific type of resident (i.e., two cottages are used to house female residents, some are used to treat mental health issues, another is used to treat substance abuse, etc.) However, none of these cottages are used as special housing units as defined by the PREA Standards (e.g., to house LGBTI) populations. With few exceptions, all services are provided at the Facility. Residents are provided meals via the Facility kitchen, are provided with educational services via the Facility's onsite school with teachers provided by the local school district. All routine medical and mental health needs are provided onsite via the Facility's nurses, medical doctors, psychologist, and psychiatrists. Echo Glen is currently designed to house up to 155 residents. The facility is designed to house residents aged 12 to 25. The facility's security level is rated as a "medium/maximum" and the resident custody levels range is considered "medium to maximum" per interviews with JR staff. Echo Glen is considered a "secure" facility. As of October 2019, the facility employed 160 staff members at the time of the onsite. These staff members include administrative support staff, cooks, medical, mental health counselors, doctors, psychologist, caseworkers, security staff, and Facility Administrative staff. The facility has numerous security cameras located in and around the facility. There are cameras in the segregation cells but access to these cells is restricted to residents who meet the need for additional supervision and monitoring. At the time of the PREA Audit there were only nine cottages that were housing residents.

The facility does not have its own investigators. Criminal investigations are handled by a referral to Child Protective Services, local law enforcement and/or the Washington State Patrol. Administrative investigations are handled by JR staff and, in some cases, DCYF staff who are currently based in Olympia, Washington, about 60 miles away.

The Facility has had two previous PREA Audits.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	42
<b>Number of standards not met:</b>	0

Prior to the onsite audit, which occurred on October 21, 2019 and ended on October 23, 2019, it was confirmed, via photographic email evidence provided by the PREA Compliance Manager, that the required PREA Audit notices were posted. That evidence confirmed that the notices were posted in various, conspicuous areas throughout each building that comprises the Facility.

On October 1, 2019, this Auditor received an electronic package containing the completed Pre-Audit Questionnaire, agency policies and facility procedures via the Online Auditing system. Upon review of the information and data provided, it became clear that the Agency and the Facility had taken several steps toward meeting PREA compliance. A conference call with this Auditor and the PREA Compliance Manager at the facility occurred 10 days before the on-site audit began.

In addition to this Auditor's time at the facility, a co-Auditor (Dr. Kyle Barrington) spent two days (October 21, 2019 and October 22, 2019) of the onsite portion of the audit was conducted at the Agency headquarters in Olympia, Washington. Dr. Barrington interviewed the Agency Head designee, PREA Administrator, Contract Specialist, Investigator, and an HR staff member. Both auditors also reviewed policies and procedures and reviewed results of investigations. During this agency audit it was confirmed that in July of 2019, the Department of Juvenile Rehabilitation for the State of Washington was moved from under the auspices of the Washington State Department of Social and Health Services (DSHS) to being under the auspices of the newly created Washington State Department of Children, Youth and Families (DCYF). The DCYF is the agency that oversees the Juvenile Rehabilitation (JR) division. JR serves Washington state's highest-risk youth and the EGCC is operated by the JR division. This move has resulted in some significant challenges for the JR division as it relates to PREA. As an example, all the PREA policies and procedures were originally written and approved when the agency was under DSHS control. Now that the agency is under DCYF supervision several components of these policies and procedures are no longer applicable. Further, the change between agencies has resulted in additional bureaucratic layers which drew stronger scrutiny related to the authority vested in the PREA Coordinator (called the PREA Administrator) position. Further, the old agency, DSHS, had a standing Memorandum of Understanding with the Washington State Patrol authorizing the Washington State Patrol to investigate all allegations of sexual abuse and sexual harassment. However, now that JR is not under the auspices of DSHS, the Washington State Patrol is no longer willing to take on this extra investigation responsibilities. This has resulted in significant changes to the investigation practices have not been captured in the JR policies and procedures.



The facility onsite audit was conducted on October 21, 2019 to October 23, 2019. On the first day of the facility onsite audit, which started on October 21, 2019, an introduction meeting was held at approximately 9:00 AM with the Facility Director, PREA Compliance Manager for EGCC and the PREA Administrator (Coordinator). It was noted that there were 66 male and 13 female residents onsite at the time of the audit. Of the resident interviews 3 female residents were interviewed and 11 male residents were interviewed. Following this meeting a tour of the entire Facility was conducted and this Auditor noted the layout of the physical grounds and the various structures. Additionally, this auditor observed posted notices about this PREA Audit, as well as, some posted notices regarding the rights of the residents to be free from sexual abuse. During this tour, it was noted that there were a few "blind spots" but these areas had been noted by Facility staff. It was also noted that there were multiple security cameras in the Facility but none of the cameras were in areas where residents would be showering, changing clothes, or performing bodily functions except in isolation cells utilized for less than 24 hours at a time. Staff explained that when a resident needed to utilize the restroom, they utilized an intercom and the camera is shut down if an opposite gender staff is monitoring cameras. This was reported by all security staff who had worked isolation and review of the camera monitors indicated this was possible and there were no indications from youth or staff that this practice was not followed.

While participating in the tour, the Auditor observed residents being supervised by the Facility Staff (i.e., security staff). During the onsite, the auditor formally interviewed 14 of the 79 (17.7%) of current residents. Residents reported being informed of the Facility's Zero-Tolerance Policy related to sexual abuse and sexual harassment and of their right to be free from sexual abuse and sexual harassment, as well as, their right to be free from retaliation for reporting sexual abuse and/or sexual harassment. All residents interviewed stated they did receive their PREA Education at time of intake.

As part of the routine work assignment during the onsite portion of this PREA Audit, the auditing team interviewed a total of 14 security staff. All 14 were randomly selected security staff. The security staff interviewed represented staff from all shifts and cottages. In addition, the auditing team interviewed 13 specialized staff, to include, the Facility Director, the PREA Compliance Manager, Staff who perform Screening for Risk of Victimization and Abusiveness, Intake Staff, PREA Coordinator, Investigators. Human Resources, Staff on the Incident Review Committee, Staff that supervise youth in isolation, Medical Staff, Mental Health Staff and Staff Responsible for Retaliation Monitoring. Overall, the staff interviews revealed that all staff were trained in the PREA Standards. Staff appeared confident about their roles as first responders and all had consistent answers on how a resident was to report sexual abuse and/or sexual harassment. Staff responsible for conducting intake risk assessments noted that they completed a risk screening. A review of the screening tools noted that they were objective and did collect all the information required by PREA.

By the end of the audit it was determined that the agency and facility have done a lot of work to ensure the facility is safe. However, as mentioned above, the change from DSHS supervision to DCYF has resulted in significant challenges.

After the onsite portion of this PREA Audit, it was determined that the Facility "Exceeds Standard" on PREA Standard (318); "Meets Standard" on 32 PREA Standards, and "Did Not Meet Standard" on 9 PREA Standards (311, 313, 317, 322, 331, 351, 354, 376 and 381).

A corrective action plan was initiated, and the corrective action plan period began on December 5, 2019.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.311: This standard has three components (a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct; (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities; and (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, this Auditor reviewed the following: 1) JR Policy number 5.90 [Signed 5/20/2019]; 2) Interviews with the designee for the Agency Head, 3) Interview notes with the PREA Coordinator [entitled the PREA Administrator within the Agency] and the Facility PREA Compliance Manager, 4) the Pre-Audit Questionnaire; 5) DCYF’s Organizational Chart; 6) The Facility’s Organizational Chart; 7) Facility Preamble and 8) Interviews with staff.</p> <p>OBSERVATIONS: The Agency’s 5.90 Policy covers all required elements of 115.311, however, there are still references to DSHS which no longer includes JR. Of importance are the sections under staff sanctions that relate to DSHS policies and procedures that JR staff are responsible for following even though JR staff are not under the auspices of DSHS. The Agency employs a PREA coordinator, entitled the PREA Administrator, with sufficient time to develop, implement, and oversee the efforts to comply with the PREA standards in all its facilities. However, since the transition into DCYF, the PREA Coordinator does not appear to be “upper level” nor does it appear the PREA Coordinator is an “agency-wide” position. The Facility does have a designated PREA Compliance Manager who indicated they have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.</p> <p>DETERMINATION: The agency and facility do not meet this standard.</p> <p>RATIONALE: The Zero-Tolerance Policy needs to be updated. There are two elements related to this component of the standard. First, that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. Based on a review of the policies, the agency and facility meet this element. The second element is that the written policy outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Based on the observations noted above it was determined that the Agency DOES NOT meet this component of the Standard. Currently, the JR division is under the direction of DCYF. DCYF assumed supervision of JR earlier in 2019 after state lawmakers changed the laws and moved JR from under DSHS and placed them under DCYF. However, Policy 5.90 still references DSHS under staff sanctions. DSHS should be changed to DCYF as DSHS no longer supervises JR. Further, in the Facility’s Preamble, under responses to allegations of sexual abuse and sexual harassment it is referenced that the facility has its own investigators, but the audit revealed that the facility would rely on an</p>

investigator from Olympia, thus the facility does not have its own investigators. In addition, the Facility's Preamble references, in at least two places, JRA or JJ&RA, which no longer exists.

