

PREA Facility Audit Report: Final

Name of Facility: Parke Creek Community Facility

Facility Type: Juvenile

Date Interim Report Submitted: 03/03/2019

Date Final Report Submitted: 10/01/2019

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"/>
Auditor Full Name as Signed: Kila Jager	Date of Signature: 10/01/2019

AUDITOR INFORMATION	
Auditor name:	Jager, Kila
Address:	
Email:	kilajager@preauditor.com
Telephone number:	
Start Date of On-Site Audit:	2019-01-16
End Date of On-Site Audit:	2018-01-17

FACILITY INFORMATION	
Facility name:	Parke Creek Community Facility
Facility physical address:	11042 Parke Creek Road, Ellensburg, Washington - 98926
Facility Phone	5099683924
Facility mailing address:	

Primary Contact	
Name:	Philip L. Wells
Email Address:	wellspl@dshs.wa.gov
Telephone Number:	5099683924

Superintendent/Director/Administrator	
Name:	Steve Cordero
Email Address:	11042 Parke Creek Rd.
Telephone Number:	

Facility PREA Compliance Manager	
Name:	Philip Wells
Email Address:	wellspl@dshs.wa.gov
Telephone Number:	M: 5099683924

Facility Health Service Administrator On-Site	
Name:	N/A
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	14
Current population of facility:	10
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	14 to 16
Facility security levels/resident custody levels:	
Number of staff currently employed at the facility who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

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

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

Agency-Wide PREA Coordinator Information			
Name:	Eric Crawford	Email Address:	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.

Audit Narrative

Washington State Department of Social and Health Services, Juvenile Rehabilitation (DSHS JR) contracted with Jager Associates LLC to conduct an audit of Parke Creek Community Facility. The purpose of the audit was to determine the degree of compliance with the federal Prison rape Elimination Act (PREA) Standards.

The lead PREA Auditor for this audit is Kila Jager owner of Jager Associates LLC, a Department of Justice (DOJ) certified PREA auditor for juvenile facilities and adult jails, prisons, and community facilities. This audit was conducted in accordance with PREA and all related statutes and regulations.

After agreement between this auditor and Washington DSHS.JR, for an audit to be conducted during the third year of the second audit cycle, online initiation instructions were sent, and an online audit was opened. Parke Creek has completed one previous PREA audit with compliance.

This auditor sent the auditor's announcement and requirements for posting, training staff and residents, additional information about navigating within the online audit, links to the PREA Coordinator and PREA Compliance Manager manuals, and the Checklist of Documentation to be uploaded.

Six weeks in advance of the audit, posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided youth and staff with the auditor's contact information. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. This auditor did not receive confidential correspondence from residents or staff at Parke Creek prior to the on-site visit or after.

One month before the on-site review, the JR PREA Coordinator (PC) and Parke Creek Community Facility (PCCF) submitted the Pre-Audit Questionnaire and supporting documents to the auditor, uploaded to the online audit forum. Prior to the on-site visit, the auditor conducted a comprehensive evaluation of agency policies, facility procedures, program documents, and other relevant materials.

Within one month of the on-site visit, the JR PREA Coordinator submitted the Pre-Audit Questionnaire and supporting documents to the auditor, in the online audit forum. Prior to the on-site visit, the auditor conducted a comprehensive evaluation of agency policies, facility procedures, program documents, and other relevant paperwork and documentation provided by Parke Creek.

To obtain information about rape crisis and advocacy services provided at Parke Creek, a phone interview was conducted with a representative from ASPEN.

This auditor sent Parke Creek information about the site visit and scheduling needs. The aforementioned included scheduling time for resident interviews-including a list of targeted categories, time for file reviews, and types of files needed to review. In addition, included scheduling time for random staff interviews, an additional list of needed interviews for specialized staff categories, and a list of staff files to be reviewed. The schedule included an initial meeting the first day, a complete facility tour, and an exit meeting at the end of the site visit.

The on-site portion of the audit was conducted over a two-day period: January 16-17, 2019. During this time, the auditor conducted interviews with facility leadership, staff and youth. The requisite interviews were conducted consistent with DOJ PREA auditing expectations in content and approach, as well as individuals selected for interviews (i.e. Facility Director, Facility PREA Compliance Manager, specialized staff, random staff, youth, etc.). In addition, an extensive facility tour was conducted. At the time of the onsite PREA audit, there were 3 volunteers and contractors authorized to enter the facility.

While on the tour, the auditor was permitted access to all areas of the facility. Observed during the tour were PREA posters in English and Spanish, hotline flyers with 800 number, ASPEN advocate posters with contact information, the auditor posting throughout the facility, and cameras covering inside and outside the facility.

All current residents had completed the resident education process prior to the auditors' arrival and no new residents arrived while the auditor was on site. Therefore, the resident education, screening, and intake processes were not observed; however, the PREA Coordinator took this auditor through the process and areas used. This auditor observed cross-gender announcements consistently done on the site multiple times. Residents and staff confirmed the announcement is made consistently.

At the close of the on-site visit, a total of 11 interviews with staff-including full-time and on-call staff, and 9 resident interviews were conducted. Youth were selected to participate in the interview process by obtaining a current roster of youth and interviewing all but one resident (one had a medical issue). This same list was also used to identify specific populations of youth. For example, prior sexual abuse during risk screening, mental health or cognitive diagnosis, and English as a second language.

A random sampling process was also used to determine staff, volunteers and contractor interviews. Parke Creek leadership accommodated the auditor's request to interview specific staff and covered youth supervision while staff were participating in the interview process.

While at the facility, this auditor also reviewed youth case records, training records, investigative reports, and additional program information and documents. All current resident records were reviewed, and randomly chosen prior resident records reviewed. In addition, all training records of current staff and all investigative reports of sexual abuse or harassment were reviewed by the auditor.

On the final day of the on-site audit, a debriefing meeting was held with Parke Creek leadership staff. The purpose of this meeting was to summarize preliminary audit findings. During this process, specific feedback was provided and included program strengths and areas for improvement as it related to PREA standards.

Following the on-site portion of the audit, a review was completed of all material/documentation gathered or uploaded, interviews conducted, tour, observations, and informal interviews, and an initial audit findings report was submitted for review to the Parke Creek Superintendent and the JR PREA

Coordinator. After the initial review, an interim report was submitted to Parke Creek and the JR PREA Coordinator. The interim PREA audit report was completed outlining compliance and corrective action. Working with Parke Creek to develop a corrective action plan was quickly completed, and Parke Creek began the limited corrective action needed.

At this time, on March 4, 2019, Parke Creek entered into the six-month corrective action period to address identified non-compliant PREA standards. The final date for corrective action is August 31, 2019.

During the corrective action period, Parke Creek and JR worked with this auditor to create a collaborative corrective action plan for PREA compliance. The corrective action plan included what standard part needed correction, action the facility would take to become compliant, who was assigned to complete the corrective action, and approximate timeline for the completion of each corrective action.

Parke Creek and JR provided the required information on the corrective action plan. The Corrective Action Plan was incomplete, at the agency level. The corrective action plan addressed what standard parts needing corrective action; however, for the six investigative standards, JR did not provide what the agency would do to comply, or the timeline for compliance. The corrective action included the change of JR from DSHS to another agency (DSYS) and that work would be done at that time.

During corrective action, additional communication occurred between Parke Creek, this auditor, and JR. Additional documentation was provided and uploaded, and clarifications made to assist the facility with the corrective action. An update was conducted monthly, and sometimes bi-monthly. Parke Creek management and staff were cooperative and worked to correct issues identified in the interim report and the corrective action plan.

This PREA audit consists of auditing both facility (Parke Creek) and parent agency (DSHS.JR) policies, practice, and culture. At the end of the corrective action period, the facility was compliant with all standards; however, JR did not attain compliance with the six investigative standards.

Due to the lack of communication and action on the part of JR, this audit is not compliant with the PREA standards. This is very concerning as the investigation of sexual abuse and sexual harassment is a very important part of the requirements of these standards and the safety of residents in JR facilities.

A draft final PREA audit report was completed and disseminated to Parke Creek and DSYS Juvenile Rehabilitation for review. After review the report was finalized on the online audit system.

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.

Parke Creek Community Facility (PCCF) is operated by the State of Washington DSHS-Juvenile

Rehabilitation. PCCF houses male residents between the age of 14-16 and their security level is rated as medium. This facility is located in Ellensburg, Washington and has a designated capacity of 14; however, the current population is 10. At the time of the site-visit, there were no intersex or transgender residents in the program. Parke Creek website is: <http://jr.dshs.wa.lcl/Pages/Juvenile%20Rehabilitation.aspx>

Parke Creek is described by Washington Juvenile Rehabilitation as, "Parke Creek is a community facility in partnership with Echo Glen Children's Center to serve JR's young male population. Parke Creek provides Cognitive Behavioral Treatment services and an onsite school program for youth with a minimum-security classification. Youth have many opportunities to be in the community to participate in shopping, recreation, field trips, local community activities, family visits including earning community involvement passes to go out in the community with family. Youth who complete the Parke Creek program transition home, transfer to another community facility, or are released to parole services or home."

DSHS Juvenile Rehabilitation (JR) serves Washington state's highest-risk youth. Youth may be committed to JR custody by any county juvenile court. The juvenile courts follow prescribed sentencing guidelines to determine which youth will be committed to JR. These youth typically have committed many lower-level offenses or have committed a serious crime.

Washington is the only state that uses a "determinate sentencing" structure in committing juvenile offenders. Youth committed to JR custody have court determined minimum and maximum sentence terms; for example, 15 to 36 weeks. Sentencing length is determined using a point system that takes offense seriousness and criminal history into account. Ordinarily, Standard Range sentences are applied based on the offender's point level. However, juvenile courts have authority to sentence outside the Standard Range through a finding of Manifest Injustice

Juvenile Rehabilitation establishes criteria for release of a youth from residential care and has authority to do so at any point between the minimum and maximum release dates. JR does not have the authority to retain a youth in residential care beyond his or her maximum release date or authority to return a youth to long term residential care from parole, regardless of poor progress in the community. Post release, youth may be returned to residential care for up to 30 days for parole violation; this requires approval of an administrative hearings judge. Youth may be returned to residential care multiple times for parole violations but for no longer than 30 days per return.

The Parke Creek Community Facility consists of 5 buildings: (1) the main facility, (2) the school building, (3) a shop with attached storage, (4) a pump house, and (5) a small yard equipment storage shed. The main building consists of a multi-purpose main room, a small kiosk room, a group room (labeled room 8) kitchen, pantry, dining room, one staff bathroom, a resident wing, and an office area. The resident wing consists of 7 resident rooms (two beds in each room), two bathrooms and a laundry room located in one long hallway, rooms 1, 2, 3, 4 and the laundry room on the left side of the hallway, and rooms 5, 6, and 7, and two resident bathrooms on the right side of the hallway. The office area consists of one main office space, three offices (administrator office, secretary office, and Supervisor/Clinical supervisor office), and a file room. The school building consists of a classroom and a weight room. None of the cameras are located in, or have view of, the resident bedrooms, shower or toileting areas.

When staff enter the hallway, they yell "Staff in Hall" and repeat it as they continue down the hallway to ensure there will be no cross-gender viewing of residents changing, toileting or showering.

Parents, guardians and family members are a big part of the programming at Parke Creek. They are invited to be present for all planning meetings and a part of the team that builds the reentry plan for their youth. Visits and phone calls are a regular occurrence for youth at Parke Creek to nurture the family bond.

All medical services are conducted in the community, and mental health services are provided by Dr. Lee who is stationed at Echo Glen.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	4
Number of standards met:	33
Number of standards not met:	6

The following is a breakdown of each PREA standard, documentation reviewed, interviews conducted, observations made, and compliance determined.

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.311: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.311, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Compliance Summary:</p> <p>Washington Juvenile Rehabilitation (R) zero tolerance policy is in place and outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>Staff and residents have received education on zero tolerance and the agency's policy and approach to preventing, detecting, and responding to sexual abuse, and signed statements of understanding. Interviews confirmed staff and residents understand the zero-tolerance policy and practice enforcing zero-tolerance in the facility and reinforcement of zero-tolerance is an ongoing topic at Parke Creek.</p> <p>In addition, JR has a dedicated PREA Coordinator with sufficient time and authority to oversee agency and facility efforts to comply with the PREA standards, and the facility has designated a PREA Compliance Manager with sufficient time and authority to coordinate Parke Creek compliance; and, documentation, interviews, reviews, and observations confirm a culture of zero tolerance and a demonstrated and comprehensive approach to preventing, responding to, and detecting sexual abuse and sexual harassment at Parke Creek</p> <p>Reviewed:</p> <p>Both JR (parent agency) and the Parke Creek's Zero Tolerance preamble have in place a policy of zero tolerance, as required by this PREA standard. Parke Creek Policy of Zero Tolerance of Sexual Abuse and Sexual Harassment states, "The overriding approach taken by Parke Creek to reduce or prevent sexual abuse and sexual harassment of residents is to ensure the uniformity of implementation of this zero-tolerance policy."</p> <p>Staff education/training, page 12 of the PREA online training, "Zero Tolerance Policy," page 2 "PREA Culture Continuum," and statements of understanding from all staff/contractors and volunteers in the facility, indicate staff are trained/educated, and understand the zero-tolerance policy.</p> <p>100% of staff, contractors, and volunteers, interviewed were able to articulate that the facility has a zero-tolerance policy that means zero tolerance for sexual abuse and sexual harassment; and, when and what training received on this subject-before having contact with</p>	

residents.

100% of staff and contractors were able to substantially answer questions correctly about the agency and facility PREA policy, definitions of prohibited behaviors, sanctions, and actions to take when there is an allegation of sexual abuse and sexual harassment.

Residents education and signature of understanding on the Residents Acknowledgement form, on intake date, and Acknowledgement form indicating understanding of the comprehensive education received at intake. Parke Creek has completed the resident comprehensive and intake PREA training at the same time until recently. They conducted a comprehensive resident training for all residents in the facility and changed their practice to reflect conducting an intake PREA training and another more comprehensive training within 10 days of intake. PC also goes over PREA information every Friday, during what they call "Generals."

100% of residents interviewed were able to articulate zero tolerance for sexual abuse and sexual harassment and confirm PREA education they had received at intake. All residents signed a statement of understanding that they received the second more comprehensive education.

Both staff and residents confirmed that PREA is an ongoing conversation in the facility.

Interviewed the DSHS PREA Coordinator (PC) and he expressed that he has sufficient time and authority to oversee DSHS efforts to comply with the PREA standards in all of its facilities. He stated that DSHS established a dedicated PREA coordinator position in order to ensure sufficient time, and the organizational chart provided by DSHS clearly shows that the PC answers to DSHS management

Interviewed the Parke Creek Administrator/PREA Compliance Manager (PCM) and he indicated that the JR agency PREA Coordinator assists anytime clarification is needed with PREA compliance in the facility.

JR, parent agency to Parke Creek State Community Facility (PC), created a dedicated PREA Coordinator (PC) position and the current PC has been there for over 5 years. He is upper management at DSHS and reports to top management, as confirmed by the organizational chart and interviews. DSHS PREA policy requires the agency employ a PC with sufficient time and authority to oversee agency efforts to comply with the PREA Standards, and the longevity of the position confirms that this position and duties of this position are ingrained in the practice and culture of this agency

Parke Creek PCM confirms the practice of JR designating a PCM at this facility. Designating a PCM at Parke Creek illustrates policy turned into practice. Review, observation, and interviews confirm the PCM has sufficient time and authority to coordinate the facility's PREA compliance. Organization of files, documentation, training, and practice clearly demonstrates the integration into the facility's culture of a dedicated PREA Compliance Manager.