A second component of this standard is that the Agency hire a PREA Coordinator. There are three specific elements to this component of the standard. First, the PREA Coordinator must be agency wide. Second, that the PREA Coordinator must be an upper-level position within the agency's hierarchy. Third, the PREA Coordinator must have the time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all its facilities. Based on a review of the legislation that created the new DCYF agency and after interviews with the agency staff, DCYF does not appear to employ or designate an upper-level, agency-wide PREA coordinator. Specifically, the PREA Coordinator, called the PREA Administrator, does not appear to have the authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all its facilities. Nor does the position of the PREA Coordinator appear to be an agency-wide position. According to the interpretation from Department of Justice (DOJ) related to the definition of authority, the PREA Coordinator "must, at a minimum [emphasis added], have: (1) Direct access to the agency's most senior leader or chief executive officer (e.g., Director, Secretary, Commissioner, Administrator, etc.); (2) Direct access to the agency's executive or senior leadership team; and (3) The influence necessary to create and implement agency-wide policies, procedures, and practices, without any interference from other levels of bureaucracy or supervision [emphasis added], and in accordance with the PREA standards and interpretative guidance issued by DOJ." Currently, the following are the "other levels of bureaucracy or supervision" between the PREA Coordinator and the most senior leader or chief executive officer of the agency: The PREA Coordinator reports to the: (1) Program Administrator- Institution Programs, who in turn reports to the (2) Director of Institution Programs, who reports to the (3) Assistant Secretary of Juvenile Rehabilitation, who reports to the (4) Deputy Secretary of Programs for Children and Families, and then reports to the (5) Secretary of DCYF. It should be noted that the only agency-wide staff is the Secretary. Thus, the PREA Coordinator must pass through 4 different administrative layers before he meets an agency-wide administrator. As the PREA Coordinator does not have direct access to the agency's most senior leader, does not have direct access to the agency's executive or senior leadership team, nor does the position appear to have the influence necessary to create and implement agency-wide policies, procedures, and practices, without any interference from other levels of bureaucracy or supervision, it was determined the agency does not meet this standard.

PREA requires that where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. This standard has two elements. First, that a PREA Compliance Manager (PCM) is designated. Second that the PCMs have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Based on interviews, a review of the facility's organizational charts, and observations, it was determined that the agency does designate a PREA compliance manager at the facility. This staff member reported that they do have the sufficient time to coordinate the facility's efforts to comply with the PREA standards.

**CORRECTIVE ACTION PLAN (CAP) OVERVIEW:** Working with the PREA Administrator and the Facility's PCM the following CAP was developed: (1) Revise Agency Policy 5.90, with signature date of 5/20/2019, to remove DSHS, as appropriate; (2) The Facility Preamble

needs to be revised to ensure all agency acronyms are correct and appropriate (e.g., updated JJ&RA to reflect current organization, etc.); (3) Update the Preamble to include the added screening tools; (4) The Facility Preamble should correctly identify who the agency will utilize for investigations and this section should articulate if the investigators are different if the investigation is for criminal or administrative purposes; and (5) Revise the position of the PREA Coordinator position, called the PREA Administrator within DCYF, to a position that ensures it is an upper-level, agency-wide PREA coordinator position. The facility entered the Corrective Action Plan Period on December 5, 2019.

**CORRECTIVE ACTION PLAN PERIOD:** During the Corrective Action Plan period, the agency was able to address all six of the CAP items. For the issue related to item five of the CAP (i.e., “Revise the position of the PREA Coordinator position, called the PREA Administrator within DCYF, to a position that ensures it is an upper-level, agency-wide PREA coordinator position with sufficient time and authority to develop, implement and oversee the agency’s efforts to comply with the PREA standards in all of its facilities, and that this is accurately reflected in the DCYF organizational chart. To verify this is completed this Auditor will review the revised DCYF Organizational Chart and interview the PREA Administrator to ensure he/she has the time and authority to fulfill his/her obligations as the Agency’s PREA Coordinator”). During the CAP period, this auditor received a letter from the Secretary of DCYF. He noted that “JR is the unit of state government with the direct responsibility for the operation of state facilities confining juvenile residents and day-to-day decision-making. The legislature appropriates funding for Juvenile Rehabilitation. JR creates and implements its own program policies.” As this aligns with PREA’s definition of agency (i.e., Agency means the unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority”) JR is considered its own “agency” as defined by PREA and the PREA Administrator does report to the highest levels of JR, thus this standard is met.

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.312: This standard has two components: (a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards; (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, this Auditor reviewed the following: 1) the Pre-Audit Questionnaire; 2) Interview with the Contract Specialist at DCYF; and 3) Interview(s) with the Agency Head, PREA Coordinator, and Facility Director.</p> <p>OBSERVATIONS: Interviews with the Agency Head, PREA Coordinator (called PREA Administrator), DCYF Contract Specialist, and the Facility's PCM supported the agency's contention that the agency does not contract for the confinement of its residents with private agencies or other entities, including other government agencies. Thus, this standard is determined to be "not applicable."</p> <p>DETERMINATION: Based on the observations noted above it was determined that this standard is met as it was not applicable.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.313: This standard has four components: (a) a staffing plan has been created; (b) deviations from the staffing plan are documented; (c) the staffing plan is reviewed annually; and (d) for secure facilities, where unannounced rounds occur, staff are prohibited from alerting other staff that such rounds are occurring.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the following: 1) Agency policy 5.90; 2) the Pre-Audit Questionnaire; 3) Facility's Staffing Plan; and 4) Interviews with staff.</p> <p>OBSERVATIONS: The facility developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility did take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p>During the interview portion of the On-Site Audit it became apparent that the ratio was not maintained during the school hours because school staff had been counted as part of the ratio. Supplemental interviews with Facility Staff supported this determination. Standards state that "(c) 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." Agency and facility policy 5.90 also indicate this requirement.</p> <p>DETERMINATION: It was determined that the Facility does not meet this Standard.</p> <p>RATIONALE: Both Agency Policy and Standards state that only security staff may be included in the ratios. Although the Facility showed compliance in all other areas with the standard it cannot meet Standard if school staff (non-security) are at any point of the day included in the ratio of 1:8 which was indicated during interviews with school and facility staff.</p> <p>CORRECTIVE ACTION PLAN (CAP) OVERVIEW: The Facility will work with the PREA Administrator to review the staffing plan and ensure resources to provide a 1:8 ratio of security staff to residents during waking hours. This includes those hours that the residents are in school. Evidence of compliance will require a revised staffing plan that provides for adequate staffing in the classrooms to achieve the 1:8 ratio. Provide the revised staffing plan with staffing pattern that clearly shows how the ratio is met in the classroom. Ensure the</p>

appropriate staff review and sign-off on the staffing plan. The facility entered the Corrective Action Plan Period on December 5, 2019.

**CORRECTIVE ACTION PLAN PERIOD:** In February 2020 the facility provided a staffing plan that established a 1:8 ratio of security staff that included the school hours that were previously not within ratio as teachers who were not trained security staff were included in the ratio. The new plan was provided and demonstrated compliance to the standard in all areas. Further, documentation of implementation was provided and the review of the Staffing Plan was completed by the PREA Compliance Manager and PREA Coordinator. Based on the evidence provided it was determined that compliance with standard was achieved during the period of Corrective Action.



115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.315: This standard has six components: (a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners; (b) The agency shall not conduct cross-gender pat-down searches except in exigent circumstances; (c) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates; (d) The facility shall implement policies and procedures that enable inmates 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 an inmate housing unit; (e) The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined during conversations with the inmate, 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; and (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the following: 1) JR policies; 2) the Pre-Audit Questionnaire; 3) Interviews with ten security staff; 3) Review of staff training files; and 4) Interviews with residents.</p> <p>OBSERVATIONS: Based on observation, document review, and interviews, the Facility was does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The agency does not allow, and facility ensures that staff do not conduct cross-gender pat-down searches except in exigent circumstances. The facility does have the forms to document all cross-gender strip searches and cross-gender visual body cavity searches, and the staff would document all cross-gender pat-down searches, however none were reported, thus no forms were used. The facility does implement policies and procedures that enable inmates 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. Further, the policies and procedures do require staff of the opposite gender to announce their presence when entering a resident’s room or housing area. The facility does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The agency does train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p>

DETERMINATION: The facility design provides each resident with the ability to shower, perform bodily functions, and change clothing without any staff viewing their breasts, buttocks, or genitalia, except in exigent circumstances. Further, all residents and staff noted that searching a resident to determine their genital status would be a PREA violation and would have to be reported. All staff and residents stated that strip searches are never permitted. Further, all staff and residents were able to state that cross-gender pat searches are not permitted, except in exigent circumstances, it was determined that the Facility meets this Standard.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.316: This standard has three components: (a) The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates 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; (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 inmates 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; and (c) The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the following: 1) JR policies; 2) the Pre-Audit Questionnaire; 3) Interviews with ten security staff; 3) Review of staff training files; 4) Review of the training materials used by staff to inform residents about their rights to be free from sexual abuse and sexual harassment; and 5) Interviews with residents.</p> <p>OBSERVATIONS: The facility has used training tailored to identify youth with disabilities and to identify the best means to communicate with these youth. The agency maintains a contract for Interpreter Services with an outside service that is utilized as needed. This auditor called this number and interpreter services were immediately available. Further, the facility had on staff certified interpreters. Thus, it was observed that the agency does 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 inmates 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. In interviews with security staff all ten reported that they would either access the translation services or secure approval from supervisor to do so. Further, all the staff reported that they would NOT allow residents to interpret for other residents unless it was an exigent circumstance.</p> <p>DETERMINATION: The facility provides each resident, even those with disabilities (including 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), with 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. The agency provides for and, the facility staff 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.</p>

This is accomplished by having staff who are trained and certified translators in the predominate languages at the facility. Further, all staff and residents affirmed that staff do not rely on resident interpreters, resident readers, or other types of resident assistants except in limited exigent circumstances. Thus, it was determined that the Facility meets this Standard.

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.317: This standard has eight components: (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— [(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section]; (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates; (c) Before hiring new employees who may have contact with inmates, the agency shall: [(1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse]; (d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates; (e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees; (f) The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct; (g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination; and (h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the following: 1) JR policies (5.90 and 1.23); 2) the Pre-Audit Questionnaire; 3) Interviews with HR staff; and 3) Review of staff files.</p> <p>OBSERVATIONS: In a review of 10 staff files and interviews with HR staff, found that background checks were performed on all new hires and for staff employed for more than four years. Child abuse registries were checked prior to staff being employed. Further, former institutional employers were contacted. The agency does not hire or promote anyone who may have contact with residents, who— [(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim</p>

did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section]. The agency and facility staff do consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents. Before hiring new employees who may have contact with residents, the agency does: [(1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse]. The agency does conduct criminal background records checks at least every five years of current employees who may have contact with residents. The agency does ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency does also impose upon employees a continuing affirmative duty to disclose any such misconduct. Agency policy notes that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Agency staff noted that unless prohibited by law, the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The agency does not perform a criminal background records check before enlisting the services of any contractor who may have contact with residents. Education services are provided by teachers from the local school district and are not employees of the Agency or Facility. The Facility was unable to provide evidence that any of the required background checks were completed on contractors from the school district.

**DETERMINATION:** It was determined that the agency does not meet this standard.

**RATIONALE:** The agency does not perform a criminal background records check or a review of applicable child abuse registries before enlisting the services of any contractor who may have contact with residents. Thus, this component of the standard is not met.

**CORRECTIVE ACTION PLAN OVERVIEW:** Working with the PREA Administrator and the Facility's PCM the following CAP was developed: (1) Update PREA policy and procedure to ensure that DCYF conducts a criminal records background check and consult applicable child abuse registries maintained by the State or locality in which the contractors work, compliant with the PREA standards, on all contractors. (2) DCYF shall perform a fingerprint background check on all contractors at the facility; and (3) Submit evidence to this auditor that the fingerprint background check for the contractors at the facility have been performed per policy. The facility entered the Corrective Action Plan Period on December 5, 2019.

**CORRECTIVE ACTION PLAN PERIOD:** During the Corrective Action Plan period, the agency was able to address all three of the CAP items. Specifically, the DCYF was able to install a process where all contractors from the local school district are subject to a criminal background check that utilizes fingerprints and is run against a national database. The agency has begun to utilize a company, IndentoGO, that specializes in collecting, processing, and distributing results for agencies requiring fingerprint background checks. Based on the information provided and the requirement that teachers and other school personnel assigned

to DCYF facilities, must complete this check before beginning any work at the facilities, it is determined the agency meets this standard.

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.318: This standard has two components: (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse; and (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the Pre-Audit Questionnaire, a facility tour, and interviews with staff (specifically, the Agency Head designee, Facility Superintendent, and the Facility’s staff and residents).</p> <p>OBSERVATIONS: Though there have been no significant structural changes to the facility since the last PREA audit the facility has significantly upgraded their video monitoring technology in the “kitchen facility”. During the updating of the video monitoring system the agency and facility staff significantly improved the quality of the video security system and the number of cameras added. The Kitchen Manager has provided markings for staff to ensure staff are aware that they are leaving camera coverage and that they are not permitted take residents into these areas. The staff had previously identified blind spots and these blind spots were removed with the intentional placement of additional security cameras. Further, observation of the system and interviews with staff and residents confirmed that no cameras were placed or had an angle that permitted viewing into areas where residents could be showering, changing clothes or performing bodily functions.</p> <p>DETERMINATION: Based on the Agency and Facility policies and procedures, Pre-Audit Questionnaire, and the Onsite Audit (including the Facility tour and the staff and resident interviews), it was determined that the Facility exceeds this standard.</p>



115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.321: This standard has eight components: (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions; (b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011; (c) The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs; (d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services; (e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals; (f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section; (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: [(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.] (h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, (3) Interviews with the PREA Administrator, (4) Interviews with the JR Investigator, (5) Interviews with the PREA Compliance Manager (PCM); (6) Interviews with the</p>

local hospital staff that employs SAFE or SANE nurses; and (7) Interviews with local area victim services programs.

OBSERVATIONS: The agency is not responsible for investigating allegations of sexual abuse as all sexual abuse investigations would be immediately referred to the agency with the legal authority to conduct such an investigation (law enforcement and/or Child Protective Services). The agency has requested that law enforcement (local police departments, sheriff's departments and Washington State Patrol) and Child Protective Services (CPS) follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Facility staff have requested that these investigating agencies utilize a protocol that is developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Documented evidence and interviews with local victim advocacy groups supported the fact that facility staff would offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations would be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. The facility has made arrangements to make available to the victim a victim advocate from a rape crisis center. Interviews with this agency supported the fact a trained advocate would be made available 24 hours a day, seven days a week. If requested by the victim, the victim advocate would be allowed to accompany and support the victim through the forensic medical examination process and investigatory interviews and would provide emotional support, crisis intervention, information, and referrals. There is documentation that local law enforcement and/or local hospitals whose staff may perform a forensic exam were asked to utilize the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Currently, the hospital that has the SANE nurses utilize a protocol that was developed in 2014.

DETERMINATION: It was determined that the Facility does meet this Standard.

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.322: This standard has five components: (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment; (b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals; (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity; (d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations; (e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policies and Procedures (5.90 and 1.22), (3) Review of the Coordinated Response Plan; (4) Interviews with staff (specifically, the Facility Superintendent and the Agency investigator); (5) Copies of completed investigations, and (6) the Agency’s Conducting PREA Criminal Investigations narrative off the DCYF website.</p> <p>OBSERVATIONS: The Agency and Facility do have policies that all allegations of sexual abuse and sexual harassment would be investigated. It is the policy and practice of the agency and facility to refer all allegations of sexual abuse and sexual harassment to an agency with the legal authority to conduct criminal investigations (e.g., law enforcement and Child Protective Services). If these agencies determine that the allegation does not involve potentially criminal behavior, then the JR investigation staff would be responsible for conducting an administrative investigation. The facility does document all referrals of sexual abuse and sexual harassment allegations to the appropriate agency. The Agency’s policies describe the responsibilities of both the agency and the investigating entity. It was noted that Policy 1.22 notes that “appointing authorities will refer investigations to DSHS Human Resources Division consistent with DSHS Policy 18.69, Delegation of Authority for Civil Rights Investigations.” Further, the agency’s “Conducting PREA Criminal Investigations” narrative references the Washington State Juvenile Justice and Rehabilitation Administration which no longer exists. Further, this document implies that the Washington State Patrol will take the lead on any sexual abuse investigation involving JR staff, however interviews with agency staff indicate this is no longer the standard practice since JR moved under DCYF.</p> <p>DETERMINATION: It was determined that the Facility does not meet this Standard.</p> <p>RATIONALE: As JR is no longer under DSHS, agency policies (including, but not limited to,</p>

1.22, 1.23, 1.60, 2.10, 2.50, 2.60, 3.20, 4.30, 4.60, 5.50, 5.70, 5.90, 5.91, 6.20 and the Conducting PREA Criminal Investigations narrative) should be updated to reflect the appropriate divisions and practices now that JR is under DCYF.