Practice and culture review included:

1. Interviewing: staff- including specialized staff, contractors and volunteers, PC and PCM; residents- including required targeted residents; a SAFE nurse;

Kittitas County Sheriff Office; Washington State Police; and a staff member from the Support and Recovery Center (SARC)

2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Paperwork review included:

1. DSHS policy 5.90, page 1, which states, "This policy establishes a zero-tolerance policy for any form of sexual abuse or sexual harassment of youth in the care of Juvenile Rehabilitation (JR), including youth on youth sexual assault and custodial sexual misconduct by staff."
2. DSHS policy 5.90 preamble and policy outlines how Parke Creek implements their approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
3. Parke Creek Policy of Zero-Tolerance of Sexual Abuse and Sexual Harassment
4. Youth Acknowledgement form, completed at intake, indicating by signatures of understanding that they understand the intake PREA training.
5. Youth Acknowledgement form indicating they received comprehensive PREA training and outlining what the content of that training included.
6. Staff statement of understanding of online and classroom training that covers all required topics (see standard 115. 331 for all topics training/education and sample of statements)
7. Review of staff and resident files—all required training/education forms, confirming training and understanding, are in every file. (Samples of resident and staff file documents in 115. 331).
8. Spreadsheet of all staff, including training title, and dates of hire, online and classroom training, and refresher trainings
9. Spreadsheet of all residents, date of intake, initial training, comprehensive training, and refresher or additional trainings.
10. DSHS policy 5.90, page 13-14 includes required definitions of prohibited behaviors
11. regarding sexual abuse and sexual harassment
12. DSHs policy 5.90-Sections 6-9 provide the PREA required sanctions for those found to have participated in prohibited behaviors, up to and including termination
13. Policy 5.90 includes a description of the required strategies and responses, to reduce and prevent sexual abuse and sexual harassment
14. Agency organizational chart and Facility organizational chart
15. PREA Coordinator Job Description
16. DSHS policy 5.90, page 11 states; "Because JR operates more than one facility, each facility must designate a PREA Compliance Manager with authority to coordinate the facility's efforts to comply with the PREA standards."
17. Interview notes, tour notes
18. DSHS policy 5.90, page 11 states; "Because JR operates more than one facility, each facility must designate a PREA Compliance Manager with authority to coordinate the facility's efforts to comply with the PREA standards."
19. Parke Creek organizational chart: illustrates the PREA compliance manager is the Community Facility Administrator and reports to DSHS regional management

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.312 Contracting with other entities for the confinement of residents</p> <p>Standard Certification of Compliance: This auditor certifies compliance with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>The State of Washington (DSHS JR) contracts with one community confinement provider. State policies and contract language require all contracted facilities to be PREA compliant and be monitored by JR.</p> <p>Practice is reinforced by JR Policy 5.90, page 11, section 50.3: Because JR contracts with local juvenile courts for the confinement of its youth, JR must include in any new contract or contract renewal the court's obligation to adopt and comply with the PREA Standards. Contracts will be monitored in accordance with Policy 1.60, Managing Contracts and. (PREA Standard 115.312)</p> <p>Reviewed:</p> <ol style="list-style-type: none"> 1. JR Policy 5.90 section 50.3, page 11 2. Contract for confinement 3. Interviews 4. Site visit/tour 5. Pre-Audit Questionnaire

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.313 Standard Requirements: Supervision and Monitoring</p> <p>Standard Certification of Compliance: This auditor certifies compliance with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Assessment:</p> <p>Parke Creek submitted a written plan, and it states that it replaces the 2017 staffing plan. The current plan sustained the same staffing pattern as 2017, no additional changes to technology, and no changes in resources. The plan is signed by both the Parke Creek Administrator and DSHS PREA Coordinator and dated 7/12/2018.</p> <p>During corrective action, the Parke Creek staffing was updated, and all of the required elements were included. Those elements are: 1) Generally accepted detention and correctional 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 inmates may be isolated); (6) The composition of the inmate 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>Population reports for 2018, staffing roster, resident roster, interviews, cameras, allegations/investigation, tour and observations: Assessment of population reports confirm an average of 11 residents residing at Parke Creek for the year of 2018. Resident roster indicates that the numbers are a bit less at 10 residents. The staff roster and schedule match the current staffing identified in the staffing plan. Administrator and staff state that they have adequate staffing to ensure all youth ad staff are safe. Staffing is based on a population of 14.</p> <p>The facility tour and observations, made by this auditor, confirm ongoing supervision and understanding of safety at Parke Creek. This facility has an exemplary record of allegations/investigations for the last three years, with zero allegations of sexual harassment and sexual abuse since 2014.</p> <p>Section B of this standard is covered in the staffing plan and compliant. "If a supervisor is not working and someone calls in sick for their upcoming shift, it is the responsibility of the permanent staff working to find coverage if needed using the following protocol: Call on-call staff on phone list; Permanent staff must stay and cover vacant shift if on-call is not available;</p>

staff may not call another permanent staff that is off shift or on their weekend; Program Administrator or officer of the day should only be contacted if n on-call cannot be found and overtime needs to be approved, or, if there are questions or concerns regarding appropriate coverage." Staff interviews confirmed this procedure is followed, and this auditor witnessed it in action when both graveyard staff called in and calls were made immediately to cover those shifts. Parke Creek has not had any incidents of deviations from their staffing plan, according to interviews and the pre-audit questionnaire.

Review of the staffing plan—updated during corrective action: The staffing plan review documents that the 2019 plan, which replaced the 2018 plan, was created in consultation with the agency PREA Coordinator and is signed by the PC; and, includes all required documents.

In the facility staffing plan review, the following concerns are documented or assessed: Changes to staffing plan—none; Changes to Technology—a whole new camera system was installed and all resources to ensure adherence to staffing plan remain in place for this year; and, that they reviewed all 11 required elements of this standard.

Documentation: Practice and culture review included:

1. Interviewing: staff- including specialized staff, contractors and volunteers, PC and PCM; residents- including required targeted residents; a SAFE nurse; Kittitas Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Paperwork reviewed included:

1. Parke Creek Staffing Plan
2. Population reports for last 12 months (Pre-audit questionnaire)
3. Interview notes
4. Pre-audit questionnaire
5. Last PREA audit report
6. DSHS annual PREA report
7. Staff roster
8. Resident roster
9. Facility floor plan
10. Review and update of previous and current staffing plan adjustments

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.315- Limits to cross-gender viewing and searches</p> <p>Standard Certification of Compliance: This auditor certifies compliance with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>This facility is prohibited from conducting cross-gender searches, but all staff are trained in conducting them and where and how to document these searches—in case of ever having an exigent circumstance (form 20-284). As reported by the Pre-audit questionnaire, and confirmed in staff and resident interviews, zero cross-gender searches have been conducted in the last 12 months; however, all staff know and understand how to put their training into practice if necessary. Residents interviewed confirmed they have never seen a cross-gender search performed or had one performed on them.</p> <p>All Staff have been trained, in classroom, online, and refresher training, on DSHS, JR policy that prohibits cross-gender staff from viewing residents when they are toileting, changing, and showering.</p> <p>Additionally, staff are trained to announce their presence when in the hall where resident’s rooms and restrooms are. This training is documented by staff statement of understanding, staff spreadsheet of training-documents the statement is in the file and the training was attended by each staff, and by interviews with staff--confirming their knowledge and practice.</p> <p>During the site visit, this auditor observed staff announcing their presence when entering and walking down the hall that contains residents’ rooms and bathrooms and reviewed all forms that documented accidental viewing. Interviews with staff and residents confirmed the practice of staff announcing their presence.</p> <p>All staff have been trained and were able to state that they would never search or physically examining a transgender or intersex resident for the sole purpose of determining their genital status, by online, classroom, policy training and refresher. This training and understanding of it is documented in each staff’s file. Interviews overwhelmingly demonstrated staff understanding of this and 100% confirmed they would never, ever conduct a search or exam a resident for this purpose.</p> <p>DHSH Policies: 5.70 section 5, 5.1 and 6, and, 5.90 section 46 and 47 are in compliance with this standards requirement for content.</p> <p>Policy supporting Practice: DSHS Policy 5.70, section 5 prohibits cross-gender strip or cross-gender frisk/pat down searches and cross gender strip searches-s which complies with the requirement of this</p>

standard

DSHS Policy 5.70 section 5.1 All cross-gender frisk/pat down searches and cross-gender strip searches must be documented on the Cross-Gender Search form (DSHS Form 20-286).

Documentation must be accessible for review at any time

DSHS Policy 5.90 section 46: Youth must be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks during graveyard shifts or per Policy 5.50, Assigning Youth Isolation and Policy

DSHS Policy 5.90 section 47: Staff must announce themselves when entering an area where youth of the opposite gender may be showering, performing bodily functions, and changing clothing. Staff will document accidental viewing of youth breasts, buttocks, or genitalia on the Accidental Exposure form (DSHS Form 20-284).

DSHS Policy 5.70 section 6: Transgender and intersex youth will not be searched or physically examined in a manner that is humiliating or degrading or for the sole purpose of determining a youth's anatomical sex. Determination of a youth's anatomical sex must be made by self-identification or as a part of a general medical exam conducted by a medical practitioner.

Staff Training:

The Cross-Gender training outline is included in this audit documentation—this was conducted for all staff and in new employee training after the initial all staff training. It is also included in yearly refresher training.

This training includes: Ensuring the health and safety of LGBTQ youth, understanding the definition of intersex, being sensitive to the needs of Transgender/intersex resident's needs, importance of pat-down searches—cross gender pat down searches are never performed at Parke Creek, even in exigent circumstances-- basic facts about being LGBTQ, LGBTQ resources, keeping LGBTQ youth safe in Juvenile Justice and Delinquency placements, what exigent means, searches on intersex residents, prohibiting cross gender pat downs, searches are no to be not done to verify genital status, least intrusive manner for searches, and resident's preference (transgender) taken into consideration.

All staff signed the training outline to verify they have received this training and agree to act in a professional and sensitive manner. Review of curriculum, staff statements of understanding, staff files, and interviews confirm that staff received this training, understand it, and the actions taught are deeply ingrained in the facility culture.

In the last 12 months, there have been no cross-gender searches conducted at Parke creek—as certified by the pre-audit questionnaire, and staff and resident interviews.

Paperwork reviewed for standard 115.315

1. PREA staff training checklist completed on all new staff (uploaded in section f of this standard) before they can have access to residents
2. Staff Search Training Acknowledgement form
3. Cross Gender/Intersex PREA Online training understanding form and policy 4.60
4. Online and Classroom Staff PREA Curriculum and statements of understanding

5. Spreadsheet of all staff and training dates
6. Statement of understanding of cross gender/intersex search training
7. Pre-audit questionnaire
8. Signage posted at entry to hall where residents rooms are (ATTENTION ALL STAFF Please announce your presence before going down the hallway. Please let Kiosk know if you are going down the hallway. No Visitors or Interns beyond this point.
9. New Employee training checklist
10. Cross-gender training outline and signature of understanding

Practice and Culture review included:

1. Interviewing: Interviewing: staff- including specialized staff, contractors and volunteers, PC and PCM; residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Office; Washington State Police; and a staff member from the SARC.
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.316- Residents with disabilities and residents who are limited English proficient</p> <p>Standard Certification of Compliance: This auditor certifies compliance with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Corrective Action: 316A and B</p> <p>Parke Creek has addressed this standard in a reflection of Washington DSHS.JR's policy 5.90. This standard requires established procedures (steps) to provide residents with disabilities (including residents who are blind or have low vision, or those who have intellectual, psychiatric, speech disabilities, deaf or hard of hearing, and who are limited English proficient) with equal opportunity to participate or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>During corrective action DSHS/PC enhanced their staff training on disabilities to include non-visual disabilities, updated youth PREA materials to ensure they are at a 5th-6th grade reading level, and reviewed and revised posters, youth handbook, and education materials to ensure youth with disabilities have full access to all PREA education, materials, and resources.</p> <p>DSHS completed an assessment of agency and facility policies/procedures, resident forms, education, posters, signs, announcements, and training, and, inserted common accommodations to assist a resident with all forms of disabilities (captions, language, and placement of posters, and accommodations for non-verbal signals for deaf residents...) Posters and PREA information are be placed in every area that youth occupy, and by phones. DSHS worked with the Visual Communications Department to develop posters and brochures in Spanish and English, at a reading level of 5th-6th grade, requiring staff to go over the materials and ask questions of understanding for residents who have learning, intellectual disabilities, psychiatric disabilities or hearing and sight impaired (interpreters/TTY, video phone). Staff are trained on using TTY and provide this as needed. All youth education materials are read to the resident, explained, and both staff and resident sign statements of presentation and understanding.</p> <p>In addition, DSHS. JR created enhanced training, for staff, on all disability categories (including non-visual), inserted automatic accommodations into the facility process, and enhanced how to ensure staff are thinking first about residents with disabilities—to assist all residents. All JR staff completed the new disability training during corrective action, and it was added to the checklist of required training for new staff.</p> <p>DSHS agency policy 5.90 and 2.50 were updated to include services and requirements to ensure residents are provided with accommodations and clarified.</p>

JR/PC developed and implemented a standard operating procedure (SOP) called Residents with disabilities and residents who are limited English proficient.

Parke Creek starts providing accommodations to residents who have disabilities even before they arrive. Diagnostic information regarding incoming residents, provided to the facility via the court, allow for any services needed to be arranged prior to the resident's arrival. Information received is evaluated and plans are put in place to provide accommodations for the incoming resident, as needed. When residents arrive, Parke Creek ensures residents receive education on the Zero-Tolerance policy, how to report incidents or suspicions of sexual abuse or sexual harassment in formats needed for the individual resident. Parke Creek uses the interpreter services contractor—made available by DSHS.JR contract, and has a display located in their main office area that provides a step-by-step instruction for accessing services. Parke Creek documents access to any needed services in ACT for future use or tracking.

Parke Creek reads and verbally reviews all PREA materials with residents who may have intellectual or psychiatric disabilities or who are limited English Proficient. Staff also ensure, periodically, that residents understand information provided. A question and answer session occurs following the comprehensive PREA education video training. Every Friday, staff leads a discussion and checks with residents to ensure they understand all aspects of PREA.

Juvenile Rehabilitation partnered with the Aging and Long-Term Support Administration and the Office of the Deaf and Hard of Hearing to provide education and training for all Parke Creek Staff.

Residents who do not speak English are provided with an interpreter and an interpreter line is available. Contact information is in the Parke Creek SOP. Residents who are blind are provided by OHDD and contact information is provided in the SOP. The Deaf-Blind Service Center serves the area where Parke Creek is located.

All residents are educated on the services available for disabilities, including all contact information when they arrive and have to sign understanding of these services. PREA posters are in English and Spanish and contain limited and basic words to assist residents with learning, cognitive, psychiatric, or reading disabilities.

During corrective action, all Parke Creek staff received and signed understanding of training on what disability services are available to residents and the new services resident intake form. In addition, a Parke Creek SOP regarding services provided to residents was developed and enacted. The following were updated: Sexual Safety Form for residents, Sexual Safety Education System, Notification Forms, and Posters.

Paperwork reviewed for standard

1. Policy 5.9 section 40: JR must provide youth education in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, in accordance with 2.50,
2. Policy 2.50 section 1: Accessing Interpreter and Translation Services for Youth and Families: JR staff and contractors must provide equal access to services significant to the treatment of youth and families who are LEP, deaf/blind, or hard of hearing.
3. Policy 2.50, section 2.4: JR must not rely on youth to provide interpretation, translation of

written material, or other types of assistance except in limited exigent circumstances where an extended delay in obtaining an effective interpreter could compromise youth safety, the performance of first-response duties, or the investigation of youth allegations. 2.4.1. If youth are asked to interpret or translate in exigent circumstances, it must be documented on the Youth Served as Interpreter or Translator form (DSHS Form 20-291)

4. Policy 2.50 section 2: JR must use interpretation/translation services from authorized persons: A person authorized to provide interpreter services for JR must be: 2.1.1. a certified or authorized bilingual employee; 2.1.2. a certified or authorized interpreter; 2.1.3. certified sign language interpreter for the deaf, deaf/blind or hard of hearing; A person authorized to provide translation services for JR must be a certified or authorized translator, Children, family members, relatives and friends of the youth may not be used as interpreters.

5. DSHS Form 20-2091

6. Policy 2.50, section 3: Oral interpretation and/or written translations must be provided to youth and their families. 3.1 Major written communications and oral information routinely provided to youth and their families whose primary language is English must be provided in the preferred primary language of youth or their families whose primary language is other than English or who are deaf, deaf/blind, or hard of hearing. 3.2: Written summaries of communications that do not meet the definition of a major written communication must be made available to clients in the preferred primary language at no cost and without significant delay.

7. Policy 2.50 section 5: JR regional offices and residential facilities must :5.1.1. Post multilingual signs which explain the availability of interpreter [translator services at no cost to the youth or the youth's family. 5.1.2. Establish the primary language preference of the youth and the youth's family at intake and record the primary language preference in ACT. 5.1.3. File copies of translated information in the case file along with the English versions. 5.1.4. Maintain a master file of translated documents used by the agency along with the corresponding English versions of the documents. 5.1.5. Identify all certified, authorized bilingual employees and their languages in the Human Resources Management System (HRMS). 5.1.6. Maintain a monthly accounting of translation and interpretation services provided

8. Policy 2.50, definitions: Certified Bilingual Employee: A DSHS staff member who is certified by DSHS language fluency examination or a DSHS recognized professional association or has passed a DSHS recognized interpreter examination offered by another organization.

9. Policy 2.50, Definitions: Major Written Communication: DSHS or JR publications, forms, and documents that: describe services, clients' rights and responsibilities, or changes in benefits, eligibility, or services; request information or a response from a youth or a youth's family; require the signature. of a youth or a youth's family

10. member; are essential in the treatment of a youth.

11. DSHS form 20-291

12. PREA Standards in Focus 115.316

13. Department of Justice (DOJ) clarifications

14. Parke Creek Protocol for accessing Interpreter Services

15. Contract with corporate Translation Services Inc, language link line

16. PREA Coordinator written response to disability questions

17. JR Standard Operating Procedure for Parke Creek

18. Disabilities education for staff and residents

19. Signature of understanding for disability training

20. PREA posters in Spanish and English

21. Forms, posters, and education material that were changed to reflect 5-6th grade level reading, and clarification

Practice and Culture review included:

1. Interviewing: Interviewing: staff- including specialized staff, contractors and volunteers, PC and PCM; residents- including required targeted residents;
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.317 - Hiring and promotion Decisions</p> <p>Parke Creek is compliant with standard 115.317, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services, Juvenile Rehabilitation (DSHS JR) and Parke Creek Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>DSHS policy 1.23 section 1, 2 and 3, described in the paperwork review, comply with the PREA requirements of 115.317 a and b. These policies direct the agency and the facility, Parke Creek, on specific requirements that prohibit hiring an employee or engaging the services of a contractor 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 victim did not consent or was unable to consent or refuse; or, a3.has been civilly or administratively adjudicated the have engaged in this activity. Further, that Juvenile Rehabilitation must consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor if the employee or contractor may have contact with youth</p> <p>As evidenced in employee files and staff spreadsheet: Every Employee and contractor sign the DSHS JR Disclosure Form stating that they have not engaged in, been convicted of, or been civilly or administratively adjudicated in the activity described above. This form is signed annually reaffirming this disclosure requirement. It is also signed when an employee is promoted. All forms are in the Parke Creek confidential files and documented on the staff spreadsheet included in this audit documentation</p> <p>As evidenced by review of staff files: All new employees fill out and sign the PREA Institutional Employment form, that includes a requirement for them to list any prior institutional employers. Interviews and file review confirm that DSHS.JR, 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.</p> <p>Every new employee, since 2015, has filled out the PREA Institutional Form- that lists prior institutions of employment, documents the calls made to the institutional employer, response received from that employer, and is documented in each staff file at Parke Creek. Included in the file is a BCCU determination of employability. If there are any incidents that arise from the background check, the BCCU letter states that it must be further reviewed. There were such forms in employee files, including the BCCU letter and review.</p> <p>As evidenced by Interviews with random and specialized staff, Administration, and Human Resource staff, the practice of completing: a BCCU background check, required online PREA training, PREA classroom training (or have it scheduled), signing the PREA Disclosure</p>

Statement, and annually reaffirming that statement was completed by all staff interviewed. Further interviews confirmed that if the background check comes back with an issue listed for review, before employing, promoting, or contracting, that issue must be formally reviewed and signed off--with reason and signature from agency management. This review would include any sexual harassment reports.