**CORRECTIVE ACTION PLAN OVERVIEW:** Working with the PREA Administrator and the Facility's PCM the following CAP was developed: (1) Update all PREA policies (including, but not limited to, 1.22, 1.23, 1.60, 2.10, 2.50, 2.60, 3.20, 4.30, 4.60, 5.50, 5.70, 5.90, 5.91, 6.20 and the Conducting PREA Criminal Investigations narrative) to align the policies and procedures with the current reality that JR is under DCYF; (2) Identify who in DCYF will conduct investigations and how they will work together with other investigators (e.g., law enforcement, Child Protective Services, etc.) and update the Conducting PREA Criminal Investigations document; and (3) Submit updated and approved policies and procedures to this auditor. The agency entered the Corrective Action Plan Period on December 5, 2019.

**CORRECTIVE ACTION PLAN PERIOD:** During the Corrective Action Plan Period (CAPP), DCYF was able to update the following policies:

1. Policy 2.10, effective dates 8/15/2017 with the technical edits mentioned in this CAP. The Technical Edits were made on 11/7/2019.
2. Policy 2.50, effective date 8/1/2019. Though no technical edit date was noted, the policy did contain the requested updates.
3. Policy 4.30, effective date of 7/18/2019 with the technical edits being made on 10/10/2019.
4. Policy 5.50, effective date of 11/1/2019.

**CORRECTIVE ACTION PLAN PERIOD:** November 29, 2019: During the time it took to write the Interim Report, DCYF submitted to this auditor several revised policies and procedures including 5.50, 4.30, 2.50, 2.10, 1.22, 1.23, 1.60, 3.20, 4.60, 5.70, 5.91, and 6.20. However, the primary agency PREA Policy, 5.90, is still pending updates.

January 7, 2020 received an updated copy of Policy 5.90 with a "Technical Edit" date of 10/30/2019. After a review of the revised policy, the policy meets standard. One of the policies was 1.22 which identified who was to conduct investigations.

115.331	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>REQUIREMENTS: 115.331: This standard has four components: (a) The agency shall train all employees who may have contact with residents on 11 required topics; (b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa; (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies; and (d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures, (3) interviews with staff, (4) Training forms, and (5) Training curricula.</p> <p>OBSERVATIONS: All of the security staff interviewed noted that they did receive all the required PREA training. All staff interviews noted they felt they receive training that was specific to the “unique needs and attributes and gender of the residents at the Facility.” In a review of staff files, it was apparent that staff received the required PREA training prior to having contact with residents. DCYF provide two types of training, an Instructor Led Training (ILT) and an online version. The more intensive PREA training was completed via Instructor Led Training (ILT). In a review of the training files identified 37 security staff who had not completed refresher training in the past two years or any documented training related to PREA in the more than 24 months. Other security staff records indicated that this training was provided on-time. Staff completing the ILTs are required to sign a form attesting that they attended and understood the training. However, most of the recent training was completed via the online training system. The On-Line training material is considered to meet standard and records electronic verification that the staff received and understood the training.</p> <p>DETERMINATION: Because there were 37 staff who had not received the required training in more than 24 months identified, it was determined that the Facility does not meet this Standard. It is evident that this training is provided to most staff members (148) had received the training on time.</p> <p>CORRECTIVE ACTION PLAN OVERVIEW: Working with the PREA Administrator and the Facility Administrator the following CAP was developed: (1) Provide documentation that the staff identified as not receiving this training during the on-site have received this training if the training was just not updated in their file; (2) Have staff who have not completed the training</p>	

as identified at the time of the on-site complete the training required and provide documentation of this training. The facility entered the Corrective Action Plan Period on December 5, 2019.

**RECOMMENDATION:** Staff interviews indicated that they were provided the required training related to "How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents"; however, there were staff who indicated that they were still concerned with effective communication with residents in these groups. It was also noted by other staff that the PREA Compliance Manager at the facility had recently provided a training focused on these youth. Staff who had completed the supplemental training indicated greater comfort levels towards effectively communicating with these youth compared to those who had not received the supplemental training. While evidence of compliance has been met; it is recommended that the supplemental training be added to the staff training plans to enhance the facility's staff ability to professionally and effectively communicate and work with LGBTI or gender non-conforming residents.

**CORRECTIVE ACTION PLAN PERIOD:**

On February 24, 2020 training records were received providing verification that staff identified in the On-Site as not being current on PREA Training pursuant to the standard had received and understood this training. At this this auditor received verification that staff identified in the On-Site as not being current on PREA Training pursuant to the standard had received and understood this training via the on-line refresher course that is complaint with standard. Determination that EGCC meets standard 115.331. Based on the training records reviewed during the on-site and the implementation of the on-line refresher the evidence indicateds institutionalization of the training. During the on-site the majority of staff were current on all PREA Training pursuant to the standard. The Corrective Action period provided the facility with the opportunity to ensure compliance and institutionalize the change in training practives to maintain compliance.

115.332	<p><b>Volunteer and contractor training</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>REQUIREMENTS:</b> 115.332: This standard has three components: (a) The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures; (b) 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 agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents; and (c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p><b>EVIDENCE OF COMPLIANCE:</b> As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures, (3) Interviews with staff, (4) Training forms, and (5) Training curricula.</p> <p><b>OBSERVATIONS:</b> The agency provides access to training for all volunteers and contractors prior to their first contact with a residents. The training included their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level of training and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Further, the agency does maintain documentation confirming that volunteers and contractors understood the training they received.</p> <p><b>DETERMINATION:</b> It was determined that the agency meets this standard.</p>
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115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.333: This standard has six components: (a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment; (b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents; (c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility; (d) The agency shall provide resident 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; (e) The agency shall maintain documentation of resident participation in these education sessions; and (f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures, (3) interviews with residents, (4) Training forms, (5) Training curricula, and (6) A review of 30 resident files.</p> <p>OBSERVATIONS: A review of both current and former resident files found all (100%) had received education pursuant to standard and that posters were visible throughout the Facility.</p> <p>DETERMINATION: It was determined that the Facility meets this Standard.</p>



<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.334: This standard has four components and one variation: (a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings; (b) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral; (c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations; and (d) Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations. In addition, the following variation in the standard is noted for Juvenile Facilities. The variation is it specifically requires that investigators receive specialized training that includes techniques for interviewing juvenile sexual abuse victims.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) PREA Policy 5.90 and JR Policy 1.22, (3) interviews with Agency and Facility investigators, and (4) Training forms.</p> <p>OBSERVATIONS: Agency provided evidence that all investigators had completed the required PREA trainings related to investigations. Further, the agency provided documentation that the JR investigators were trained in techniques for interviewing juvenile sexual abuse victims. Further, each investigator took additional training related to investigations and each investigator has conducted over a dozen investigations.</p> <p>DETERMINATION: Though it is a best practice to have an independent group of investigators available to complete all investigations it was determined that the Facility does meet this Standard as the agency has trained and experienced investigators who ensure that all allegations of sexual abuse and sexual harassment are investigated.</p>

115.335	<p><b>Specialized training: Medical and mental health care</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>REQUIREMENTS: 115.335: This standard has four components: (a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in [(1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment]; (b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations; (c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere; and (d) Medical and mental health care practitioners shall also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner’s status at the agency.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures, (3) Interviews with staff, and (4) Review of Training Records</p> <p>OBSERVATIONS: Interviews with the administrative staff and medical staff confirmed that full-time and/or part-time medical or mental health care practitioners who work regularly in the facility have been trained pursuant to the standard (how to detect signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond professionally and effectively with juvenile victims of sexual abuse and sexual harassment, and how and whom to report allegations or suspicions of sexual abuse or sexual harassment.) It was determined that medical staff did not conduct forensic exams.</p> <p>DETERMINATION: It was determined that the Facility does meet the standard.</p>
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115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.341: This standard has five components: (a) Within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, the agency shall obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident; (b) Such assessments shall be conducted using an objective screening instrument; (c) At a minimum, the agency shall attempt to ascertain 11 pieces of required information (see standard); (d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files; and (e) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the: (1) Pre-Audit Questionnaire, (2) Agency and facility policy and procedures (5.90 and 3.20 [signed 5/20/2019]), (3) interviews with staff (specifically, counseling staff responsible for assessing risk), (4) the Sexually Aggressive or Vulnerable Youth (SAVY) form; (5) Sexual Orientation Gender Identity Screen (SOGIE), and (6) A review of 40 resident files (both current and former residents).</p> <p>OBSERVATIONS: This auditor reviewed related policies and procedures, reviewed 24 resident records including former resident files, interviewed facility staff responsible for conducting a risk screening and interviewed all residents at the facility at the time of the PREA audit. Based on these efforts it was determined that the facility completed the risk assessment, called a SAVY, within 72 hours of the resident’s arrival at the facility for all youth reviewed. Further, documentation indicated that youth did receive a periodic reassessment per PREA standards and DCYF’s Policy 3.20, subsection 3.3. Interviews noted and confirmed that information obtained from the SAVY, along with the resident’s historical files, personal history and behavior are used to reduce the risk of sexual abuse by or upon a resident. The assessment is conducted using an objective screening instrument that includes 10 of the 11 pieces of required information per this PREA standard. The information is ascertained through conversations with the resident during the intake process and via medical and mental health screenings and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files. The facility has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents.</p> <p>The facility is does consider whether “any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident maytherefore, be vulnerable to sexual abuse” by utilizing another assessment called the Sexual Orientation Gender Identity Screen (SOGIE). Staff interviews confirmed that staff use</p>

the results of the SAVY and SOGIE and other methods to place residents in rooms and these documents are reviewed prior to placement in rooms with other residents.