100% of interviewees confirmed that the background checks (details included in this audit documentation), online training, PREA Disclosure Form were completed before having access to residents. Interviews also confirmed the review of any question about the background check and confirmed a review done in every case- including any sexual harassment reports or incidents.

Review of employee and contractor files confirm that every file contains the results of the background check, background negative review(if issue comes back on BCCU check), training statements of understanding (classroom, online, cross gender, and annual refresher), PREA Disclosure form, annual reaffirming form (if employee has been employed at PC for over a year), and completed Employee Institutional Form (new hires).

Samples of all forms found in reviewed files are a part of this audit documentation.

Paperwork reviewed for standard

1. DSHS Policy 1.23: this policy addresses specific criteria that prohibit the hiring and promotion of staff, volunteers and interns, and contractors, if they have contact with youth. Background checks, institutional reference checks based on PREA, and disclosure of sexual misconduct, prior to hiring. It complies with the requirements of this standard.
2. DSHS Policy 1.23 page 2: Juvenile Rehabilitation must consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor if the employee or contractor may have contact with youth
3. DSHS Policy 1.23, sections 4 and 11: section 4: requires National fingerprint criminal background check on all initial hiring and contractor awards. In addition, JR and DSHS conducts a criminal background check and child abuse registry check. It also states that a review of DSHS negative actions is conducted as part of the (BCCU) background check process. Section 11: Section 11: Lists additional reference checks required prior to hiring or contracting. Those include PREA Institutional/Employment/Service Disclosure form, contact of each prior institutional employer.
4. DSHS Policy 1.23 sections 7 and 9: Section 7 states: Employees in department- covered positions will be required to complete a mandatory national fingerprint criminal background re-check through the DSHS BCCU every five years. Section 9: Contractors will be required to complete a mandatory national fingerprint criminal background re-check through the DSHS BCCU no less than every five years. The background check must include a consultation with the child abuse and neglect records maintained by DSHS in accordance with statement 4.2. DSHS Policy 1.23, section 23 and 24: 23: Prospective employees, current employees, contractors and volunteers will be required to complete the PREA Sexual Misconduct Disclosure form (DSHS Form 20-296) prior to any hiring or promotion decision (PREA Standard 115.317(f)). Section 24: Employees, contractors and volunteers must immediately disclose any incidents of sexual misconduct to the Superintendent, Regional Administrator or designee, if incidents occur in the period between background checks.

5. DSHS Policy 1.23, section 12; Unless prohibited by law, all hiring managers at JR institutions and community facilities must provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, contractor or volunteer upon receiving a request from an institutional employer for whom the individual has applied to work.
6. DSHS Policy 1.23 Section 9: section 9 states: Material omissions regarding such misconduct or the provision of materially false information must be grounds for termination.
7. PREA Disclosure Forms: All employees have signed a PREA disclosure form asserting they have never engaged in sexual abuse or sexual harassment in a facility or the community
8. PREA Disclosure Form yearly reaffirmed: All current employees have signed the Annual PREA Disclosure Form and it is in their facility file and documented on the Staff spreadsheet included in this audit
9. PREA Institutional Employment Form: All employees must disclose if they have worked for another institutional employer. Form (3) shows the answer and contact with those employers.
10. Pre-audit Questionnaire states that 100% of employees have had criminal background checks
11. Employee spreadsheet—lists all employees and dates of: hire, trainings-and refresher training since 2015, background checks, PREA Disclosure Form- completed and annually reaffirmed, promotions and new disclosure form as well as additional background check, and PREA Institutional form completed and checked.
12. Personnel files: Review of every staff and contractor file confirmed that background checks were completed and facility received the clearance to hire, PREA disclosure form was in every file and annual disclosure form-if employed more than one year, training statements of understanding for classroom, online, community safety, all refresher PREA trainings since 2015, and promotional background check and new disclosure form.
13. Online Training curriculum
14. Classroom training curriculum
15. Online training signed statements of Understanding
16. Classroom training signed statements of Understanding
17. BCCU statement letter of employee/contractor clearing all background checks
18. BCCU background check form and application:
19. Interview notes

Practice and Culture review included:

1. Interviewing: Interviewing: staff- including specialized staff, contractors and volunteers, PC and PCM; residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Office; Washington State Police; and a staff member from the Advocate/Crisis Organization.
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, file reviews, and observations to practice and culture.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.318 - Upgrades to facilities and technologies</p> <p>Parke Creek is compliant with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services, Juvenile Rehabilitation (DSHS JR) and Parke Creek Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Parke Creek has not acquired a new facility or completed a substantial expansion of modification of existing facilities since August 20, 2012</p> <p>Parke Creek/JR has upgraded a 16-camera system to a 38-camera system to address blind spots and ensure facility was well covered to enhance monitoring. Tour of the facility allowed this auditor to document camera placement and coverage of blind spots.</p> <p>Paperwork reviewed for standard: Pre-audit questionnaire: Marked no to acquiring a new facility or made a substantial expansion or modification to existing facility since the last PREA audit</p> <p>Pre-audit questionnaire; Marked yes to, the agency or facility has 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. Added 22 cameras.</p> <p>Interview notes--management/PCM confirms that the blind spots documented because of a PREA assessment were key to the increase of 22 cameras. Cameras were increased to enhance supervision and decrease risk of sexual abuse to residents.</p> <p>Practice and Culture review included:</p> <p>Interviewing: Interviewing: staff- including specialized staff, contractors and volunteers, PC and PCM; residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Office; Washington State Police; and a staff member from SARC.</p> <p>Touring the entire facility, asking questions, talking to residents and staff.</p> <p>Observing staff and residents over the site visit; facility daily operations; and, talking to staff and residents.</p> <p>Comparing policy, training, interviews, file reviews, and observations to practice and culture.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Standard: 115.321 - Evidence protocol and forensic medical examinations</p> <p>Compliance Assessment by standard requirement: A1 and A4: Not Compliant at agency level</p> <p>Parke Creek State Community Facility is not responsible for conducting criminal or administrative sexual abuse or sexual harassment investigations. Washington State Patrol and Kittitas County Sheriff's Department conduct criminal investigations. DSHS CPS conducts child abuse investigations. DSHS JR conducts sexual abuse and sexual harassment administrative investigations. JR does not have a qualified PREA investigator who follows a uniform investigative protocol. This standard is being addressed at agency level in corrective action.</p> <p>B: Not Compliant at agency level</p> <p>Washington State Patrol and Kittitas County Sheriff's Department are responsible for obtaining physical evidence in an allegation of sexual abuse. Parke Creek is only responsible for securing the scene. The protocol used for investigations and forensic examination, including advocate and crisis service is based upon the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,"</p> <p>DSHS JR (parent agency to Parke Creek) and the PREA Investigator/Coordinator is working towards compliance on this standard; and, will need to include compliance for their investigator, ensuring their investigator has the required sexual abuse investigative background, experience, training, and understanding of this protocol and use of it.</p> <p>C: Compliant</p> <p>Parke Creek offers any resident that experiences sexual abuse, a forensic medical exam at the local hospital (Kittitas Valley Community Hospital) that has SAFE and SANE medical professionals, and policy (DSHS 4.30 and 5.90) and practice ensure the alleged victim does not bear any financial cost for any medical service pertaining to the sexual abuse incident and follow-up services.</p> <p>Parke Creek documents all coordinated response, including efforts to provide SAFE/SANE and advocate services as listed and documented in the Parke Creek's Coordinated Response Plan. Parke Creek does not use a staff person to fill in for an advocate, they always use the advocate/Crisis (SARC) service posted.</p> <p>D/E: Compliant</p> <p>Parke Creek has a flyer posted, where residents can see it, and information about crisis and advocate services is included in youth education. 90% of residents interviewed knew where this flyer was and how to obtain contact information. Also interviews with residents confirmed that the call to SARC (ASPEN) would be confidential. The tour of the facility confirmed the posting of flyers for this service with contact information. Offering the contact with this agency is documented on the Coordinated Response Plan</p>

F: Compliant

Washington State Patrol has a signed and agreed upon DSHS/WSP Protocol for DSHS Investigations, this includes DSHS/WSP Scenario Guidelines, a referral form for investigations, and written clarifications provided to DSHS.

Documentation with the Kittitas County Sheriff's Department requesting them to comply with sections a-f of this standard is included in this audit. As is the response, from Kittitas County Sherriff's Department acknowledging they comply with PREA a-f when conducting sexual abuse investigations and will conduct such investigations at Parke Creek.

G. N/A for Parke Creek Community Facility

H: N/A: Parke Creek uses a victim advocate from a rape crisis center (SARC-Aspen) if there is an incident of sexual abuse.

Parke Creek uses a community non-profit Crisis/Advocate Organization which complies with the requirements of this standard in training and education regarding knowledge of sexual assault and forensic examinations-as confirmed by interview. Parke Creek does not use staff members for advocate services.

Parke Creek has not had any incidents of sexual abuse or sexual abuse.

Not completed during Corrective Action:

1. Sections A and B are non-compliant at the agency level. Currently JR is moving to another agency (DSYS) and their administrative investigator does not meet the guidelines of a PREA investigator and therefore cannot use a uniform evidence protocol to meet the PREA Standards. All investigative standards are out of compliance and were not corrected during the corrective action period.

Law enforcement conducts criminal investigations and they are compliant with the uniform protocol based on the latest VOWA standards.

Paperwork reviewed for standard:

1. Interview notes: SARC, Kittitas Sheriff's Department, Administrator, SARC/Aspen representative, residents, staff
2. DSHS Policy 5.90 section 15-15.4.
3. DSHS Policy 5.90 section 19
4. Policy 4.30 section 24;
5. Administrative Report of Incidents:
6. CPS manual
7. PREA Sexual Abuse Incident Review Form
8. DSHS-WSP Interagency Referral Guide:
9. SIU investigative chart
10. WSP Interagency Referral Report (IRR):
11. IRR rejection form guidelines and Unacceptable IRR form
12. DSHS list of crimes and Negative actions for use by all programs
13. DSHS/WSP Protocols for DSHS Investigations

14. DSHS/WSP Scenario Guidelines

15. Advocate posters at Parke Creek—include contact information and services

16. Coordinated Plan—specific to Parke Creek, covers all required areas, to document each step.

17. Email from Kittitas SO responding to request to comply with a-f in this standard

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)

2. Touring the entire facility, asking questions, talking to residents and staff.

3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.

4. Comparing policy, training, interviews, and observations to practice and culture.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.322 Policies to ensure referrals of allegations for investigations</p> <p>Compliance Rating: Not compliant—at agency level at the end of corrective action</p> <p>Compliance Assessment:</p> <p>JR and Parke Creek ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the event a youth alleges sexual abuse, staff members are required to immediately contact Washington Child Protective Services (CPS), Law Enforcement (Kittitas Sherriff, or Washington State Patrol). Kittitas Sheriff and WSP are responsible for conducting all investigations of abuse for youth placed at Parke Creek State Community Facility (TR). JR has several policy sections (5.90 sections 22-28, 1.23 conducting Investigations in JR, 5.90 Reporting Abuse and Neglect) that detail the investigation process and the role of CPS, WSP, and local Law Enforcement.</p> <p>Once an allegation is reported, there is a specific process by which investigations are assigned and conducted. If an incident may result in a criminal case, the Community Facility Administrator (CFA) will contact the local police department and CPS. If law enforcement chooses, they will work alongside the CPS investigator to interview the victim and alleged perpetrator</p> <p>An executive Order, from the Governor of Washington, Order 96-01, orders WSP to investigate criminal and major administrative investigations involving DSHS JR employees, and a WSP DSHS Agreement that details the investigation process and the role of WSP and DHS in the process. In addition, DSHS JR publishes their policy, that describes the investigative process, and also publishes DSHS Criminal Investigations agency Responsibilities document that identifies the responsibilities of CPS, WSP, local law enforcement, and JR. This process and documentation adequately reflect PREA standards related to the investigatory process (i.e. steps in the response chain, collaborative effort between the involved parties, etc.).</p> <p>https://www.dshs.wa.gov/sites/default/files/JJRA/jr/documents/JR-Policies/Policy5.90.pdf</p> <p>The PREA Compliance Manager has a comprehensive form to track the date of the abuse report, when the investigation was completed, on what date of any referral to local law enforcement, CPS, or WSP was completed, the outcome of the investigation, and the date a youth was notified of a finding.</p> <p>Currently, CPS is tasked with conducting PREA administrative investigations, and JR conducting them if CPS declines based on their child abuse protocol. Child abuse reporting and investigations are vital to the safety of children in confinement; however, have a different purpose than PREA administrative investigations. In a phone interview with CPS investigator, CPS stated that their focus is child abuse and neglect and determining if the facility is liable for</p>

any actions taken or not taken. They were adamant that their function is not, determining a finding on sexual abuse or sexual harassment that is consistent with the PREA standards and PREA administrative investigations.

In the last 12 months, there has been 0 allegation of sexual harassment at Parke Creek, as evidenced by the PREA Annual Report. In fact, there has not been an allegation of sexual abuse or sexual harassment since the facility started recording statistics in 2014.

In regard to required Administrative Investigations, JR's ongoing work to be compliant with the PREA investigation standards continues. DSHS JR, has made changes in their investigative process, from facility identified staff as investigators to a centrally identified investigator-DSHS JR PREA Coordinator/PREA Investigator; however, neither the PREA investigator or CPS investigators have the required qualifications. The Department of Justice (DOJ) clarification states: "Investigators must already have relevant experience and training, as a foundation, upon which specialized training is added. High level, advanced training for an individual who brings strong investigatory skills and experience. Persons who do not have a background in investigations, law enforcement or similar roles should not be put in a position of investigating sexual cases. Such investigators should be removed from the daily interaction, or control over, residents or staff they may be called on to investigate." This includes strong criminal sexual abuse investigation training and experience, similar to law enforcement sexual abuse task force—with documented investigative experience conducting sexual abuse investigations

DSHS has a policy that follows PREA standard requirements for criminal or administrative investigations; however, because the qualifications for a PREA Investigator are not met, the policy, practice, and responsibilities laid out in this document are not compliant with this standard.

The PREA Coordinator, while very skilled and experienced, cannot maintain the additional position of PREA Investigator because the skill set required of the PREA Investigator is not consistent with his impressive skill set. In addition, the ongoing contact the PREA Coordinator has with the facilities, staff, and management, involving PREA compliance efforts, training, and assessment, could be seen as a conflict in conducting an objective and detached investigation.

Corrective Action not completed at the end of the corrective action period—at agency level

An administrative investigation must be completed on all sexual abuse or sexual harassment allegations that are not completed, to a finding, by Law Enforcement.

A PREA Investigator with the required qualifications, experience, and training--and then receiving the additional high-level training--investigating sexual abuse in juvenile confinement--must be in place to conduct PREA administrative investigations for DSHS JR and facilities, including Parke Creek.

Agency policy and facility procedure must be adjusted to reflect this change, as well as a step by step referral and investigative process developed and implemented for Agency PREA Sexual Abuse and Sexual Harassment Administrative investigations.

The policy and document of responsibilities must clearly state that the JR PREA Investigator is responsible for conducting sexual abuse and sexual harassment administrative investigations-when law enforcement does not complete an investigation to a finding consistent with the PREA standards. In addition, administrative investigation policy must be detailed as to the tasks, responsibilities, and advanced sexual abuse investigator qualifications required-when entering this position.

The PREA sexual abuse and sexual harassment administrative investigator(s) must have a strong investigative background and relevant training in conducting sexual abuse investigations, (i.e.: law enforcement with experience conducting sexual abuse investigations on the sexual abuse task force) and in addition, receive higher level training in conducting such investigations in confinement. Such investigators must be removed from the daily interaction, or control over, residents or staff they may be called on to investigate.

Training for staff, investigators, and facility must be completed, and curriculum, understanding statements, and interviews documenting compliance completed.

The Department of Justice (DOJ) clarification states: "Investigators must already have relevant experience and training, as a foundation, upon which specialized training is added. High level, advanced training for an individual who brings strong investigatory skills and experience. Persons who do not have a background in investigations, law enforcement or similar roles should not be put in a position of investigating sexual cases." "Such investigators should be removed from the daily interaction, or control over, residents or staff they may be called on to investigate."