DETERMINATION: It was determined that the facility does meet the standard.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>REQUIREMENTS: 115.342: This standard has nine components: (a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse; (b) 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; (c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive; (d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency 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; (e) 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; (f) A transgender or intersex resident’s own views with respect to his own safety shall be given serious consideration; (g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents; (h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: [(1) The basis for the facility’s concern for the resident’s safety; and (2) The reason why no alternative means of separation can be arranged]; and (i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policy and procedures (5.90 and 3.20 [signed 5/20/2019]), (3) interviews with staff (specifically, staff responsible for assessing risk), (4) the Sexually Aggressive or Vulnerable Youth (SAVY) form; (5) Sexual Orientation Gender Identity Screen (SOGIE), and (6) A review of 40 resident files (both current and former residents).</p> <p>OBSERVATIONS: Interviews with staff and residents affirmed that the agency does use all information obtained pursuant to § 115.341 to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Staff interviews did note that staff would do whatever is required to keep residents staff, including having never leaving them alone, all staff affirmed that isolation of a resident would not be done except in an extreme exigent circumstance and that any isolation would last only minutes, if at all. Staff and resident interviews also affirmed that Lesbian, gay, bisexual, transgender, or intersex residents are not be placed in particular housing, bed, or</p>

other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. Interviews with transgender youth and staff confirmed that when making housing and programming assignments, the agency does 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. It was further determined via case file reviews and interviews that placement and programming assignments for each transgender or intersex resident is reassessed at least twice each year to review any threats to safety experienced by the resident. Further, interviews with residents noted that their own views with respect to his own safety is given serious consideration. Interviews and a tour of the facility affirmed that each resident in the facility can shower separately from other residents. Though some facility staff did not know if a transgender or intersex resident had been in the facility, each staff interviewed recognized that there were no areas of the facility designated as housing areas for these residents.

**DETERMINATION:** It was determined that the Facility Meets this Standard.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.351: This standard has five components: (a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents; (b) The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security; (c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports; (d) The facility shall provide residents with access to tools necessary to make a written report; and (e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with residents, (4) Interviews with staff, (5) Access to the phone system to make a call to an outside agency; (6) Review of allegations and investigations of those allegations; and (7) Tour of facility.</p> <p>OBSERVATIONS: All staff and residents were able to identify multiple internal ways for a youth to report privately to facility officials about sexual abuse, sexual harassment, retaliation, and staff neglect or violation of responsibilities that may have contributed to any such incidents. All the interviewed residents noted that they would tell a staff member, use the posted phone numbers and/or report to their parent or guardians and/or lawyer. Posters with the hotline numbers were observed posted in each residential unit at Facility. A test of the End Harm hotline noted that the call was answered immediately and by a “live” person. Further, it was found that a “live” person answered the phone 24/7 and that the proper authorities in the agency and facility would be immediately notified. Further, it was determined that a resident calling this number could remain anonymous if they so choose. As for residents detained solely for civil immigration purposes, this practice is not allowed interviews with agency staff and interviews with facility staff. All staff, who were interviewed, acknowledged that they must report all verbal reports, anonymous reports, written reports, and reports from third parties regarding allegations of sexual abuse and sexual harassment.”</p> <p>However, the agency does not provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Currently, the agency utilizes Child Protective Services to meet this standard, as per the Pre-Audit Questionnaire and via staff interviews. However, Child Protective Services is part of the Agency as Child Protective Services is under DCYF, just as JR is.</p>

**DETERMINATION:** It was determined that the Facility does not meet the requirements for this Standard.

**CORRECTIVE ACTION PLAN OVERVIEW:** Working with the PREA Administrator and the Facility's PCM the following CAP was developed: (1) Identify the public or private entity or office that is not part of the agency that has agreed to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request; (2) Submit revised and approved agency and facility policies as appropriate; (3) Submit photographic evidence that notices are posted in the facility that notify residents how to access this public or private entity; (3) Train staff about the new process and submit evidence to this auditor that staff attended and understood the training; (4) Train residents about the new process and submit evidence to this auditor that residents attended and understood the training, and (5) **DESK AUDIT:** Within six weeks after receipt of the documentation that staff and residents attended and understood the training the Auditor will test the notification process to ensure that a public or private entity or office that is not part of the agency is providing this service AND that this public or private office is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The facility entered the Corrective Action Plan Period on December 5, 2019.

**CORRECTIVE ACTION PLAN PERIOD:** During the Corrective Action Plan period, the agency was able to address all CAP items. Specifically, as JR was determined to be the "agency" responsible for the confinement of juvenile residents then Child Protective Services (CPS), is a separate agency responsible for the welfare of all children in the state. Thus, having CPS' 'hotline' phone number as "one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request" is determined to satisfy this standard.



115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.352: This standard has seven components: (a) An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse; (b)(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse; (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse; (b)(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; (b)(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired; (c) The agency shall ensure that [(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint]; (d)(1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance; (d)(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal; (d)(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made; (d)(4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level; (e)(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents; (e)(2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process; (e)(3) If the resident declines to have the request processed on his behalf, the agency shall document the resident's decision; (e)(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or behalf; (f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse; (f)(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance; and (g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse</p>

only where the agency demonstrates that the resident filed the grievance in bad faith.

**EVIDENCE OF COMPLIANCE:** As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures (5.90 and 2.10), (3) Interviews with Agency Staff, including the Agency Head designee, (4) Interviews with facility staff, and (5) Review of civil lawsuits against the agency.

**OBSERVATIONS:** Based on interviews with staff and a review of current litigation cases, it was affirmed that there are no limitations. Specifically, the agency does impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse and the agency does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The agency has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse via a verbal or written request. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency does immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, and does provide an initial response within minutes. Further, it was determined, via interviews, that a final agency decision would be issued within 5 calendar days, if not substantially sooner. The initial response and final agency decision would document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Further, Policy 2.10, subsection 15, notes that the agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

**DETERMINATION:** It was determined that the Facility does meet this Standard.

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>REQUIREMENTS: 115.353: This standard has four components: (a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible; (b) The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws; (c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements; and (d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures (5.90 and 2.10), (3) Interviews with Agency Staff, including the Agency Head designee, (4) Interviews with facility staff, and (5) Interviews with community-based hospitals and victim advocate agencies.</p> <p>OBSERVATIONS: The Facility provided contact phone numbers and addresses to the local hospital and a local victim services agency. Interviews with the hospital and victim services agency noted that services are available 24/7 and that a trained victim advocate would be available to assist the resident. Further, it was determined via interviews that communications with these agencies and services would not be monitored. All interviews (staff and residents) confirmed and acknowledged that residents are provided with reasonable access to parents or legal guardians and that all residents are provided reasonable and confidential access to their attorneys, or other legal representative.</p> <p>DETERMINATION: It was determined that the Facility does meet this Standard.</p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.354: This standard has one component: (a) The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures (5.90, 5.91, and 2.10), (3) Interviews with Agency Staff, including the Agency Head designee, (4) Interviews with facility staff, and (5) Interviews with residents.</p> <p>OBSERVATIONS: This Facility has multiple means of receiving third-party reports, including phone calls to resident’s attorneys and via the End Harm hotline. A test of this system was conducted, and a response was forthcoming. Further, the Facility’s website has a process for families to report sexual abuse and sexual harassment via email. Based on interviews with staff, it was determined that a link on the DCYF website would allow a person to make a third-party report. This auditor found this link and attempted to test the email system. However, all attempts were denied. It appears that the link contains invalid email addresses as the email addresses use the old DSHS address rather than the new DCYF email addresses. Further, in a review of the agency’s policies and procedures, specifically 5.91, was found to contain references to DSHS Administrative Policies that are no longer applicable as JR is now under the auspices of DCYF.</p> <p>DETERMINATION: As the email system addresses used to, at least partially meet this standard, are not correct and the emails are being rejected, the agency does not meet this standard.</p> <p>CORRECTIVE ACTION PLAN OVERVIEW: Working with the PREA Administrator and the Facility’s PCM the following CAP was developed: (1) Review and update as needed policy 5.90 and 5.91 to ensure it includes the correct supervising authority for JR; (2) Review and update as needed the email information on the DCYF website; (3) Test the system to ensure the emails are functioning; (4) Send the updated and approved 5.90 and 5.91 to this auditor, and (5) Notify this auditor when the email reporting system is fixed so that this auditor can retest the system. The facility entered the Corrective Action Plan Period on December 5, 2019.</p> <p>CORRECTIVE ACTION PLAN PERIOD (CAPP): On November 14, 2019 at approximately 11:15 AM CST, this auditor received an email from the PREA Administrator that the email system was working, and all email links were updated. This auditor tried again, on November 18, 2019, using GMAIL, and the email was delivered, and a response was received from the from the PREA Administrator with DCYF within minutes. Thus, as of November 18, 2019, only the revision to JR Policy 5.90 and 5.91 remain from the Corrective Action Plan. November 29, 2019: During the time it took to write the Interim Report, DCYF submitted to this auditor several revised policies and procedures including 5.50, 4.30, 2.50, 2.10, 1.22, 1.23, 1.60, 3.20, 4.60, 5.70, 5.91, and 6.20. As policy 5.91 was updated, all elements of this CAP are</p>