Reviewed for standard 115.322

1. Policy 5.90 section 22-28:
2. Interview Notes:
3. Administrative Investigative Report
4. Pre-audit Questionnaire:
5. DSHS JR website: JR publishes their policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation: <https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance>
6. Washington State Patrol (WSP) IRR form: DSHS/WSP Criminal Investigations Agency Responsibilities Policy:

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Kittitas PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.331 - Employee training</p> <p>Parke Creek exceeds compliance with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services, Juvenile Rehabilitation (DSHS JR) and Parke Creek Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>All Parke Creek employees have been formally trained on PREA related topics. All staff are required to read the agency's PREA policies, as well as complete the online and classroom PREA training before contact with residents. Staff are also required to complete a mandatory reporting training. After completing these training, staff are required to sign a form stating they fully understand the Zero Tolerance rule, their responsibilities as mandatory reporters, agency policies (5.90, 1.23), and each training they complete, including refreshers. Staff complete a comprehensive checklist of training and checks before they are allowed contact with residents in the facility. Employees complete required training in many learning styles including hands on, visual, thought provoking, reading, role playing and testing of knowledge.</p> <p>Staff complete training geared at working with male and female populations: working with male population training includes: Training includes: rights of residents, reporting, sexual harassment, dynamics, consensual and abuse, mandatory reporting factors contributing to delinquency (males and females); gender influence socialization, communication styles and behaviors; Boys: emotions, identity, characteristics. In addition, training about Girls, include-emotions, identity, connection emphasis verbal, characteristics; abuse histories for boys; implications for boys; abuse histories for girls and implications for girls; mental health factors of girls and boys; gender differences to consider in aggressive behavior with boys; Differential incidence of anti-social and aggressive behaviors; Expression of aggressive behaviors; Developmental course and consequences.</p> <p>Every year, PC staff complete a PREA refresher training including a review of PREA history, basics, reporting and responding; incident reports; opposite gender searches and viewing; intake and screening; staff first responder duties; investigations; post investigation findings, incident reviews; PREA documents, staffing plan, coordinated response plan; safe environment, community Advocacy, code of Silence, Cultural continuum, LGBTI, youth red flags and higher risk factors, and maintaining a non-sexualized environment. 2018 training curriculum and statements of understanding were included in staff files also. Statements of understanding were in each staff file.</p> <p>The auditor reviewed the JR agency policies, training, and Parke Creek facility procedures and determined that the required staff training addresses the following areas:</p> <ol style="list-style-type: none"> 1. Its zero-tolerance policy for sexual abuse and sexual harassment; 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment

prevention, detection, reporting, and response policies and procedures;

3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent

Interviews with staff indicate they are aware and fully understand their responsibilities as mandatory reporters. At the time of the on-site audit review of training records indicate that all staff who interact with youth have been trained on PREA. A complete tracking sheet with employee names and dates on which the training was completed was submitted to the auditor for verification. In addition, a sample of signed forms indicating staff understood PREA and their responsibility as a mandatory reporter were submitted to the auditor, and tracking sheet was compared to staff files on site. In addition, PREA topics are discussed frequently and emphasized with staff and residents constantly.

This auditor reviewed the JR agency policies, training, and facility procedures and determined that the staff PREA training address and comply and exceed the requirements of this standard.

Paperwork reviewed for standard:

- 1) PREA online training
- 2) PREA Classroom training
- 3) Cultural continuum handout
- 4) Advocate training handout
- 5) Code of silence handout
- 6) LGBTQI handouts
- 7) Reflags and Higher risk handout
- 8) Policy 5.90, section 32.1, 16, C40
- 9) PREA staff training spreadsheet
- 10) Staff Files: statements of understanding, Disclosure Forms
- 11) Working with male populations training PowerPoint
- 12) Policies: 1.23, 2.10, 3.20, 4.30, 4.60, 5.70, 5.91, 6.20
- 13) Staff training spreadsheet documenting training date and file contents.
- 14) PREA staff refresher and statements of understanding (2018)

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.332 – Volunteer and contractor training</p> <p>Parke Creek exceeds compliance with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services, Juvenile Rehabilitation (DSHS JR) and Parke Creek Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>All 12 volunteers and contractors, who have contact with residents have completed training about their responsibilities regarding sexual abuse and sexual harassment. All current volunteers and contractors have completed the Parke Creek PREA Contractor Volunteer Information Sheet including JR zero tolerance policy review, review of JR Guide to Prevention and Reporting Sexual Misconduct, completion of the National Institute of Corrections (NIC) online training: PREA: Your Responsibilities in Keeping Our Kids Safe, and completion and submission of the PREA Training and Policy Review Acknowledgement Form.</p> <p>All contractors and volunteers have signed the PREA Acknowledgement form and the PREA Disclosure Form.</p> <p>Parke Creek has a process in place to ensure all staff, contracted staff, interns and volunteers are trained prior to having contact with residents. This practice is supported by JR Policy 5.90 section 36: entitled, “Applying the PREA Juvenile Standards in JR” (effective February 2015) which requires training on their responsibilities under the agency’s current sexual abuse and sexual harassment prevention, detection, and response policies. JR maintains documentation confirming that volunteers and contractors understand the training they have received. Documentation was confirmed by spreadsheet and sample signed documents and file review.</p> <p>Paperwork reviewed for standard:</p> <ol style="list-style-type: none"> 1. Parke Creek PREA Contractor Volunteer Information Sheet 2. Park Creek PREA JR Volunteer agreement 3. Spreadsheet of confirmation of completion of training requirements (information sheet, Acknowledgement form, and Disclosure Form 4. Signed PREA Acknowledgement Form 5. Signed PREA Sexual Misconduct Disclosure Form 6. Interview notes: Contractor: Volunteer: 7. Pre-audit questionnaire 8. JR Policy 5.90 section 36: 9. File Review <p>Practice and culture review included:</p> <ol style="list-style-type: none"> 1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff’s Department; Washington State Police; and a staff member from

the Advocate/Crisis Service (SARC/ASPEN)

2. Touring the entire facility, asking questions, talking to residents and staff.

3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.

4. Comparing policy, training, interviews, and observations to practice and culture.

115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Standard 115.333 Resident Education</p> <p>Parke Creek exceeds compliance with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services, Juvenile Rehabilitation (DSHS JR) and Parke Creek Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Parke Creek demonstrates their commitment to ensuring residents understand their right to be safe by several avenues. Residents receive Zero Tolerance information and education at intake. At this point, the new resident receives the Important Information About Sexual abuse and Sexual Harassment Form and PREA Acknowledgement Form. An intake staff reads and reviews this information with the resident. Both staff and resident sign the PREA acknowledgement Form, indicating presentation and understanding.</p> <p>Within 10 days of intake, the Youth Guide is presented, one-on-one, to each resident by the PREA Compliance Manager (PCM) or assigned staff. Presentation is done one-on-one so the resident feels more comfortable with this topic, to protect the resident’s right to privacy, and ensure resident can ask all questions he has without embarrassment. Resident and staff sign the education form to document understanding and presentation.</p> <p>In addition, recently, Parke Creek instituted showing a PREA video to the residents. PC continues its practice of a comprehensive PREA education every Friday, during “Generals” -- PREA is reviewed with residents and staff.</p> <p>The Youth Safety Guide clearly states, “JR is committed to protecting your right to be safe from sexual abuse and sexual harassment in our facilities. We have a ZERO tolerance policy toward all forms of sexual abuse and sexual harassment.” This guide summarizes the agency’s policy and provides a hotline number for youth to call if they have been abused. It ensures youth understand the Zero Tolerance policy and how to report abuse.</p> <p>Both intake and comprehensive resident education is read to residents at a pace that is comfortable for the particular resident, acknowledgement is made that the information may make the resident feel uncomfortable but that it’s important they understand PC takes sexual abuse and sexual harassment very seriously. In addition, the resident is informed that staff are available to speak privately later.</p> <p>All youth interviewed could explain how they would report an incident of abuse and/or harassment, the zero-tolerance policy, how to report anonymously, and response procedures for reporting such incidents. In addition, posters throughout the units declare a Zero Tolerance policy and provide a hotline number for Washington Child Protective Services.</p> <p>PC created a PREA Youth Education Log to ensure all residents have received training at</p>

intake and again within the targeted ten-day time frame. Review of facility documentation and youth interviews verified all youth placed at PC received the PREA related education sessions and signed statements affirming their understanding of that education.

PC, as per policy 5.90 section 39, ensures residents receives the required PREA training upon arrival, even if transferring from another facility. Tracking movement from another facility to Parke Creek is done on the Movement Roster.

52 residents have been admitted to Parke Creek, in the last 12 months, and all residents received the required PREA education. PC, in the past, has combined the intake and comprehensive training; however, currently complies with presenting the resident education in two different sessions—intake and within 10 days of intake.

Using the PREA guide, Making PREA and Victim Services Accessible for Incarcerated People with Disabilities, DSHS JR reviewed current services provided and made changes to material, signage, and staff disability education, to ensure resident education is available for all residents. Youth education materials are available in Spanish and have been made available in other languages as needed. Staff call a translation service, that is under contract with DSHS, for needed services. Information is read to residents at their pace and discussed for understanding, and posters are formatted to be easily read and understood for those who have non-visual disabilities, including cognitive or developmental disabilities.

Paperwork reviewed for standard:

1. DSHS Policy 5.90 section 37, 39, 40;
2. Roll-out plan and training for presentation of resident education—talking points, how to give presentation, requirements of staff and resident.
3. Resident Acknowledgement Form: What You Need to Know About Sexual Abuse and Sexual Harassment
4. JR Youth Safety Guide—English and Spanish
5. PREA Education Form
6. PREA poster in Spanish and English
7. Facility tour notes
8. Translator line and services
9. PREA educational material
10. File review notes
11. Interview notes: Resident, Screening Staff, Intake staff, Administrator, Random Staff, Residents who English is not their first language, PC. Residents with cognitive and learning disabilities, resident with mental health issues
12. PREA education wall
13. PREA education binder

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)

2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.334	Specialized training: Investigations
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>115.334 Specialized training: Investigations</p> <p>Compliance Assessment: Not Compliant at agency level</p> <p>JR conducts PREA Administrative investigations for sexual abuse and sexual harassment. In the past, JR trained facility identified administrative staff to be PREA Investigators by providing the NIC online training, CPS investigative training, and additional classroom investigative training. Recently, JR changed that process and identified the agency PREA Coordinator as the PREA Investigator. This action made sure facility administrative staff who work with their residents and staff on a daily basis, were not also investigating them.</p> <p>The PREA Investigator/Coordinator has completed all training provided to DSHS JR employees and in fact conducts some of the training as the JR PREA Coordinator-a position he has had for over five years. He has completed the required higher-level training (NIC online investigators training and advanced investigators training for conducting investigations in confinement settings) as well as additional classroom investigative training. These training's were designed to add additional high-level training for an "experienced and highly trained investigator" and not to train up a designated staff to be an investigator. In addition, the PREA Coordinator (PC), conducts training for staff, assists facility PREA Compliance Managers (PCM) and facilities comply with the National PREA Standards, visits JR juvenile facilities, works with administration and staff of each facility, interacts with residents, and maintains ongoing contact as part of his position at DSHS, and acting as a PREA investigator is a conflict of interest.</p> <p>Due to standard clarifications regarding the required experience and training of the PREA Investigator, who conducts criminal or administrative PREA investigations, DSHS must make further adjustments in order to comply with this standard.</p> <p>It is also the law and JR policy to refer all sexual abuse allegations to law enforcement-if there is a criminal element- and to Child Protective Services (CPS). Law enforcement conducts all criminal investigations; however, also works with CPS who conducts child abuse/neglect investigations.</p> <p>DSHS.JR uses the CPS investigation as a PREA administrative investigation. While it is important and required to notify CPS when there is an allegation of sexual abuse in a DSHS.JR facility, their main focus is to ensure there is no facility or child neglect/abuse. CPS accomplishes this by working with law enforcement during a criminal investigation.</p> <p>If CPS conducts a child abuse/neglect investigation, they coordinate with law enforcement to ensure they have permission to interview involved parties, so they do not compromise the criminal investigation. At times they accompany law enforcement on interviews in order to gather evidence to decide if there is facility/staff child abuse/neglect. The CPS investigation is not a PREA administrative investigation; however, is valuable information to use in the JR</p>	

PREA administrative investigation, incident reviews, and agency and facility corrective action.

If the allegation is referred to Law enforcement, they conduct the criminal investigation. They collect and review the evidence, determines if there is enough evidence to ascertain that the sexual abuse allegation occurred and determine if the allegation is chargeable behavior. If it reaches that level, law enforcement refers the case to the District Attorney for possible charges. CPS determines if the facility/staff's behavior or actions constitutes child abuse/neglect.

If law enforcement declines to investigate or does not investigate to a finding, CPS may choose to conduct a child/abuse neglect investigation or screen out the allegation as not meeting the criteria for child abuse/neglect. If both decline to investigate, the DSHS.JR PREA investigator (currently the PREA Coordinator) investigates the sexual abuse or sexual harassment allegation to a finding of: substantiated (51% that the allegation occurred- "preponderance of the evidence"); unable to determine (cannot make a determination either way (unsubstantiated); or unfounded (evidence that the incident did not occur). At that point disciplinary action can be taken. This does not prevent the facility from duty-stationing the staff away from residents when an allegation is made, and the agency policy and union agreement ensure that is the practice.

A review of past incidents and news, for DSHS.JR, shows that a lawsuit was filed in 2018 alleging a Culture of sexual abuse at DSHS JR facilities, and there is ongoing litigation due to sexual abuse charges of several staff, at different facilities, alleged to have occurred since 2014 and before.

The JR PREA Annual PREA Compliance Report reflects the following information:

1. Youth-on-Youth non-consensual sexual acts: 2015,2 allegations and 1 substantiated, 2016, 0 reported, 2017,2 reported and 1 substantiated;
2. Youth-on-Youth Abusive Sexual Contact: 2015,12 reported and 8 substantiated, 2016,12 reported and 1 substantiated, 2017,18 reported and 8 substantiated
3. Staff-on-Youth Sexual Misconduct: 2015,13 reported and 3 substantiated, 2016,14 reported and 3 substantiated, and 2017, 26+ reported and 0 substantiated.

It is always vital to ensure every sexual abuse and sexual harassment allegation is investigated fully, impartially, and objectively. This includes ensuring that your PREA investigator is a fully trained, educated, and well-seasoned investigative professional, who then attains additional high-level training on investigating sexual abuse in a confinement setting—as well as ongoing investigative training and updates.

JR has gone from training facility staff as PREA investigators, to using the CPS investigation as their administrative investigators, and designating the agency PREA Coordinator as the PREA investigator-when CPS declines or does not investigate to a finding. They have diligently attempted to ensure the process complies with the PREA standards; however, are still not compliant in employing or designating a PREA Investigator who has sufficient background, training, and experience as a trained investigator, and then providing additional high-level and specialized training as this standard requires. This is especially important due to the documented history of staff-on-youth allegations made, that investigations determined were unfounded, and later were proven to be true. All occurring during the current

JR investigation structure.

On July 1st, Washington Department of Children, Youth, and Families (DCYF) merged with the Department of Social and Health Services (DSHS) Juvenile Rehabilitation. Juvenile Rehabilitation is now a part of a new state agency that states it, “restructures how at-risk children and youth are served.” Juvenile Rehabilitation is now DCYF.JR. This transition was documented as the reason that DSHS.JR could not become compliant with the investigation requirements of the PREA standards, during the 6-month corrective period of Green Hill and subsequent corrective action period for this facility, Twin Rivers. It is a grave safety concern and needs immediate action and attention. Below, under corrective action, are the actions that were not corrected during the corrective action for Green Hill, Twin Rivers, Woodinville, and Parke Creek Juvenile Facilities. This standard is about investigator training; however, PREA investigative standards 115.321, 322, 371, and 372 remain out of compliance in policy, practice and culture compliance.

Clarifications:

PREA Standards in Focus 115.334

<https://www.prearesourcecenter.org/sites/default/files/library/115.34.pdf>

“Agencies should ensure that the staff who are considered investigators for the purposes of obtaining the specialized training required in standard 115.34 have previous investigatory training and experience. Not all agencies have trained investigators on staff and rely on administrative or custodial staff to conduct administrative investigations without proper training or opportunities to gain meaningful experience.”

“The specialized training under §115.34 on its own will not be adequate to receive make unqualified staff into competent investigators capable of conducting a thorough and effective investigation. This training is designed to ensure that experienced and qualified investigators also receive specific training regarding the challenges posed by investigating sexual abuse in confinement.

Agencies should ensure that any staff who conduct investigations into sexual abuse allegations have prior training and experience as an investigator before receiving the specialized training described in 115.34,”

Corrective Action not completed as of the end of the corrective action:

1. DSHS JR PREA Investigator, designated, employed, or contracted, must be an experienced, educated, and well-seasoned professional investigator who does not have ongoing interactions with staff or residents whom they may investigate.
2. Standard Variation: “The Juvenile Facilities PREA standard has one variation: it specifically requires that investigators receive specialized training that includes techniques for interviewing juvenile sexual abuse victims. The specialized training provided to investigators in adult facilities would not meet the juvenile standard unless it also included a section on interviewing juvenile sexual abuse victims.” (Standards in Focus 115.334) DSHS JR PREA Investigator, after meeting the qualifications listed above, must obtain higher level training in investigating sexual abuse in juvenile confinement. In addition, the PREA Investigator must have training provided to all DSHS JR employees pursuant to standard 115.31.

4. Create a job description for the PREA Investigator, based on standard requirements and change policy, training, and investigative process to reflect this change
5. Train management and staff on the investigative process and not to conduct investigations
6. Upload curriculum, signed statements of understanding, job description, updated agency policy and procedure, JR facility procedure (SOP) regarding referral of allegations, and create a working protocol for the PREA administrative investigations.
7. Update the responsibilities for DSHS/WSP Criminal Investigations Agency Responsibilities policy, and Investigator resume and training/experience.