completed and it has been determined that the agency meets the standard.

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.361: This standard has six components: (a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation; (b) The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws; (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions; (d)(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws; (d)(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality; (e)(1) Upon receiving any allegation of sexual abuse, the facility head or his or designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified; (e)(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians; (e)(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation; and (f) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with residents, and (4) Interviews with staff.</p> <p>OBSERVATIONS: Staff interviews of security staff and two additional staff revealed that staff are required to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Resident interviews affirmed that staff always report any allegations. Policy requires and staff interviews affirmed, that staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the designated investigators (law enforcement, Child Protective Services, and to agency investigators). All staff noted that they were mandatory reporters and contractors and volunteers also noted that they understood they were mandatory reporters. In a recent sexual abuse allegation, evidence was found that the report was filed within minutes of the allegation</p>

and that family, caseworkers were informed within hours of the filing of the report. As the facility does not employ or contract with mental health providers or medical staff to perform services at the facility, 115.361(d) was considered not applicable.

**DETERMINATION:** It was determined that the Facility does meet this Standard.

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.362: This standard has one component: (a) When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with residents, and (4) Interviews with staff.</p> <p>OBSERVATIONS: During interviews all staff noted that they would act immediately to protect a resident who was subject to a substantial risk of imminent sexual abuse. Further, all interviewed residents noted that they would "tell staff" if they felt they were at a substantial risk of imminent sexual abuse and each stated they felt the staff would protect them. Further, each staff was able to articulate the steps they would utilize to keep the resident safe, including separating the resident from the alleged abuser or potential abuser and ensuring that a trusted staff member was with the resident until the appropriate authorities were notified and responded.</p> <p>DETERMINATION: It was determined that the Facility, in all material ways, meets this Standard.</p>



115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.363: This standard has four components: (a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency; (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation; (c) The agency shall document that it has provided such notification; and (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with residents, (4) Interviews with facility staff, including the Facility Head, and (5) Interviews with the Agency Head's designee.</p> <p>OBSERVATIONS: Interviews with the Facility Head and staff, specifically intake staff and security staff, noted that the staff would immediately report an allegation that a resident was sexually abused while confined at another facility. Further, the Facility Head noted they would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. In interviews, it was determined that the Facility Head would make such a report within hours of the allegation but no later than 72-hours after receiving the allegation. Interviews with the Agency Head and the Facility Head noted that the agency would, and does, document that it has provided such notification. Further, the Facility Head noted they would ensure that the allegation is investigated in accordance with these standards.</p> <p>DETERMINATION: It was determined that the Facility does meet this Standard.</p>

115.364	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>REQUIREMENTS: 115.364: This standard has two components: (a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: [(1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating]; and (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Review of training curricula, and (4) Interviews with facility security staff.</p> <p>OBSERVATIONS: Review of training materials and interviews with staff confirmed that all security staff understood their role as it related to being a first responder. Specifically, each staff was able to note that they would, upon learning of an allegation that a resident was sexually abused, separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Staff also noted that they would immediately notify the appropriate facility administrative staff to begin securing video evidence. The contractor, who would not be considered a first responder, noted that they are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Although staff were aware and able to articulate how they would react as a first responder, as there have been no incidents requiring these actions continued training on first responder duties regarding evidence preservation would be beneficial.</p> <p>DETERMINATION: It was determined that the Facility does meet this Standard.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.365: This standard has one component: (a) The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) LCF Coordinated Response Plan , (4) Interviews with staff, and (5) Interviews with the Facility Head.</p> <p>OBSERVATIONS: The facility presented its Coordinated Response Plan and the plan addressed all areas required by the standard. Specifically, the plan detailed the actions to be taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Further, the facility had a Coordinated Response Plan checkoff sheet that could be used by staff as step-by-step instructions on how to respond to an incident of sexual abuse.</p> <p>DETERMINATION: It was determined that the Facility does meet this Standard.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.366: This standard has two components: (a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency'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, and (b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern: [(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.]</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire and (2) Interview with the Agency Head's designee.</p> <p>OBSERVATIONS: An interview with the DCYF Agency Head designee noted that the agency/state does have a collective bargaining agreement that was completed since August of 2012. However, nothing in the agreement limits the agency'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. Further, the agency head designee noted that the agency can reassign staff to another facility or building that does not have any contact with residents pending a sexual abuse or sexual harassment investigation.</p> <p>DETERMINATION: It was determined that the Facility, in all material ways, meets this Standard.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.367: This standard has six components: (a) The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation; (b) The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; (c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need; (d) In the case of residents, such monitoring shall also include periodic status checks; (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation; and (f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90 specifically subsection 28, (3) LCF Coordinated Response Plan; (4) Interviews with staff, and (5) Interviews with residents.</p> <p>OBSERVATIONS: JR policy 5.90 subsection 28 specifically addresses this component. Interviews with the PCM and Superintendent indicated an understanding of policy and procedures specific to retaliation monitoring. There were no reports of sexual abuse or sexual harassment to review.</p> <p>DETERMINATION: It was determined that the Facility does meet this Standard.</p>

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.368: This standard has one component: (a) Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, (3) JR Policy 5.50; (4) Interviews with staff, and (5) Interviews with residents.</p> <p>OBSERVATIONS: All staff interviewed supported the contention that the Facility “has never” placed a resident in isolation for their own protection against sexual victimization to their knowledge. In a review of the policy (5.50) it was stated that the Facility could place a resident in isolation for short periods of time, not to exceed 15 minutes without reevaluation (subsection 21) and thus is compliant with 115.342.</p> <p>DETERMINATION: As the facility does not utilize segregated housing to protect a resident who is alleged to have suffered sexual abuse it was determined that the Facility does meet this Standard.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.371: This standard has 13 components: (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports; (b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334; (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator; (d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation; (e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution; (f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation; (g) Administrative investigations: [(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings]; (h) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible; (i) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution; (j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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; (k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation; (l) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements; and (m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policies and procedures (1.22, 5.90, 5.91, a document called the Conducting PREA Criminal Investigations), (3) Interviews with staff, (4) Interviews with Agency Investigators, and (5) Review of investigations.</p> <p>OBSERVATIONS: All allegations of potential criminal sexual abuse or sexual harassment are immediately referred to law enforcement and Child Protective Services. The agency only</p>

conducts investigations after law enforcement or Child Protective Services have determined that the allegation does not rise to a criminal level. Based on a review of the data submitted and from interviews with staff and residents, all allegations of sexual abuse and sexual harassment are referred to law enforcement and/or Child Protective Services and these referrals are done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency and facility have requested that when law enforcement and/or Child Protective Services investigate an allegation alleging sexual abuse, that these agencies use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Further, interviews with law enforcement noted that their investigators would gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; would interview alleged victims, suspected perpetrators, and witnesses; and would review prior complaints and reports of sexual abuse involving the suspected perpetrator. Agency policy note and interviews with agency and facility staff affirmed that the agency would not terminate an investigation solely because the source of the allegation recants the allegation. Law Enforcement and Child Protective Services investigators would, when the quality of evidence appears to support criminal prosecution, conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Agency staff and law enforcement investigators stipulated that the credibility of an alleged victim, suspect, or witness would be assessed on an individual basis and would not be determined by the person's status as resident or staff. Agency and facility staff noted that the use of a polygraph examination or other truth-telling device would not be allowed. For non-criminal administrative investigations the investigators affirmed that their investigations would include an effort to determine whether staff actions or failures to act contributed to the abuse and that all findings would be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings]. Law enforcement and Child Protective Services interviews noted that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and would include copies of all documentary evidence where feasible. Further, these investigators noted that any substantiated allegations of conduct that appears to be criminal would be referred for prosecution. The agency and facility does retain all written reports referenced in this section 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. All interviews noted that the departure of the alleged abuser or victim from the employment or control of the facility or agency would not provide a basis for terminating an investigation. The agency has requested that any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements and when outside agencies investigate sexual abuse, the facility head shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