Paperwork reviewed for standard:

- 1) DSHS policy 5.90 section 25.1.2
- 2) PREA in Focus Standard 115.334
- 3) Interview notes
- 4) DSHS/WSP Criminal Investigations Agency Responsibilities Policy:
- 5) DOJ clarifications
- 6) Written response from PREA Resource Center
- 7) NIC investigator training and advanced investigator training
- 8) NIC investigator training documentation of completion

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.335 Specialized training: Medical and mental health care</p> <p>Parke Creek is compliant with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services, Juvenile Rehabilitation (DSHS JR) and Parke Creek Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Parke Creek does not have medical or mental health practitioners who work regularly in their facility. They do not conduct forensic exams. Parke Creek uses the Psychologist who works at Echo Glenn to conduct the SOGIE and mental health services for Parke Creek residents. Echo Glenn has passed their PREA audit and their psychologists complied with all training requirements of the PREA standards. Parke Creek uses Dr Lee, from Echo Glenn, to conduct mental health sessions over video.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.341 - Obtaining information from residents</p> <p>Certification of Compliance: This auditor certifies compliance with standard 115.341, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Compliance assessment:</p> <p>All youth who arrive to Parke Creek are assessed for risk to self and others within 72 hours. The facility uses the SAVY, Sexually Aggressive Vulnerable Youth Assessment, an objective screening instrument, to gather important youth information related to history and behaviors associated with risk of sexual abuse. The SAVY is administered by the Parke Creek State Community Facility Administrator or designated counselor/supervisor, and records indicate these assessments are done well within the federal requirement of 72 hours. Completion of this assessment is documented in each residents file. In addition to the SAVY, all youth who enter PC complete a SOGIE, Sexual Orientation, gender Identity, and Gender Expression Questionnaire. Dr Lee at Echo Glenn conducts the SOGIE assessment.</p> <p>Review of files indicate that the SAVY addresses important information in the required PREA areas: Prior sexual victimization or abusiveness; gender nonconforming appearance or manner; identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth would be vulnerable to sexual abuse; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual, developmental, and physical disabilities; and the resident’s own perception of vulnerability.</p> <p>Upon intake and at least every 6 months, the SAVY is assessed for changes to risk or vulnerability.</p> <p>To support the current practice, JR Policy 5.90 section 43 entitled “Screening and Supervision,” requires the administration of the SAVY assessment within 72 hours of intake. In addition, JR policy 3.20 section 3, titled “Assessing Sexually Aggressive or Vulnerable Youth,” establishes policy and procedure for determining sleeping quarters assignments, supervision requirements and special community placement eligibility. This procedure details the requirements of gathering information in the requisite PREA areas.</p> <p>Parke Creek completes the following during Intake (summary): review of residents paperwork and history from former facilities/records, medical review and check in, review of former SAVY and SOGIE, UA, interpretive services assessment and if needed accommodations, education assessment, suicide prevention assessment, SAVY, call ECHO Glen and the Psychologist conducts the SOGIE by video—as well a mental health check in, tour of facility, inventory belongings, introduce resident to milieu, answer questions, Intake PREA information at the PREA wall, read PREA acknowledgement of zero-tolerance form—staff and resident sign</p>

understanding and presentation, educate resident about advocate/crisis services, interpretive services, complete resident checklist, and assign room. Review of resident's files confirm the above was done on every resident currently in PC. Spot check of previous residents confirm this practice is completed for every resident.

The JR Procedure 3.20 also requires the SAVY be used in conjunction with available relevant records and that it must be periodically updated at least every six months, or when a resident returns from time in a different JR facility, returns to JR from a parole revocation, returns from time in county detention, returns from a DOC facility, exhibits significant change in behavior, or when Staff learn of new incidents or disclosures related to sexual aggression or sexual victimization. Review of documents confirms that a resident is reassessed at least every 6 months.

The facility maintains Sensitive sexual abuse information obtained through the assessment in the secure, locked file and it is provided only to designated staff. This ensures that confidential information is not exploited by staff, contractors, volunteers or other residents.

Review of resident records indicated that the SAVY and SOGIE was completed consistent with PREA standards and agency policy. 90% of residents confirmed being asked the questions required for the risk assessments and the remaining resident remembered a lot of paperwork.

Reviewed for compliance:

1. JR Policy 5.90 section 43
2. JR Policy 3.20 section 3.20 section 3
3. JR Policy 1.40
4. SAVY
5. SOGIE
6. Confidential Resident files
7. Resident PREA intake acknowledgement form
8. Interviews: Community Facility Administrator/PCM, Residents, screening staff
9. Staff training curriculum
10. Pre-audit questionnaire- reported all residents received a screening for risk assessment
11. Resident files (all completed within 72 hours—usually the first day at intake)
12. Resident checklist
13. SAVY and SOGIE, initial and additional documents conducted during a resident's stay.

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.342 - Placement of residents</p> <p>Parke Creek is compliant with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services, Juvenile Rehabilitation (DSHS JR) and Parke Creek Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>The JR Policy/procedure 3.20 section 6-9 titled “Assessing Sexually Aggressive or Vulnerable Youth (SAVY”) outlines use of intake information, including the SAVY, to determine room assignment, supervision, restrictions, and includes residents’ perceptions of vulnerability. Additional JR Policy 5.90 section 43.1 reinforces practice by requiring JR to, “use all information collected by the screening tool to make housing, bed, program, education and work assignments with the goal of keeping youth safe from sexual abuse.”</p> <p>Review of documentation and interviews with the Parke Creek Administrator, and other facility staff indicated that the facility considers all factors when determining room assignments, consistent with PREA standards in practice; however, JR policy states, “use all information collected by the screening tool to make housing, bed, program, education and work assignments with the goal of keeping youth safe from sexual abuse.” During the corrective action period, JR updated their policy to clarify and reflect the standard requirement and action already in place at Parke Creek.</p> <p>This standard state: 115.342 “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. Standard 115.341a states: “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.” And 341d states, “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.</p> <p>Through the intake process,(review of residents paperwork and history from former facilities/records, medical review and check in, review of former SAVY and SOGIE, UA, interpretive services assessment and if needed accommodations, education assessment, suicide prevention assessment, SAVY, call ECHO Glen and the Psychologist conducts the SOGIE by video—as well a mental health check in, tour of facility, inventory belongings, introduce resident to milieu, answer questions, Intake PREA information at the PREA wall, read PREA acknowledgement of zero-tolerance form—staff and resident sign understanding and presentation, educate resident about advocate/crisis services, interpretive services, complete resident checklist, and assign room) information is gathered from all relevant</p>

sources, not just the screening tool, to make housing, bed, program, education and work assignments.

Review of resident's files confirm multiple reviews, documentation, assessments, and interviews were considered for every resident currently in PC. Spot check of previous residents confirm this practice is completed as normal facility practice.

Review of youth cases verified completion of the SAVY and SOGI, during the intake process. This included an assessment of gender expression and the youth's perception of their own safety.

In addition, JR policy 4.6, section 7, reinforces practice at Parke Creek by stating that, "LGBTQI youth must not be placed in particular housing, bed or other assignments solely on the basis of identified or perceived sexual orientation or gender identity," section 10, "LGBTQI youth must not be placed in particular housing, bed or other assignments solely on the basis of identified or perceived sexual orientation or gender identity," and section 14.5, "Staff will provide transgender and intersex youth with safety and privacy when using the shower and bathroom and when dressing and undressing"

In the past 12 months there were no youth placed in Isolation as Parke Creek does not use isolation. The facility tour and interviews confirmed isolation is not used and the Parke Creek housing does not include isolation cells or rooms.

Interviews with facility leadership indicated that all information obtained during intake is used appropriately in making placement decisions. In addition, the facility is set up in a way, both physically and operationally, that allows all residents to shower separately. Therefore, transgender and intersex residents are never required to shower with other residents

During corrective action, DSHS revised polity 5.90 to include the requirements of 115.341, and to establish and implement procedures that complies with the SAVY requirements for resident housing bed assignments, including supervision requirements, and reassessment of residents periodically. Practice was already in place

Reviewed for compliance:

1. JR Policy 3.20 section 12
2. JR Policy 5.90 section 43.1
3. JR Policy 4.6 section 7, 10, 14.5
4. Interviews: PCM, random residents, Administrator, Random staff, Upper-level staff,
5. Pre-audit Questionnaire
6. PREA policy 114.341
7. Pre-audit questionnaire
8. Resident File reviews

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas Sheriff; Washington State Police; and a staff member from the Advocate/Crisis Service

2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.351 - Resident reporting</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.351, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Parke Creek has multiple avenues by which residents can report sexual abuse, sexual harassment, or retaliation by other residents or staff. When a resident enters the facility and completes the intake process, he is educated about the multiple ways to report. The PREA Youth Intake form, titled “PREA Youth Intake (Acknowledgement of Zero tolerance) Important Information About Sexual Abuse and Sexual Assault” is read to each new resident and discussed. Both staff and resident sign the form signifying understanding and presentation. This information includes ways to report including tell a staff, teacher, nurse, someone you trust, the hotline—and number, and a youth complaint form.</p> <p>Within 10 days of intake, another PREA resident session is completed reinforcing the ways to report and pointing out the posters, flyers, hotline number, complaint form and locked box posted throughout the living space. Residents are read this material, discuss it with a knowledgeable staff, and sign an acknowledgement form that again, in writing states the ways to report sexual abuse and sexual harassment, staff neglect or retaliation.</p> <p>There are posters hung throughout the facility displaying the Child Protective Services (CPS) contact information. CPS investigates allegations of child abuse, including sexual abuse or sexual harassment.</p> <p>All residents interviewed articulated that if someone was harming them, they would tell a staff member or write a complaint. The residents also knew about the hotline number they could call to talk report to. 100% youth also indicated that they felt comfortable approaching Parke Creek staff; that staff genuinely cared about them; and that staff would make sure they were safe. Youth also verified that in the event of an emergency, such as in the case of reporting abuse, that staff would afford them privacy to make the phone call (staff would dial the phone number). Staff are also able to talk with CPS or law enforcement privately to report sexual abuse or sexual harassment</p> <p>Residents are permitted to call their attorneys, and residents reported the call would be confidential. All residents reported they have never been denied an attorney call, if they needed one and did not believe they would be turned down if they needed one in the future.</p> <p>Parke Creek staff documents all allegations of sexual abuse and sexual harassment in an incident report in ACT. This ensures that PC has detailed documentation about these incidents which will aid in the investigative process and better ensure facility procedures are followed.</p>

PC Staff clearly articulated that they document any sexual abuse or sexual harassment report they receive, written, verbally, anonymously and from any third party. All staff were clear that they understood their reporting responsibilities and follow-through every time with a report.

JR policies, 2.10 section 9-13, 3.20 section 3.2-3.4, 5.91 section 2, 2.1, 3, 3.4, and 5.90 section 14-14.3 reinforce practice at Parke Creek. Requirements for the facility to have multiple internal ways for residents to report sexual abuse, harassment retaliation and staff neglect or violation of responsibilities; providing at least one outside source for residents to report, providing for anonymous and third party reporting, requiring staff to report allegations received verbally, in writing, anonymously and from third parties, providing residents have tools necessary to report, and ensuring staff have a method for staff to report privately any report of sexual abuse and sexual harassment of residents are all in JR policy and Parke Creek practice.

Residents and staff report that PREA information is reviewed every Friday during “Generals.”

Reviewed:

1. PREA Youth Intake Form
2. Signed Youth Intake Forms
3. PREA Comprehensive Education forms
4. JR Policy 2.10 section 9-13
5. JR Policy 3.20 section 3.2, 3.3 and 3.4
6. JR Policy 5.91 section 2, 2.1, 3, 4,7
7. JR Policy 5.90 section 14-14.3
8. Resident PREA Brochure
9. PREA Youth Education Forms
10. Interview notes: Random and targeted residents, random and intake staff, Administrator,
11. Pre-audit Questionnaire
12. Tour notes—posters, hotline number, CPS hotline, Crisis line, posted where residents can easily see them.
13. Numbers posted by phone.

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.352 - Exhaustion of administrative remedies</p> <p>Standard Certification of Compliance: This auditor certifies compliance with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>JR and Parke Creek do not have a grievance procedure that covers sexual abuse or sexual harassment. If a resident fills out a complaint form and puts it in the complaint box, that alleges sexual abuse or sexual harassment, it is immediately removed and handled as an allegation of abuse, with all reporting and action requirements of the PREA standards requirements</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.353 - Resident access to outside confidential support services and legal representation</p> <p>Standard Certification of Compliance: This auditor certifies compliance with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Parke Creek provides youth access to outside victim advocates for emotional support services related to sexual abuse. Contact information for the advocacy agency is posted on fliers hanging in the living area of the facility. 90% of residents interviewed revealed they are knowledgeable about these services; the other knew there were flyers posted.</p> <p>Evidence revealed there was already an understanding between PC and the ASPEN at the time of the on-site review; however, they do not maintain a MOU between the two agencies. An Interview with ASPEN confirmed that they would provide services to Parke Creek Residents for allegations of sexual abuse, legal and medical advocacy, any requested counseling, ongoing advocacy, and 24-hour crisis line availability. Central Washington Comprehensive Mental Health provides services to all people without discrimination due to race, religion,</p>

creed, color, sex, age, national origin, ethnicity, physical, sensory or mental disability, marital or veteran status, pregnancy, income, sexual orientation or any other basis prohibited by federal law.

Additionally, in interviews, residents stated they are afforded the opportunity to contact their lawyers as needed (i.e. staff ask youth, all youth stated they are or would be provided privacy when talking with their lawyer or with victim advocates. Staff confirmed residents can contact or accept calls from their legal representative.

Parke Creek encourages and allows communication with a resident's family and pro-social relationships in order to promote a successful reentry into the community. There is no limit to number letters a resident can mail, phone calls can be as often as daily. Visits are encouraged and although mostly on weekends, can be arranged for most days of the week.

During Corrective action, a communication with Aspen was sent to Parke Creek that reaffirmed their commitment to provide advocate services to any resident of Parke Creek that needs it

Reviewed:

1. Interview notes: ASPEN advocate and crisis advocate; random residents, PCM/Administrator; random staff
2. DSHS Policy 6.20 section 37, 37.4, 37.5, (advocate)
3. Policy 6.20 section 32 to 34 (attorney contact)
4. Policy 6.20 section 3,1,2,10, 17, 20 (family communication)
5. ASPEN flyers posted in unit
6. ASPEN Website <https://www.co.kittitas.wa.us/prosecutor/ASPEN.pdf>
7. Email confirmation from Aspen

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.354 - Third-party reporting</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.354, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>JR has a policy that requires all staff to take reports from third parties and to report them immediately to CPS/law enforcement. In addition, on the state of Washington website https://www.dshs.wa.gov/node/6449/ there are instructions about how to make a report, with links to each facility's PREA Compliance Manage and a phone number to Child Protective Services (CPS).</p> <p>The website includes the following, "upon receipt of a report we will ensure the alleged victim is protected and, depending on the type of allegation, provided medical and/or mental health services including forensic exams and victim advocate support. All reports are taken seriously, and all reports are investigated. on receipt of a report we will ensure the alleged victim is protected and, depending on the type of allegation, provided medical and/or mental health services including forensic exams and victim advocate support. All reports are taken seriously, and all reports are investigated.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> 1) JR website http://www.dshs.wa.gov/node/6449/ 2) JR Policy 5.90 section 10 3) Pre-audit questionnaire 4) Interview notes <p>Practice and culture review included:</p> <ol style="list-style-type: none"> 1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN) 2. Touring the entire facility, asking questions, talking to residents and staff. 3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents. 4. Comparing policy, training, interviews, and observations to practice and culture.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.361 - Staff and agency reporting duties</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.361, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Washington’s child abuse reporting law (RCW 26.44.030) When any person (lists all mandatory reporters) has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040.</p> <p>JR has several policies/procedures that clearly state all individuals who work at JR are mandatory reporters and that they are required to report allegations of sexual abuse immediately in the ACT system no later than the end of the staff’s shift.</p> <p>JR policy 5.91 states, “Juvenile Rehabilitation employees are mandatory reporters under Washington State Law (RCW 26.44.030 and RCW 74.34.035) and DSHS Admin Policy Section 2: JR staff must report any information received about abuse or neglect of a child to law enforcement or to Children’s Administration immediately and without delay, in alignment with RCW 26.44.” and Policy 5.90 section 10 states, “Staff must immediately report the following without delay- 10.1. Any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a jail, detention facility or JR facility, 10.2 Retaliation against residents or staff who reported such an incident, and 10.3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” This is further supported by the “WSP DSHS Agreement” and the “Criminal Investigations Agency Responsibilities” which mentions JR requirement for reporting.</p> <p>Interviews with staff revealed they are aware of their responsibilities as mandatory reporters and they understood the process for reporting and assisting a resident who alleges sexual abuse or harassment. In addition, 100% of staff reported understanding and practice of keeping reported information confidential and on a need to know basis. (Policy 5.90 section 29)</p> <p>Parke Creek staff receive online, classroom and yearly refresher training, beside PREA being a topic of conversation in the facility often-including PREA information refresher every Friday. The preventative and preemptive practice of constant reminders, training, and accountability demonstrated at Parke Creek indicates a culture of safety and responsibility.</p> <p>Policy reinforcing practice: Policy 5.90 section 12.3-12.3.1 states:12.3.” Upon receiving any allegation of sexual abuse, the Superintendent or Community Facility Administrator or designee will immediately and without delay report to the alleged victim’s parents or legal</p>

guardians, unless the facility has official documentation (such as a no-contact order or other court order) showing that the parents or legal guardians should not be notified. 12.3.1. If the alleged victim is under the guardianship of Children's Administration, the report must be made to the alleged victim's caseworker."

Interviews confirm that all required notifications will be made upon receiving an allegation of sexual abuse. Parke Creek has not received any allegations of sexual abuse, but staff and management understand what to do if they do receive one.

Reviewed:

1. JR policy 5.90 section 10, 10.1-3, 12,12.3-3.1, 14-14.3, 22.2, 29
2. JR policy 5.91 section 1-2
3. JR Policy 4.3 section 61.1
4. Policy 5.90 section 12.3-12.3.1 states:12.
5. Washington State Statutes/laws RCW 26.44.030, RCW 26.44.040.
6. Interview and notes: Random staff, PCM, Administrator
7. Staff online, classroom and refresher training

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.362 Agency Protection Duties:</p> <p>Standard Certification of Compliance: This auditor certifies compliance with this standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Staff interviews revealed staff were formally trained on and understand how to ensure youth are kept safe in the event they are at risk for imminent sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim.</p> <p>During the on-site review, interviews with random and specialty staff, and investigative reports verified Parke Creek practice is consistent with established JR policies. Evidence indicates PC staff are trained and understands how to respond quickly to allegations of sexual abuse.</p> <p>Policy that backs-up practice is JR Policy 5.90 section 20 states, “If a youth is subject to a substantial risk of imminent sexual abuse, the Superintendent, Community Facility Administrator, Regional Administrator or designee must take immediate action to protect the youth.</p> <p>The pre-audit questionnaire states that there have been no incidents where a resident was at imminent risk of sexual abuse in the last 12 months—and not since records were kept starting in 2014. Review of incident report forms, PREA annual reports, and interviews confirm zero allegations or incidents of residents of residents being in imminent danger of sexual abuse at Parke Creek.</p> <p>PC is pro-active in their approach to ensure youth are safe from sexual abuse. This is evident in the weekly review of PREA information on Friday during “Generals.”</p> <p>During Corrective Action, Parke Creek created a Standard Operating Procedure for Youth at Substantial Risk of Imminent sexual Abuse, to guide staff in actions to be taken, including separation, increased supervision, assigning a different bathroom, roommate change, placement change, and ensuring investigation to ensure there is not more occurring. Staff were trained on this SOP and statements of understanding signed and uploaded.</p> <ol style="list-style-type: none"> 1. JR Policy 5.90 section 20 2. Incident reports 3. Interview notes: random staff, administrator, 4. PREA Orientation Checklist (Employee) 5. Staff/contractor/volunteer Acknowledgement of training form 6. Staff Training spreadsheet 7. SOP—imminent abuse

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.363: Responding to other confinement facilities</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.363, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>According to the pre-audit questionnaire, Parke Creek had zero incidents in which a youth alleged sexual abuse while in a previous placement. The process for reporting to another facility or receiving a report from another facility is in place and interviews confirm that there is clear knowledge of the requirements: to report to the head of the facility where the alleged incident happened; notify Child Protective Services within 24 hours-as well as local law enforcement where the incident occurred; document all contacts, and notify the PREA Coordinator, Parke Creek has not received such an allegation to put the requirements into practice.</p> <p>JR Policy supports current practice: "Policy 5.90 section 21 states: "Within 72 hours of receiving an allegation that a youth was sexually abused while confined at another facility, the Superintendent, Community Facility Administrator, Regional Administrator or designee must notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Notification must be documented. 21.1. Notification must be given to Child Protective Services within 24 hours and to local law if appropriate. The notification must be documented. 21.2. The JR PREA Administrator must be notified."</p> <p>Policy 5.90 section 24 states: "PREA Investigations in JR will be completed in accordance with the PREA Investigation Protocol and PREA Investigation Flow Chart (Included with audit documentation). The PREA investigative chart shows PREA investigations are investigated according to PREA standards.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> 1) Pre-audit questionnaire 2) Interview notes: Administrator 3) JR Policy 5.90 section 21-21.2, 24 4) Investigative Flow Chart 5) Investigative policy <p>Practice and culture review included:</p> <ol style="list-style-type: none"> 1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN) 2. Touring the entire facility, asking questions, talking to residents and staff.

3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.364 Staff first responder duties</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.364, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Service, Juvenile Rehabilitation (JR) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Parke Creek’s coordinated response plan states: page 2: section 5: Ensure that evidence (crime scene) is preserved and protected for evidence collection by Law Enforcement personnel. Lock or seal off area if possible. Follow any instructions or directives from Law Enforcement regarding evidence collection/preservation; Section 6: Request (but do not force) that the alleged victim does the same. Evidence collection is possible up to 120 hours after an alleged incident.</p> <p>All interviews revealed staff are knowledgeable of their first responder duties, including how to best preserve physical evidence. By securing the scene. All staff are trained on first responder duties upon hire and again during annual refresher training. (see standard 115.331 for all training topics, pages, slides.)</p> <p>In the past 12 months, zero allegations of sexual abuse or sexual harassment were received. In addition, there have been no allegations since 2014 and before.</p> <p>The Parke Creek Coordinated Response Plan, investigative report forms, and notification forms contain areas to fill out and track-- that are in compliance with this PREA standard. (i.e. family notified, youth informed, etc.)</p> <p>Policy that backs up knowledge of practice: JR Policy 5.90 15-15.4” details the steps first responders are required to take when a youth alleges sexual abuse. These include, “Separate the alleged victim and abuser, (PREA Standard 115.364 (a) (1)) 15.2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. (PREA Standard 115.364 (a) (2)) 15.3. If the abuse occurred within 120 hours, the first responder must request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including (but not limited to) washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. (PREA Standard 115.364 (a) (3-4)), 5.4. 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>Reviewed:</p> <ol style="list-style-type: none"> 1. Parke Creek’s Coordinated Response Plan 2. Interview notes: Administrator, random and specialty staff 3. Pre-audit questionnaire

4. Policy 5.90 section 21.1-2
5. Policy 5.90 section 24
6. Staff online and classroom training and refresher training
7. Investigation report
8. Coordinated Response Plan
9. Notification form

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.365	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Standard 115.365 Coordinated response</p> <p>Standard Certification of Compliance: This auditor certifies exceeding compliance with standard 115.365, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Parke Creek has a facility plan to coordinate actions taken in response to a sexual assault incident among staff first responders, medical, and facility leadership. Interviews with the facility Director and other staff revealed they understand their duties in responding to allegations of sexual abuse</p> <p>Investigative authority is given and designated through an executed order from the Governor of Washington transferring criminal and major administrative investigations, in regard to DSHS staff. To the Washington State Patrol (WSP). In addition, there is an inter-agency agreement between DSHS and WSP. Other contacts and investigations (Kittitas Sheriff's Department and JR) are spelled out in the Park Creek Coordinated Response Plan</p> <p>Parke Creek Coordinated Response Plan is very complete and detailed. All emergency contact information is on the first page, including Hospital (Kittitas Community Hospital), Law enforcement (Kittitas County Sheriff's Office), advocate/counseling (ASPEN), and Child Protective Services (CPS). The first responders' duties are clear, to the point, comply with standard requirements, and supportive. It also includes assessment of mental health needs for both alleged victim and alleged perpetrator and how to access services for both. The notifications needed are clear and specific to the area Parke Creek is located in and includes reminders about confidentiality. Duties of first responder, administrator/supervisor, PREA Administrator investigative duties, mental health/crisis responder, and PREA Compliance Manager are clear and specific, and monitoring for retaliation, providing information to the victim, and completing a post-incident review are all included in step-by-step short, specific, and complete instructions.</p> <p>Interviews confirmed staff and administrators are trained, understand, and can act on all the requirements of this Coordinated Response Plan. 100% of staff interviewed told me what the coordinated response plan was, what it covered, their first responders' duties, who to call or report to, and what forms to fill out or use to report.</p> <p>Recommendation: When the investigative process changes at agency level, be sure to change your Parke Creek Coordinated plan to match.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> 1. Parke Creek Coordinated Response plan 2. Interview notes with random and specialty staff

3. DSHS WSP Inter-agency agreement
4. Governor's executive order 96-01
5. Pre-audit questionnaire
6. PREA notice of investigation findings forms (staff on youth and youth on youth)
7. PREA Sexual Abuse Incident Review form
8. PREA Investigation form

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.366</p> <p>Standard Certification of Compliance: This auditor certifies compliance with this standard based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>The DSHS collective bargaining agreement (Section "Disciplinary Action" page 12) allows for the removal of staff who have been alleged to have sexually abused a resident and have contact with youth while awaiting the outcome of an investigation or while waiting for a determination of the extent of the discipline. It also allows the state to forgo the typical process of progressive discipline in the cases of gross misconduct or negligence.</p> <p>During corrective action, the union agreement was uploaded confirming the ability to remove staff who have been alleged to have sexually abused a resident.</p>

115.367 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.367 Agency protection against retaliation

Standard Certification of Compliance: This auditor certifies compliance with this standard based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.

Interviews and review of documents verified that JR, the Parke Creek Administrator/ PREA Compliance Manager, and facility staff takes monitoring retaliation seriously and employs several strategies for ensuring youth are safe from harm. The auditor applauds JR and Parke Creek for monitoring retaliation so diligently and adopting the practice of monitoring retaliation from the time an allegation is made through a youth’s discharge from the facility.

To support Parke Creek practice JR Policy 5.90 section 30 states, “Retaliation against youth or staff who file complaints or cooperate in investigations of allegations related to sexual abuse or sexual harassment is prohibited. 30.1 Superintendents, Regional Administrators or designee are to monitor and respond to allegations of retaliation. 30.2: JR must provide multiple protection measures, such as housing changes or transfers for youth victims or abusers, removal of alleged staff or abusers from contact with victims, and emotional support services for youth or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

As mentioned previously, the Facility PREA Compliance Manager has a form (DSHS 20-287) on which he tracks incidents related to PREA retaliation for compliance. In addition, Parke Creek’s Coordinated Response plan, page 2 reinforces practice in stating, “Administrator supervisor responsibilities #10-- Monitor for retaliation for at least 90 days after the incident(s) and continue monitoring beyond the 90 days if the initial monitoring indicates a continuing need. This includes responsibility for the required documentation”

Parke Creek interviews confirm that staff and administration monitors retaliation by looking for changes in behavior, excessive discipline, bullying, and any other changes out of the norm. This practice is backed up by JR policy 5.90 section 30.3, “For at least 90 days following a report of sexual abuse, JR must monitor the conduct or treatment of youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by other youth or staff, and must act promptly to remedy any such retaliation, and, section 30.3.1. “JR must monitor any disciplinary reports, housing, or program changes, negative performance reviews or reassignments of staff. For youth, monitoring must include periodic status checks.”

Parke Creek’s pre-audit questionnaire states that there were zero allegations of sexual abuse in the last 12 months and review of records confirm that Parke Creek has not received an allegation of sexual abuse or sexual harassment since 2014 and before. PC does not use

isolation and staff are highly trained on proactive behavior

Although there have been no substantiated allegations of sexual abuse in the last 12 months at Parke Creek, interviews with facility leadership indicate they understand the process and will immediately enact this practice in the event of a substantiated allegation of sexual abuse.

During Corrective action, the Coordinated Response Plan was edited to include 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. The retaliation tracking form was changed to allow for tracking of retaliation against any individual who meets the above requirement. All employees received training on this update and signed statements of understanding were uploaded and confirmed.

Reviewed:

1. Policy 5.90 section 30-1-3
2. Parke Creek Coordinated Response Plan
3. JR Retaliation tracking form 20-287
4. File review
5. Interview notes, random and targeted residents, administrator, random and specialized staff
6. JR Policy 5.90 section 30
7. Pre-audit Questionnaire
8. Updated Coordinated Response Plan
9. Employee signatures of understanding

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.368 - Post-allegation protective custody</p> <p>Standard Certification of Compliance: This auditor certifies compliance with this standard based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>N/A Parke Creek does not ever use isolation, nor have the facilities to do so. Standard: 115.368 - Post-allegation protective custody</p> <p>Reviewed:</p> <ol style="list-style-type: none"> 1. Tour of facility 2. Parke Creek interviews, staff and residents 3. Pre-audit questionnaire <p>Practice and culture review included:</p> <ol style="list-style-type: none"> 1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (ASPEN) 2. Touring the entire facility, asking questions, talking to residents and staff. 3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents. 4. Comparing policy, training, interviews, and observations to practice and culture

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Standard: 115.371 - Criminal and administrative agency investigations</p> <p>Compliance Assessment: Not compliant at agency level.</p> <p>Parke Creek Community Facility does not conduct administrative or criminal PREA investigations. They operate under parent agency, DSHS Juvenile Rehabilitation (JR), policies and it is the responsibility of the agency to ensure PREA investigations are conducted in a timely, objective, and thorough manner. Washington State Police or the Kittitas County Sheriff's Department conduct criminal investigations and CPS/JR PREA Administrative Investigator conducts PREA Administrative Investigations.</p> <p>The policies that cover investigation and support practice are: JR Policy 1.22, Conducting Investigations in JR. JR Policy 1.22 states: "The policy outlines a fair and equitable process for investigations conducted in Juvenile Rehabilitation (JR). All investigations will be timely and will include the due process requirements. Juvenile Rehabilitation will maintain a team of trained investigators available to conduct investigations across the administration." JR policy 5.90 Applying the PREA Juvenile Standards in JR Page 5: "JR will ensure all allegations of sexual abuse and sexual harassment, regardless of source, are investigated."</p> <p>The above JR policy is not compliant with the PREA standards of investigation. It states that JR will retain a "team" of investigators to conduct investigations across the administration. This policy represents a time when JR trained facility staff to investigate and is out of date. Currently, the JR PREA Coordinator is the designated PREA Investigator and not facility staff. This is for Administrative PREA investigations or investigations where CPS and law enforcement decline the investigation.</p> <p>When Parke Creek receives an allegation of sexual abuse or sexual harassment that is criminal in nature, the allegation is referred to law enforcement, Child Protective Services, and the JR agency PREA Coordinator/Investigator.</p> <p>All criminal sexual abuse or sexual harassment investigations, staff-on-resident, are conducted by the Washington State Patrol.</p> <p>Criminal investigations for resident-on-resident sexual abuse and sexual harassment allegations are conducted by the Kittitas Sheriff's Department. A uniform evidence protocol is used and to ensure all protocols are followed, that covers all requirements of this standard. The criminal PREA investigation process and investigation done by law enforcement is compliant with this standard.</p> <p>Law enforcement conducts the criminal investigation, either Washington State Patrol or a Kittitas Sheriff's Department. Their role is to determine if a crime occurred, gather all pertinent</p>

facts and information and refer to prosecutor's office for review. In the case of a referral from CPS, law enforcement will assign a detective immediately. Investigative steps are outlined in the Special Protocol that includes interviews—this step also includes advocacy referral, documentation and processing scene and evidence, search warrants, evidence, injuries, and medical records. Included in this protocol are detailed investigative steps—including procedures for children and adults.

JR conducts PREA Administrative investigations for sexual abuse and sexual harassment. In the past, DSHS.JR trained facility identified administrative staff to be PREA Investigators by providing the NIC online training, CPS investigative training, and additional classroom investigative training.

Recently, JR changed that process and identified the agency PREA Coordinator as the PREA Administrative Investigator. The PREA Coordinator completed training provided to DSHS JR employees and in fact conducts training as the JR PREA Coordinator—a position he has had for over five years. He has completed the NIC online investigators training and advanced investigators training, for conducting investigations in confinement settings, as well as additional classroom investigative training; however, these trainings were designed to add additional high-level training for an experienced and highly trained investigator and not to train up a designated staff to be an investigator. In addition, the PREA Coordinator (PC), conducts training for staff, assists facility PREA Compliance Managers (PCM) and facilities comply with the National PREA Standards, visits JR juvenile facilities, works with administration and staff of each facility, interacts with residents, and maintains ongoing contact as part of his position at DSHS, and acting as a PREA investigator is a conflict of interest.

Due to the experience and training that a PREA Investigator, who conducts criminal “or” administrative investigations, is required to possess prior to conducting PREA investigations, DSHS.JR is not compliant with this standard.

It is also the law and JR policy to refer all sexual abuse allegations to law enforcement—if there is a criminal element, and to Child Protective Services (CPS). Law enforcement conducts all criminal investigations; however, also works with CPS who conducts child abuse/neglect investigations. DSHS.JR uses the CPS investigation as a PREA Administrative Investigation. While it is important and required to notify CPS when there is an allegation of sexual abuse in a DSHS.JR facility, their main focus is to ensure there is no child neglect/abuse. CPS accomplishes this by working with law enforcement during a criminal investigation.

If CPS conducts a child abuse/neglect investigation, they coordinate with law enforcement to ensure they have permission to interview involved parties, so they do not compromise the criminal investigation. At times they accompany law enforcement on interviews in order to gather evidence to decide if there is facility/staff child abuse/neglect. The CPS investigation is not a PREA administrative investigation; however, is valuable information to use in the JR PREA administrative investigation, incident reviews, and agency and facility corrective action.

If the allegation is referred to Law enforcement, they conduct the criminal investigation. They collect and review the evidence, determines if there is enough evidence to ascertain that the sexual abuse allegation occurred and determine if the allegation is chargeable behavior. If it reaches that level, law enforcement refers the case to the District Attorney for possible

charges. CPS determines if the facility/staff's behavior or actions constitutes child abuse/neglect. CPS and Law enforcement conduct joint investigations and information sharing when a crime has been committed against a child by parent/guardian/caretaker or acting loco parents or if neglect in protecting a child from third party abuse. CPS role in an investigation of abuse in state facilities is to ensure safety of child and other children, investigate and make determinations about the existence of child abuse/neglect, assess if the child or other children have been or neglected in ways not alleged, identify risk factors within the facility creating a risk to future harm to children, ensure consistency and equity toward providers in the investigation. CPS defers to law enforcement regarding the investigation. They provide CPS history to law enforcement immediately. If law enforcement declines to investigate or does not investigate to a finding, CPS may choose to conduct a child/abuse neglect investigation or screen out the allegation as not meeting the criteria for child abuse/neglect.

If both CPS and Law Enforcement decline to investigate, the DSHS.JR PREA investigator (currently the PREA Coordinator) investigates the sexual abuse or sexual harassment allegation to a finding of: substantiated (51% that the allegation occurred- "preponderance of the evidence"); unable to determine (cannot make a determination either way (unsubstantiated); or unfounded (evidence that the incident did not occur). At that point disciplinary action can be taken. This does not prevent the facility from duty-stationing the staff away from residents when an allegation is made, and the agency policy and union agreement ensure that is the practice.

JR PREA Investigators conduct an administrative investigation when law enforcement does not conduct a criminal investigation, or the criminal investigation is not completed to a finding. Policy 5.90 states, in section 22, "following the criminal and child protective services review and/or investigation of the allegation, the administrative investigation will be conducted by JR staff."