When the agency conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency and facility investigators, who conduct only administrative investigations, after law enforcement or Child Protective Services has ruled out criminal activity, are experienced. As evidence of this contention, the DCYF Agency investigator at each facility was been conducting administrative



investigations since 2014 and some have been conducting them since 2001. As PREA does not define “experience” in relation to investigators, the fact that each agency and facility investigator have conducted prior investigations, unrelated to PREA, while employed by the Juvenile Rehabilitation (JR) division makes them experienced investigators as defined by PREA. Further, each trained investigator has completed all the required training specified in 115.334, plus the additional requirement articulated in the variance related to juvenile facilities (i.e., that investigators will receive specialized training that includes techniques for interviewing juvenile sexual abuse victims).

**DETERMINATION:** It was determined that the Facility does meet this Standard.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.372: This standard has one component: (a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, 5.91 and 2.10, and (3) Interviews with investigators.</p> <p>OBSERVATIONS: Staff noted that they would only use a Standard of “preponderance of evidence” in determining whether allegations of sexual abuse or sexual harassment are substantiated. Further, Agency policy notes that the agency shall use the Standard of preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated</p> <p>DETERMINATION: It was determined that the Facility, in all material ways, meets this Standard.</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.373: This standard has six components: (a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded; (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident; (c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever [(1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility]; (d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: [(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility]; (e) All such notifications or attempted notifications shall be documented; and (f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, 5.91 and 2.10, and (3) Interviews with facility staff.</p> <p>OBSERVATIONS: Policy 2.10 addresses this Standard and in interviews with staff confirmed they would document these efforts.</p> <p>DETERMINATION: It was determined that the Facility does meet this Standard.</p>

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.376: This standard has four components: (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies; (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse; (c) Disciplinary sanctions for violations of agency 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, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories; (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, (3) Interviews with PREA Administrator, (4) Interviews with Facility’s PCM, and (5) Interviews with HR staff.</p> <p>OBSERVATIONS: JR Policy 5.90 (specifically subsections 5 thru 8) addresses this Standard. Interviews supported the contention that staff would be disciplined for violating the sexual abuse and/or sexual harassment policies. Further, JR Policy 5.90 subsection 7 notes that termination is the presumptive disciplinary sanction. It is noted that JR Policy 5.90, in its current form (effective date 5/20/2019) still includes language that presumes that JR is under the auspices of DSHS. This policy should be updated to reflect the current reality that JR is under DCYF.</p> <p>DETERMINATION: As the policy statements required by this standard are specifically mentioning DSHS (e.g., subsection 6 notes “appointing authorities must immediately institute proceedings to terminate staff who have been found through DSHS or law enforcement investigation, guilty plea or conviction to have engaged in sexual intercourse or sexual contact with a JR youth...”). As DSHS would not investigate a JR staff, as determined via agency interviews, this policy needs to be updated. Thus, it was determined that the Facility does not meet this Standard.</p> <p>CORRECTIVE ACTION PLAN OVERVIEW: Working with the PREA Administrator and the Facility’s PCM the following CAP was developed: (1) Revise Agency Policy 5.90, with signature date of 5/20/2019, to ensure it is up-to-date now that JR is under the auspices of DCYF; and (2) Submit the duly approved and authorized revised policies and procedures to this Auditor for review. The facility entered the Corrective Action Plan Period on December 5, 2019.</p> <p>CORRECTIVE ACTION PERIOD: During the time it took to write the Interim Report, DCYF submitted to this auditor several revised policies and procedures including 5.50, 4.30, 2.50, 2.10, 1.22, 1.23, 1.60, 3.20, 4.60, 5.70, 5.91, and 6.20. However, the primary agency PREA Policy, 5.90, was still pending updates. On January 7, 2020 an updated copy of Policy 5.90</p>

with a "Technical Edit" date of 10/30/2019 was received. After a review of the revised policy, the policy meets standard.

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.377: This standard has two components: (a) Any contractor or volunteer 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; and (b) The facility shall take appropriate remedial measures, and shall 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 or volunteer.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, 1.23, and 1.60, (3) Interviews with PREA Administrator, and (4) Interviews with Facility's PCM</p> <p>OBSERVATIONS: Policy 1.60, subsection 14 through 16, related to contractors, specifically address this standard. Staff interviews noted that " any service providers who violate this policy are subject to administrative discipline including termination of employment, criminal sanctions, or both." Further, it was noted that the service providers who violate this policy "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." Interviews with administrative staff noted that they would prohibit further contact with residents, in the case of any violation of agency sexual abuse or sexual harassment policies by a service provider or volunteer and the staff interviewed noted that HR would make contact with the appropriate licensing bodies. Further, facility administrative staff noted that they had the authority to remove any volunteer or contractor from their facility and would do so immediately upon an allegation or suspicion of sexual abuse or sexual harassment.</p> <p>DETERMINATION: It was determined that the Facility does meet this Standard.</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.378: This standard has seven components: (a) A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse; (b) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to 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; (c) The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed; (d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education; (e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact; (f) For the purpose of disciplinary action, 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; and (g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, (3) Interview with PREA Administrator, (4) Interview with the PCM, (5) Interviews with security staff, (6) Interviews with residents, and (7) Interview with Facility Head.</p> <p>OBSERVATIONS: It was noted that JR Policy 5.90, specifically subsection 4, deals with this standard. It notes that youth will be disciplined per the appropriate disciplinary code or code of conduct. Based on the pre-onsite visit conference calls with the PCM and via the Pre-Audit Questionnaire, and via interviews during the onsite, the Facility would not use isolation for resident-on-resident sexual abuse. Interviews with staff noted that they would consider whether a resident’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. After a review of the policies, this auditor could not find any policy that addressed subsection e of this standard. Specifically, that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact</p>

DETERMINATION: It was determined that the facility does meet the standard.



115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.381: This standard has four components: (a) If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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; (b) If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening; (c) 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, or as otherwise required by Federal, State, or local law; and (d) 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.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR and Facility policies and procedures, specifically 5.90 and 3.20, (3) Interview with the PCM, (4) Interview with Intake Staff, (5) Interviews with Facility Head and (6) review of 40 resident SAVYs.</p> <p>OBSERVATIONS: As indicated in § 115.341 the facility completes the SAVY within the required time frame. Review of resident records found that all residents reviewed with a history of sexual abuse or sexual abusiveness who were offered follow-up with a mental health provider and requested follow-up services were seen by the Psychologist within 14 days. This was documented and recorded as a follow-up to the SAVY by the Psychologist. However, 2 of the 40 records were residents with sexual abusive behaviors in the records and included in the SAVY. However, these 2 youth were not offered follow-up within 14 days. Review of Policy and interviews determined that information related to sexual victimization or abusiveness that occurred in an institutional setting is 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, or as otherwise required by Federal, State, or local law. Policy and interviews indicated that medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p>DETERMINATION: It appears that the Facility gathers all the data in the SAVY to achieve compliance. At the completion of the SAVY youth who have a history sexual abuse or sexual abusiveness are offered follow-up services with a mental health provider. However, in two cases of youth with histories of sexual abuse or sexual abusiveness there was no follow-up</p>

offered. It appears that the follow-up box question is generated in the SAVY only if the youth states they have a history of sexual abuse or sexual abusiveness and a specific box related to their own statement of sexual abuse or sexual abusiveness triggers the population of the question related to follow-up services. The population of this question is how the facility utilizes the SAVY to ensure follow-up is offered and provided within 14 days. In these two cases the question never populated based on the residents response though there was historical information in the SAVY indicating a history of sexual abuse or sexual abusiveness and as a result there was no follow-up offered or provided. Although the percentage of youth that were identified with not being offered follow-up was low; the way the electronic SAVY is utilized for both assessment and documentation of follow-up being offered to youth with a history of sexual abuse or sexual abusiveness the facility does not meet standard as the issue with the population of the question must be fixed to achieve compliance.