The description of the requirements of the administrative investigation process, in policy, include: gather direct and circumstantial evidence, including any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the suspected perpetrator, and use no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

JR Administrative investigations are documented on investigative form 20-309 and includes all required areas of investigation, including a credibility assessment. If additional information is gathered that appears criminal in nature, the allegation is re-referred to law enforcement.

JR Policy 1.22 section 33. JR will support the needs of the external investigators such as Washington State Patrol (WSP), local law enforcement or Child Protective Services (CPS) when they are investigating

A review of past incidents and news items, for DSHS.JR, shows that a lawsuit was filed in 2018 alleging a Culture of sexual abuse at DSHS JR facilities, and there is ongoing litigation due to sexual abuse charges of several staff, at different facilities, alleged to have occurred since 2014 and before. Review of investigations and referrals confirm multiple referrals of allegations and unfounded investigation findings. Much later, these allegations were proven to

be true and staff, who had remained working at the facilities, were charged.

The JR PREA Annual PREA Compliance Report reflects the following information:

1. Youth-on-Youth non-consensual sexual acts: 2015,2 allegations and 1 substantiated, 2016, 0 reported, 2017,2 reported and 1 substantiated;
2. Youth-on-Youth Abusive Sexual Contact: 2015,12 reported and 8 substantiated, 2016,12 reported and 1 substantiated, 2017,18 reported and 8 substantiated
3. Staff-on-Youth Sexual Misconduct: 2015,13 reported and 3 substantiated, 2016,14 reported and 3 substantiated, and 2017, 26+ reported and 0 substantiated.

It is always vital to ensure every sexual abuse and sexual harassment allegation is investigated fully, impartially, and objectively. This includes ensuring that your PREA investigator is a fully trained, educated, and well-seasoned investigative professional, who then attains additional high-level training on investigating sexual abuse in a confinement setting—as well as ongoing investigative trainings and updates.

JR has gone from training facility staff as PREA investigators, to using the CPS investigation as their administrative investigators, and designating the agency PREA Coordinator as the PREA investigator-when CPS declines or does not investigate to a finding.

JR has diligently attempted to ensure the investigative process complies with the PREA standards; however, are still not compliant in employing or designating a PREA Investigator who has sufficient background, training, and experience as a trained investigator, providing additional high-level and specialized training as this standard requires, and changing investigative policies, procedures, and practice. This is especially important due to the documented history of staff-on-youth allegations made, that investigations determined were unfounded, later proven to be true. and staff charged. Without trained, experienced and well-seasoned investigators, to conduct Administrative PREA investigations, policies, procedures, and practices that appear to be compliant cannot be determined to be so, due to the investigator not being compliant.

In addition, in September 2019, this auditor was asked by the Washington PREA Coordinator to close the remaining two juvenile facilities PREA audits, before the corrective action time was over, due to the agency not having enough time to comply with the investigation standards and ensure practice was ingrained in the agency and facilities. In each case (Twin Rivers and Parke Creek) the facilities had worked to attain compliance and the agency non-compliance, with the investigation standards, were the only standards keeping them from being compliant. It is highly irregular for audits to be closed before either the end of the corrective action period, or when all corrections are made, and the facility is PREA compliant.

During the 6-month corrective period of each of the facilities, communication with the JR PREA Coordinator, regarding action the agency was taking to become compliant with the investigation standards, was not forthcoming. Part of the corrective action plan necessitated the inclusion of the agency action to become compliant. The only response on these items was that Juvenile Rehabilitation was changing agencies from DSHS to DSYS and the new agency would be taking up the investigation piece.

On July 1st, Washington Department of Children, Youth, and Families (DCYF) merged with the Department of Social and Health Services (DSHS) Juvenile Rehabilitation. Juvenile Rehabilitation is now a part of a new state agency that states it, “restructures how at-risk children and youth are served.” Juvenile Rehabilitation is now DCYF.

This transition was documented as the reason that DSHS.JR could not become compliant with the investigation requirements of the PREA standards, during the 6-month corrective period of Green Hill and subsequent corrective action period for this facility, Parke Creek. It is a grave safety concern and needs immediate action and attention. Below, under corrective action, are the actions that were not corrected during the corrective action for Green Hill, Twin Rivers, Woodinville, and Parke Creek Juvenile Facilities. This standard is about the investigation itself; however, PREA investigative standards 115.321, 322, 334, and 372 remain out of compliance in policy, practice and culture compliance

Clarifications:

PREA Standards in Focus 115.334

<https://www.prearesourcecenter.org/sites/default/files/library/115.34.pdf>

“Agencies should ensure that the staff who are considered investigators for the purposes of obtaining the specialized training required in standard 115.34 have previous investigatory training and experience. Not all agencies have trained investigators on staff and rely on administrative or custodial staff to conduct administrative investigations without proper training or opportunities to gain meaningful experience.”

Agencies should ensure that any staff who conduct investigations into sexual abuse allegations have prior training and experience as a professional investigator before receiving the specialized training described in 115.34, “CPS notifies law enforcement if they receive an allegation of sexual abuse within 24 hours. Law Enforcement and CPS investigating complaints where both are involved notify each other of their involvement and coordinate their investigations, keeping each other apprised of progress. It is not the responsibility of CPS to determine if a crime is chargeable before reporting to law enforcement.

Clarification from the PREA Resource Center:

Our analysis of this is as follows: The standards use the word “investigator” and the plain meaning of this word is instructive. The Cambridge Dictionary defines an investigator as “a person whose job it to examine a crime, problem, statement, etc. in order to discover the truth.” The standard implies that the individuals are already “investigators” for the agency. Agencies who place individuals into the position of an investigator in their agency/facility have presumably done so because the individual has some demonstrated competencies and background in investigations and possesses investigatory skills that have been gained via some combination of specialized education, training or work experience in conducting investigations. Upon this foundation, the PREA standards require the agency “investigators” to complete the general PREA training required for all employees as well as the specialized training for conducting sexual abuse investigations in confinement settings.

There is FAQ guidance available as well and the FAQ dated February 19, 2015 states: Responsibilities of Audited Agencies and Auditors under Standard 115.334“The obligation of

the agency being audited is to provide the required specialized training to its own investigators if they conduct sexual abuse investigations, whether administrative or criminal.”

From 115.371 Standards in Focus

<https://www.prearesourcecenter.org/sites/default/files/library/115.71%20SIF.pdf>

“Thorough and proper investigations (which require that investigations be conducted by qualified and trained investigators; that all evidence be gathered and preserved....It is important to remember that all investigators must have the general training provided to all staff; additionally, investigators should have relevant experience and training in conducting investigations generally as a foundation upon which the specialized training in conducting sexual abuse investigations in confinement settings is added...The agency, facility, internal and external investigation divisions and local prosecutors must have an excellent working knowledge of the Garrity principle of compelled interviews.... The standards envision that the specialized training required in 115.34 is a high-level, advanced training for an individual who already brings strong investigatory skills and experience to the role of a PREA investigator. Persons who do not have a background in investigations, law enforcement or similar roles should not be put in a position of investigating sexual abuse cases.... Comprehensive, detailed investigations can be one of the most important tools a facility has to correct or adjust practices, facility physical plant issues, training practices or policy directives that need enhancement or modification.”

Corrective Action not completed by the parent agency (DHSJ.R) during the 6-month corrective action plan:

PREA Administrative investigators for JR must be current trained and functioning “investigators” or bring experience and training as investigators; and, then receive higher level training on investigating sexual abuse in juvenile confinement settings. Such training must be specific to juvenile victims. (Standard 115.371 (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.) In addition, such investigators must have received the same training as staff receive in 115.

Develop a specific administrative investigative protocol (official procedure), based on your JR policy 5.90 and 1.22, that provides specific and detailed investigative procedure (series of steps) that provides an established method JR takes in their administrative investigations to accomplish the following standard requirements:

- a) 115.371 (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) 115.371 (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.
- c) 115.371 (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.

d) (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.

e) 115.371 (d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

f) 115.371 (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.

g) 115.371 (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.

h) 115.371 (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.

i) 115.371 (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.

Train facility staff on the investigative referrals and procedures to ensure their understanding and to prevent investigation at the facility level.

Auditor Recommendations: Use the investigative steps, starting on page 15 of the following link, as an example of a detailed investigative protocol that describes, in detail, the investigative procedures—including interviewing on page 18 and sharing information.

As an example, look through this and pull out of the criminal investigation protocols, detailed investigation procedures that work when conducting a JR PREA administrative investigation. Include specifically and in detail how JR will conduct administrative PREA investigations when law enforcement does not. Include the role of CPS and law enforcement. Add the requirements of assessing if staff actions or failures contributed to the abuse, and how the PREA Administrative Investigator will assess credibility of the alleged victim, suspect or witnesses. Include the requirement to establish if the allegation of sexual abuse or sexual harassment is founded, unfounded or unsubstantiated by a preponderance of the evidence. <https://depts.washington.edu/hcsats/PDF/King%20County%20Special%20Assault%20Protocol%202015.pdf>.

The agency and facility must distinguish the roles of first responders from investigators. First responders should not conduct any part of the investigation and their role is to protect the

victim, separate the victim and alleged abuser (if applicable) and to protect and preserve the scene and any evidence that may exist at the scene or on the parties.

PREA Investigators shall have the required investigative background, experience in investigating sexual abuse allegations, education and training, when hired or appointed to be a PREA investigator; and, then obtain the higher-level training in investigating sexual abuse in a confinement setting (NIC investigators training and advanced training). Upload Resume, and as investigations occur, upload those investigations to 115.371. Investigators must have the required staff training as well so they are well versed in how the facility or staff operate in a facility.

Practice needs to include: Trained and experience PREA investigator conducts investigations, after law enforcement, when law enforcement gives permission for this to occur, and when law enforcement declines to investigate or investigate to a competition required by the PREA standards. Facility staff follows new policy, protocol, of standard operating procedures when an allegation of sexual abuse or sexual harassment is alleged. Investigator works with CPS and law enforcement to ensure all parts of the investigation are timely, objective, and coordinated.

[https://www.prearesourcecenter.org/sites/default/files/library/115.71%](https://www.prearesourcecenter.org/sites/default/files/library/115.71%20SIF.pdf)

20SIF.pdf Working closely with these external investigators and prosecutors is essential to ensure that cases do not fall through the cracks; additionally, this allows the facility to keep the victim updated as required by standards.

115.371b: Agency PREA investigators need to have a background, training and experience as investigators, when employed in the investigator capacity. Trained investigators, in sexual abuse allegations, then need to have the advanced training in sexual abuse investigations in confinement.

Documentation supporting determination:

[https://www.prearesourcecenter.org/sites/default/files/library/115.71%](https://www.prearesourcecenter.org/sites/default/files/library/115.71%20SIF.pdf)

20SIF.pdf The standards envision that the specialized training required in 115.34 is a high-level, advanced training for an individual who already brings strong investigatory skills and experience to the role of a PREA investigator. Persons who do not have a background in investigations, law enforcement or similar roles should not be put in a position of investigating sexual abuse cases.

A robust investigatory practice with experienced, well-trained investigators is a critical piece of the overall PREA effort and is key to creating an environment of sexual safety in the facility by allowing victims to have confidence in the process. Building trust in the investigatory process by residents takes time, good communication, and transparent, timely, and effective investigations. When residents and staff trust that investigations are comprehensive, objective and timely, they are more likely to report abuse, which is a deterrent to abuse overall.

Documentation supporting determination:

115.371c: https://www.preaaudit.org/audit-questionnaire/questions?audit_standard_answer_id=14253

All investigators who handle sexual abuse cases must be experienced and must have

specialized training in sexual abuse investigations as required by Standard 115.34. Investigators have the responsibility of gathering and preserving evidence in the case; they must interview all parties (e.g., victims, perpetrators, witnesses, etc.) and review prior complaints and reports of sexual abuse involving the suspected perpetrator. It is important to remember that all investigators must have the general training provided to all staff; additionally, investigators should have relevant experience and training in conducting investigations generally as a foundation upon which the specialized training in conducting sexual abuse investigations in confinement settings is added.

115.371f: resident interview:

Parke Creek never asks for a polygraph for residents who allege sexual abuse.

115.371 j: Retention of records is required, by the PREA standards, to be: “as long as the alleged abuser is incarcerated or employed by the agency, plus 5 years.

[https://www.prearesourcecenter.org/sites/default/files/library/115.71%](https://www.prearesourcecenter.org/sites/default/files/library/115.71%20SIF.pdf)

20SIF.pdf The agency must retain administrative and criminal investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.371m: Investigators need to stay in contact with law enforcement and CPS regarding their investigations, and document this with the investigative file. The law enforcement investigative report needs to be in the retained investigative file that the facility keeps for the required amount of time.

A very detailed investigative procedure, personalized, should be put into place, addressing all changes, requirements, training, steps to be taken from allegation to incident review, detailed agency assignments and protocol, and, requirements for staff/agency/investigator-from first responder, medical, mental health, advocate, SAFE/SANE, law enforcement, CPS, to alleged victim and alleged perpetrator.

Documentation supporting determination:

[https://www.prearesourcecenter.org/sites/default/files/library/115.71%](https://www.prearesourcecenter.org/sites/default/files/library/115.71%20SIF.pdf)

20SIF.pdf The facility has an obligation to cooperate with any outside investigators and must try to remain informed about the progress of the investigation. It is important to maintain a good relationship based on trust and mutual respect with outside investigators and prosecutors; this will make it easier to obtain updates regarding cases

Agencies must have a well-defined practice of investigating allegations of sexual abuse and sexual harassment. Investigations must be conducted promptly, thoroughly and objectively for all allegations, including third-party and anonymous reports. Every agency should conduct an administrative investigation; criminal investigations are typically conducted by external entities but may also be conducted by the agency if that is the established practice in the jurisdiction.

Agencies must not screen allegations or select only certain allegations to refer for investigation; all allegations must be investigated and not ruled out by any “preliminary investigation” type policies and practices. This includes “cold cases” which frequently arise (i.e., allegations that come to light long after the incident date). These allegations must be investigated just like an acute incident of sexual abuse.

All investigators who handle sexual abuse cases must be experienced and must have specialized training in sexual abuse investigations as required by Standard 115.34. Investigators have the responsibility of gathering and preserving evidence in the case; they must interview all parties (e.g., victims, perpetrators, witnesses, etc.) and review prior complaints and reports of sexual abuse involving the suspected perpetrator. It is important to remember that all investigators must have the general training provided to all staff; additionally, investigators should have relevant experience and training in conducting investigations generally as a foundation upon which the specialized training in conducting sexual abuse investigations in confinement settings is added.

Criminal investigations must also be documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. Copies of all documentary evidence should accompany the report.

Fully utilize the results of both criminal and administrative investigations to make any necessary changes in the facility operations to better improve sexual safety. Comprehensive, detailed investigations can be one of the most important tools a facility has to correct or adjust practices, facility physical plant issues, training practices or policy directives that need enhancement or modification. Investigations and the information uncovered can form a basis for requests to agency leadership or governing entities for additional staff, technology, or needed facility physical plant improvements. Review the results of investigations carefully and use the findings to support appropriation requests as appropriate.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.372 - Evidentiary standard for administrative investigations</p> <p>Compliance assessment: not compliant at DSHS.JR agency level</p> <p>Interviews with investigative staff indicate that DSHS. JR imposes a standard of preponderance of evidence (51%) of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated; however, because standard 115.371 Criminal and Administrative Investigations is not compliant, this part of the standard will not be compliant until the investigative process (115.371) is compliant.</p> <p>Since the investigators for an administrative investigation are not compliant, their assessment of compliance is not compliant. The agency policy is compliant; however, they are in the process of overhauling their investigative process and did not complete this process by the end of the 6-month corrective action period.</p> <p>When CPS conducts an administrative investigation, they have different standards of compliance and in the investigation reviewed, determined an allegation unfounded when the staff was later charged. This was a finding because the resident was 18 or over and so child abuse/neglect was unfounded. (child is under 18 for CPS)</p> <p>Washington just determined residents can stay in facilities up to the age of 25. The CPS investigation and findings, being used as a PREA Administrative Investigation, is not compliant with this standard of “predominance of the evidence”. Determining a finding based on the residents age is not compliant with the standards of a PREA investigation. The CPS investigation on child abuse/neglect, when conducted, contains valuable information a PREA investigator can use and collaborate with them on; however, cannot be considered the PREA Administrative Investigation.</p> <p>Included in the review were youth notification forms—that notified resident of investigation finding.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-audit Questionnaire 2. Interviews 3. JR Policy 5.90 section 31.1-.6 4. Form 20-293 5. JR Policy 5.90 section 31.5-5.1 6. Youth Notification form <p>Practice and culture review included:</p> <ol style="list-style-type: none"> 1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas Sheriff Department; and a staff member from the Advocate/Crisis Service (ASPEN) Touring the entire facility,

asking questions, talking to residents and staff.

2. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.

3. Comparing policy, training, interviews, and observations to practice and culture.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.373 – Reporting to residents</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.373, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Parke Creek Administrator/PREA compliance Manager uses form 20-293 to notify residents of all required PREA notifications. All notifications are signed by the staff and resident.</p> <p>If a resident alleges a staff member has committed sexual abuse, notifications include: the finding of the investigation; if the staff member is no longer posted within the resident's unit; if the staff member is no longer employed at the facility; if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or if the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>In addition, If the allegation is resident on resident sexual abuse, an alleged victim will also receive notification by the PCM, and using the notification form 20-293, if: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>The Pre-audit questionnaire reports that there have been zero allegations of sexual abuse by a staff person-on-resident or resident-on-resident at Parke Creek in the last 12 months</p> <p>No outside agency investigations were completed in the last 12 months, as there were no allegations of sexual abuse.</p> <p>Policy that backs-up practice: Policy 5.90</p> <ol style="list-style-type: none"> 1. Section 31, 31.1: The Superintendent, Regional Administrator or designee must inform the victim of circumstances surrounding an allegation of sexual abuse. (PREA Standard 115.373(a)) 31.1. Following an investigation into a youth's allegation of sexual abuse, the Superintendent, Regional Administrator or designee must inform the victim as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 2. Section 31.2. If CPS or law enforcement conducted the investigation, JR will request the relevant information in order to inform the youth of the outcome of the investigation 3. Section 31.3: 31.3. Except when an allegation has been determined to be unfounded, following a youth's allegation that he or she has been sexually abused by a staff member, the Superintendent, Regional Administrator or designee must inform the youth when: <ol style="list-style-type: none"> 31.3.1. The staff is no longer employed at the facility, Section 31.3.2. The staff has been indicted or convicted on a charge related to sexual abuse within the facility, if JR learns of.

the outcome

4. Section 31.4 and 31.6: 31.4. Communication will be documented on the Youth Notification form – Staff-Youth (DSHS Form 20-293). A copy will be given to the youth and placed in the youth’s case file per Policy 2.40, Managing Youth Case Files. 31.6. Communication will be documented on the Youth

Reviewed:

1. JR Policies 5.90 section 31 .1-.6
2. Notification form 20-293
3. Pre-audit Questionnaire
4. Resident files

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff’s Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.376 - Disciplinary sanctions for staff</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.376, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services Juvenile Rehabilitation (JR) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Interviews with Parke Creek staff, Human Resources personnel, and investigative staff indicate that disciplinary sanctions for violating sexual harassment policies are determined based on a variety of factors which include staff member's disciplinary history and the nature and circumstances of acts committed. Substantiated incidents of sexual abuse by staff would be subject to these guidelines and therefore, in these cases Parke Creek and JR would have the right to immediately terminate staff who have engaged in sexual abuse.</p> <p>Since there were no substantiated cases of sexual abuse at Parke Creek, no employees have been terminated in the past three years, for a violation of the facility's sexual abuse or harassment policies. Interviews indicate the agency closely adheres to its policies and protocols in this area.</p> <p>Policy that backs up practice: Policy 5.90 section 6, 8,9, Section 6, "Staff must be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies" Section 8," Disciplinary sanctions for violations of DSHS or JR policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories" Section 9: "All terminations for violations of JR sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation must be reported to law enforcement and to any relevant licensing bodies," 9.1. The Superintendent, Regional Administrator or designee will complete the report to law enforcement and to relevant licensing bodies. The report will be documented and maintained at the facility,"</p> <p>The Parke Creek PRE-audit Questionnaire states there have been 0 staff that have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies because there have been zero allegations of sexual abuse at Parke Creek.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> 1. JR Policy 5.90 section 6 2. Pre-audit Questionnaire 3. JR Policy 5.90 section 8

4. Interview notes: HR interview, Administrator
5. JR Policy 5.90 section 9
6. Pre-audit Questionnaire
7. Interviews
8. Form 20-293
9. JR Policy 5.90 section 31.5-5.1
10. Youth Notification form

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.377 - Corrective action for contractors and volunteers</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.377, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services Juvenile Rehabilitation (JR) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>All contractors and volunteers are subject to agency policies and protocols related to sexual abuse and harassment. There have been no volunteers or contractors in the past three years who have violated these policies.</p> <p>Interviews clearly confirmed sanctions for contractors and volunteers who engaged in sexual abuse would be immediate removal from access to residents and facility, and referred for prosecution; and, any allegation of sexual harassment would result in the same removal, pending investigation, and then a decision would be made about permanent removal, additional training, or remedial action.</p> <p>Policies that supports practice: JR Policy 1.60 section 14-16: Policy 1.60 section 16. "Sanctions for contractors who engage in sexual abuse, sexual intercourse or sexual contact will be applied in accordance with RCW 13.40.570," and Policy 1.60 section 14: "Any contractor, employee of a contractor or volunteer who engages in sexual abuse, sexual intercourse or sexual contact must be immediately removed from any employment position which would permit the person to have any access to any JR youth in accordance with RCW 13.40.570."</p> <p>Reviewed:</p> <ol style="list-style-type: none"> 1. JR Policy 1.60 section 16 2. JR Policy 1.60 section 14 3. Pre-audit questionnaire 4. Interview notes, contractors, administrator, HR 5. Tour and conversations <p>Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-audit Questionnaire 2. Interviews: HR, Contractors and volunteers 3. JR Policy 5.90 section 31.1-6 4. Form 20-293 5. JR Policy 5.90 section 31.5-5.1

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.378 - Interventions and disciplinary sanctions for residents</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.378 based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services Juvenile Rehabilitation (JR) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>In the past three years, there have been no criminal or administrative findings of guilt for resident-on-resident sexual abuse. Residents and staff sign the Disciplinary Standards: Community Facility. This states what violations are serious and what other violations are.</p> <p>If residents commit a serious violation, they will be returned to a facility with a higher security level unit or institution. It also lists much less serious sanctions for less serious sanctions. Sexual contact is an “other violations”; however, a serious violation in involvement or conviction of a criminal offense would cover sexual abuse.</p> <p>Parke Creek does not use isolation at all for discipline and takes into consideration mental health issues or disabilities when assessing disciplinary actions.</p> <p>Parke Creek assigns a counselor to each resident. If additional therapy is required to correct underlying reasons and motivations for abuse, it is provided in the community. The resident is not required to participate in such counseling as a condition for any rewards-based level system. In addition, PC residents’ access educational and general programming, even if not participating in counseling recommendations</p> <p>Parke Creek prohibits all sexual activity between residents.</p> <p>Policies that support practice: Policy 5.90 section 4, “Sexual intercourse or sexual contact (RCW 9A.44.010) between JR youth, even when perceived as consensual, is counter to the treatment, care and rehabilitative goals of their commitment to JR and is prohibited. Youth will be subject to disciplinary sanctions for engaging in this behavior.” Policy 5.90 section 4.1, “Sexual intercourse or sexual contact between JR youth cannot be considered sexual abuse for youth disciplinary purposes if the investigation determines that the activity is not coerced” Interviews confirmed that sexual behavior that is considered consensual is not determined sexual abuse; however, is deemed youth misbehavior because of the agency rule prohibiting sexual activity in JR facilities.</p> <p>Reviewed: 1. Resident Disciplinary Standards 2. Pre-audit questionnaire</p>

3. Interview notes: administrator, staff
4. Policy 2.10 section 14
5. JR Policy 5.90 section 4, 4.1

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.381 - Medical and mental health screenings; history of sexual abuse</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.381, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services Juvenile Rehabilitation (JR) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Immediately upon intake all youth undergo an intake screening process. Parke Creek follows a standard protocol involving a variety of assessments including, but not limited to, the Washington SAVY (resident risk assessment covering all PREA required areas,) a SOGIE that allows important information to be gathered regarding sexual victimization and risk of perpetration. On-site interviews and case file reviews verified that when a youth scores high in sexual victimization and/or risk of perpetration, the resident is offered a mental health follow-up meeting.</p> <p>Residents of Parke Creek see Echo Glen Psychologist by video, and community medical providers.</p> <p>Review of case files revealed that sensitive youth information (i.e. related to sexual victimization or abusiveness) is shared only with critical staff and is shared in a way that allows for the most effective interactions between youth and staff. In addition, the relevant information is used to inform treatment plans, security management decisions, including housing, bed, work, education, and program assignments.</p> <p>Residents 18 and over are informed that any sexual abuse reported by them, which did not occur in an institution, will be reported to the appropriate authorities, prior to receiving the report, or if the report has already been made, obtaining consent from the resident prior to reporting the incident.</p> <p>The pre-audit questionnaire stated that zero sexual abuse incident reviews because there have not been any sexual abuse allegations in over three years, and review of files confirm this.</p> <p>JR policy that backs- up practice includes JR Policy 3.20, section 5: "A meeting with a medical or mental health practitioner must be offered to a youth within 14 days of staff learning that the youth has experienced prior sexual victimization or has perpetrated sexual abuse." And JR Policy 4.30 section 21, "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>Reviewed:</p> <p>1. JR Policy 3.20 section 5</p>

2. Pre-audit questionnaire
3. SAVY
4. SOGIE
5. Resident Files
6. JR Policy 4.30 section 21
7. Interview notes: residents, targeted resident, screening staff

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.382 Access to Emergency Medical and Mental Health Services</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.382, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services Juvenile Rehabilitation (JR) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Parke Creek victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, as determined necessary by community medical and mental health practitioners. Staff interviews and review of documentation verified PC staff are trained as first responders and trained to notify ASPEN (Advocate and counseling) immediately (who then contacts the appropriate medical and mental health practitioners).</p> <p>JR procedures include victims of sexual abuse being examined by an off-site SANE or SAFE (Kittitas Hospital). Once a youth is examined, he would be offered access to sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care.</p> <p>Parke Creek does not have medical or mental health staff at the facility and relies on ASPEN to provide crisis counseling, and in the case of alleged sexual abuse, these services would be provided after the SANE/SAFE examination. The JR procedures clearly state this treatment will be provided to the victim without financial cost.</p> <p>Parke Creek does provide mental health services from Echo Glen by confidential video and would augment ASPEN's crisis counseling.</p> <p>Parke Creek has had zero allegations of sexual abuse in the three plus years, as reported by the pre-audit questionnaire and review of files.</p> <p>Parke Creek Practice is supported by JR Policies:</p> <p>4.30 section 64, "JR must provide victims of sexual abuse timely and unimpeded access to emergency medical treatment and crisis intervention, guided by medical and mental health practitioners,"</p> <p>Policy 4.30 section 64.2, "Victims must be provided timely information about and access to emergency contraception and preventive treatment for sexually transmitted infection in accordance with professional standards of care," JR</p> <p>Policy 4.30 section 66, "Treatment services in section 51 and 52 must be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with the investigation," and,</p> <p>Parke Creek Coordinated Response Plan is detailed and thorough.</p>

Recommendation:

1. Create a SOP that outlines specific actions required in this standard, expand on you coordinated response plan in step by step procedure.

Reviewed:

1. JR Policy 4.30 section 21, 64, 64.1, 64.2, 66
2. TR Coordinated Response Plan
3. Resident Files
4. Interview notes: counselors, Administrator, Random Staff,
5. Pre-audit Questionnaire

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.383 Ongoing medical and mental health for sexual abuse victims and abusers

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek Community Facility (PC), as well as the facility site visit, and auditor pre and post review.

Although there have been no incidents of sexual abuse that required medical attention, interviews with administration and staff confirm knowledge of needed steps (see Park Creek Coordinated Response Plan) needed if there is an incident of sexual abuse.

In cases of sexual abuse, ASPEN provides mental health counseling and follow-up. Additional counseling may be provided by Echo Glen mental health professional, by confidential video.

The coordinated response plan requires appropriate medical care for all victims, including tests for sexually transmitted diseases. This is an all-male facility and does not offer pregnancy tests. All mental and medical treatment deemed necessary by professionals in the community, is provided free of cost. Parke Creek residents are provided medical care at a community clinic for standard care. ASPEN would coordinate with Parke Creek to ensure residents received appropriate follow-up care.

Parke Creek will provide an additional assessment, after any known resident-on-resident abusers, within 60 days of learning of abuse history and will offer treatment as deemed necessary by Echo Glen mental health professional, Dr Lee and referrals.

Practice at Parke Creek is backed up by JR Policies and Parke Creek Coordinated Response Plan. JR Policy includes:

Jr Policy 4.30 section 66: "Treatment services in section 51 and 52 must be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with the investigation,"

JR Policy 4.30 section 64.2, "Victims must be provided timely information about and access to emergency contraception and preventive treatment for sexually transmitted infection in accordance with professional standards of care," and

JR Policy 4.30 section 63.1, ". JR must conduct a mental health evaluation of all known youth-on-youth abusers within 60 days of learning of such abuse history, and offer treatment as recommended by mental health practitioners."

During corrective action, JR/PC developed and implemented a new SOP, Medical and Mental Health Care to clarify tracking and documentation for residents referred to mental health and medical services and follow-up care. Practice was in place and this SOP clarified actions in place.

Reviewed:

1. JR Policy 4.30 section 66
2. JR Policy 4.30 section 64.2
3. Interview notes: Administrator, random staff, ASPEN,
4. Resident files
5. JR Policy 4.30 section 63.1
6. PC Coordinated Response Plan and updates
7. SOP-- Medical and Mental Health Care
8. Staff training and statements of understanding—Medical SOP

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.386 Sexual Abuse Incident Reviews</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.386, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services Juvenile Rehabilitation (JR) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>In the past 12 months there were no substantiated allegations of sexual abuse. However, the Parke Creek leadership team is trained, knowledgeable and able to articulate how it will meet as a group after an incident occurs to review and learn from the situation. In cases of alleged sexual abuse, the committee ensures each of the areas required by this PREA standard are covered. Staff interviews revealed that they are aware of the facility procedure and know how to participate in the incident review process.</p> <p>JR Policy that backs up practice; JR Policy 5.90 section 49 states, "Each facility must conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation for allegations that are substantiated and unsubstantiated, 49.2: The review must occur within 30 days of the conclusion of the investigation, 49.3 The review team must include upper management from the facility at which the incident occurred with input from line supervisors. Input from investigators may be included, as well as from medical providers and mental health practitioners in facilities who have them, and 49.6 Prepare a report of its findings and any recommendations for improvement and submit such report to the Superintendents, Regional Administrators or designee and the PREA Administration, and 49.6 JR must implement the recommendations for improvement or must document reasons for not doing so."</p> <p>Reviewed:</p> <ol style="list-style-type: none"> 1. Form 20-295 2. Form 20-292 3. JR Policy 5.90 section 49—all sections 4. Pre-audit questionnaire

115.387	Data collection
	<p data-bbox="252 170 1013 203">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 705 360">Standard 115.387 - Data collection</p> <p data-bbox="252 416 1481 618">Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Parke Creek Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p data-bbox="252 674 1455 741">The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual incident reviews.</p> <p data-bbox="252 797 1465 999">Agency contract with Pioneer Human Services is included in documentation of this audit. This is a community apprenticeship program and provides employment services and training in aerospace manufacturing. The requirement to comply with all PREA standards is in this contract, page 5, and requires agency monitoring of PREA Compliance and adherence to PREA standards as a condition of maintaining this contract, page 6.</p> <p data-bbox="252 1055 1465 1301">An interview with the State of Washington PREA Program Coordinator, 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. Also, the PC noted that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents and that the data from the one private facility complies with SSV reporting regarding content.</p> <p data-bbox="252 1357 1487 1424">Upon request, the facility will produce required data for the Department of Justice no later than June 30th from the previous calendar year.</p> <p data-bbox="252 1480 1487 1939">Policy that supports practice is: Policy 5.90 section 51.1-4, "JR must collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 51.1. JR must aggregate the incident-based sexual abuse data at least annually. 51.2: The incident-based data collected must 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. Upon request, the data from the previous calendar year must be provided to the Department of Justice by June 30. 51.3. JR must maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 51.4. JR must obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its youth</p> <p data-bbox="252 1995 1471 2107">During corrective action Washington JR uploaded the JR SSV report forms for Parke Creek—since last audit, and the SSV reports: 2017 report completed in 2018 to become compliant with this standard.</p>

Reviewed:

1. JR Policy 5.90 section 51.6
2. Pioneer Human Services contract
3. Pre-audit questionnaire
4. Interview notes PC
5. SSV report 2017, 2018

Practice and culture review included:

1. Interviewing: 11 staff- including specialized staff, contractors and volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

115.388	Data review for corrective action
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Standard: 115.388 - Data review for corrective action</p> <p>Compliance assessment: not compliant—need information from agency</p> <p>At the time of the on-site review the agency was in the preliminary stages of creating a 2017 annual report to summarize progress with regard to implementing PREA and its facilities response to sexual abuse. The 2015 and 16 annual reports are posted to agency’s website. This comprehensive report provides facility sexual abuse data, summarizes agency progress with regard to implementing PREA, and identifies problem areas and corresponding corrective actions. https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance This website contains policy, data review for Corrective Action and Publication, and Audit reports</p> <p>Annual reports contain a comparison of the years data and corrective actions with those of prior years, and an assessment of JR’s progress in addressing sexual abuse. The 2017 report documents the following 2016 agency actions; development and statewide delivery of a three-hour staff refresher training, three facilities completed and passes PREA audits, PREA Compliance Manager meetings focusing on lessons learned during audits and evolving PREA interpretations, addition and replacement of video cameras to address blind spots, enhancement to information technology enabling a broader range of data collection for a more detailed reporting of allegations and tracking, and completing internal PREA audits at facilities. The yearly reports are all approved by the signature of JR agency head.</p> <p>Policies that support practice are JR Policy 5.90 51.5, “JR must review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. (PREA Standard 115.388 (a)) The data review must include: 51.5.1. Identifying problem areas, 51.5.2. Taking corrective action on an ongoing basis, 51.5.3. Preparing an annual report of its findings and corrective actions for each facility as well as for the agency as a whole,” JR Policy 5.90 section 51.6, “The annual report must include a comparison of the current year’s data and corrective actions with those from prior years and must provide an assessment of the agency’s progress in addressing sexual abuse,” and, Jr Policy 5.90 section 51.8-52, “JR 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>Reviewed:</p> <ol style="list-style-type: none"> 1. JR Policy 5.90 section 51- 52 2. Annual PREA reports 2015 and 16 and revised 2016 report elimination-act- 4. Website: https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance 5. Pre-audit Questionnaire 6. Interview Notes: PC

7. Last PREA audit

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Kittitas Sheriff's department; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389 - Data storage, publication, and destruction</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.389, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services Juvenile Rehabilitation (JR) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>Parke Creek State Community Facility