**CORRECTIVE ACTION PLAN OVERVIEW:** The Facility entered into a Corrective Action Plan on December 5th, 2019. There are multiple ways this issue may be corrected, and compliance achieved. However, based on the current system the following is presented. 1) As the facility SAVYs are detailed and completed on time and efficiently the correction could be a simple summary question at the end of the SAVY that requires the staff completing the SAVY to utilize based on all information collected from all sources included in the SAVY. This could be "Does this youth have a history of sexual abuse or sexual abusiveness identified in the SAVY? If this new question is identified as YES, then the SAVY would populate the question that offers follow-up services to be provided within 14 days. 2) Retrain SAVY Staff to be aware of this final summary question and that it should include all available information in the SAVY and not just the youth's response as the trigger to populate the question that offers the required follow-up services. 3) Provide verification that this change has been made and staff have been trained to utilize all data to populate the "Follow-Up" field for youth with a history of sexual abuse or sexual abusiveness. As the system is electronic this will require work with Agency's PREA Administrator to alter the SAVY and how this question is populated.

**CORRECTIVE ACTION PERIOD:** On May 15, 2020 the PREA Administrator provided the revised SAVY instrument for review. This included samples of the completed SAVY for new intakes. Intakes have been reduced due to the pandemic; however, the evidence provided illustrated the new form in use and how it triggers the question that offers follow-up services within 14 days of intake. Based on the examples provided and the new questions and features built into the SAVY EGCC meets the intent of 115.381-1. The PREA Administrator provided the revised SAVY instrument for review. This included samples of the completed SAVY for new intakes. The examples of completed demonstrated that multiple staff completed the SAVY correctly utilizing the new tool. The PREA Administrator provided the revised SAVY instrument for review. This included samples of the completed SAVY for new intakes. The examples of completed demonstrated that multiple staff completed the SAVY correctly utilizing the new tool. The new version of the SAVY is completed on-line, evidence of staff utilizing multiple sources; including past court history and resident responses to identify youth with past victimization or abusiveness. Based on the evidence provided standard 115.381 has been identified as meets standards as of 5/15/2020.

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.382: This standard has four components: (a) Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment; (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners; (c) Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate; and (d) 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.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR and Facility policies and procedures, specifically policies and procedures 5.90, 5.91 and 4.30, and the facility's Coordinated Response Plan, (3) Interview with the PCM, and (4) Interviews with security staff.</p> <p>OBSERVATIONS: The onsite visit interviews noted that resident victims of sexual abuse would be provided with unimpeded access to emergency medical treatment and crisis intervention services. All of interviews (100.0%) with security staff, who are all trained as first responders, confirmed this component and noted that they are trained to protect the victim and to notify a supervisor who will notify the appropriate medical and mental health practitioners. Further, interviews acknowledged that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate</p> <p>DETERMINATION: It was determined that the Facility does meet this Standard.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.383: This standard has eight components: (a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility; (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care; (d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests; (e) If pregnancy results from conduct specified in paragraph (d) of this section, 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 incarcerated shall be offered tests for sexually transmitted infections as medically appropriate; (g) 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; and (h) The 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.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR and Facility policies and procedures, specifically policies and procedures 5.90, 5.91 and 4.30, and the facility's Coordinated Response Plan, (3) Interview with the PCM, and (4) Interviews with security staff.</p> <p>OBSERVATIONS: Interviews confirmed that the Facility is compliant with this Standard and each component. Staff indicated that they would refer residents to the appropriate medical and mental health providers for any resident who reported past sexual abuse and that these services would include medical and mental health evaluation and follow-up, including transition planning. Further, agency policy 4.30, subsection 65 and 66, specifically addresses this standard.</p> <p>DETERMINATION: It was determined that the Facility does meet this Standard.</p>

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.386: This standard has five components: (a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded; (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation; (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners; (d) The review team shall: [(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager]; (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, specifically 5.90, (3) Interview with the PCM, (4) Interviews with investigators, (5) Interview with Facility Head, and (6) Review of investigations.</p> <p>OBSERVATIONS: Interviews with staff indicated that the Facility would conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded and that this review would be done within 30-days of the conclusion of the investigation. Policy 5.90, subsection 47, further reinforces the Facility's adherence to this PREA Standard.</p> <p>DETERMINATION: It was determined that the Facility does meet this Standard.</p>

115.387	<b>Data collection</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1484 831"> <b>REQUIREMENTS:</b> 115.387: This standard has six components: (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; (b) The agency shall aggregate the incident-based sexual abuse data at least annually; (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice; (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents; and (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. </p> <p data-bbox="252 887 1449 1088"> <b>EVIDENCE OF COMPLIANCE:</b> As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, specifically 5.90, (3) Survey of Sexual Victimization, (4) Interview with the PCM, (5) Interviews with investigators, (6) Interview with Facility Head, and (7) Interview with the PREA Administrator. </p> <p data-bbox="252 1144 1471 1559"> <b>OBSERVATIONS:</b> The Facility did produce a Standardized instrument so that it can collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a Standardized instrument and set of definitions. The instrument provided was the SSV. Data from the JR website at <a href="https://www.dcyf.wa.gov/practice/practice-improvement/prea">https://www.dcyf.wa.gov/practice/practice-improvement/prea</a> notes that aggregated data is presented. An interview with the State of Washington’s PREA Administrator, indicated that JR maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Administrator also noted that the agency, upon request, will provide data from the previous calendar year to the Department of Justice no later than June 30. </p> <p data-bbox="252 1615 1225 1648"> <b>DETERMINATION:</b> It was determined that the Facility meets this Standard. </p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.388: This standard has four components: (a) The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: [(1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole]; (b) Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse; (c) The agency’s report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means; and (d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, specifically 5.90, (3) Survey of Sexual Victimization, (4) Interview with the PCM, (5) Interviews with investigators, (6) Interview with Facility Head, (7) Interview with the PREA Administrator, and (8) Review of the 2018 PREA Report.</p> <p>OBSERVATIONS: An annual report is posted at <a href="https://www.dcyf.wa.gov/sites/default/files/pdf/prea/JR%20Annual%20Report%202018%20Signed.pdf">https://www.dcyf.wa.gov/sites/default/files/pdf/prea/JR%20Annual%20Report%202018%20Signed.pdf</a>. This report addresses corrective actions taken by Facility type.</p> <p>DETERMINATION: It was determined that the Facility materially meets this Standard.</p>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.389: This standard has four components: (a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained; (b) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means; (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers; and (d) The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, specifically 5.90, (3) Survey of Sexual Victimization, (4) Interview with the PCM, (5) Interviews with investigators, (6) Interview with Facility Head, (7) Interview with the PREA Administrator, and (8) Review of the 2018 PREA Report.</p> <p>OBSERVATIONS: Interview with the PREA Administrator, indicated that incident-based and aggregated data were securely retained. Data from the JR website at <a href="https://www.dcyf.wa.gov/sites/default/files/pdf/prea/JR%20Annual%20Report%202018%20Signed.pdf">https://www.dcyf.wa.gov/sites/default/files/pdf/prea/JR%20Annual%20Report%202018%20Signed.pdf</a> reveals that aggregated data is presented and this is compliant with Agency policy. Further, interviews with the PREA Administrator indicated that sexual abuse data is collected and maintained for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>DETERMINATION: It was determined that the Facility does meet this Standard.</p>



<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.401: This standard has six components: (a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.; (b) August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. (c) The auditor shall have access to, and shall observe, all areas of the audited facilities; (d) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information), (e) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees, and (f) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, specifically 5.90, (3) Interviews with residents, (4) Interview with the PCM, (5) Interview with Facility Head, (6) Interview with the PREA Administrator, and (8) Review of documents.</p> <p>OBSERVATIONS: Based on a published list of all facilities audited by year, and with the PREA Audit linked, it was determined that during the three-year period starting on August 20, 2014, and during each three-year period thereafter, the agency has ensured that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. Further, it was determined that since August 20, 2014, the agency has ensured that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. During the audit this auditor did have access to, and did observe, all areas of the audited facility. This auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) and this auditor was permitted to conduct private interviews with inmates, residents, and detainees, and interviews with residents confirmed that they were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>DETERMINATION: It was determined that the Facility, in all material ways, does meet this Standard.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>REQUIREMENTS: 115.403: This standard has two components: (a) The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public, and (b) The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, specifically 5.90, (3) Interview with the PCM, (4) Interviews with investigators, (5) Interview with Facility Head, (6) Interview with the PREA Administrator, and (7) Review of the 2018 PREA Report.</p> <p>OBSERVATIONS: Previous audits of all agency facilities were posted at <a href="https://www.dcyf.wa.gov/practice/practice-improvement/prea">https://www.dcyf.wa.gov/practice/practice-improvement/prea</a>. Previous audit reports, including those pending appeal, are posted.</p> <p>DETERMINATION: It was determined that the Facility materially meets this Standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	

	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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



	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes

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



<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes
<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

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

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

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes



<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

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

<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes



<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes



<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes



<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes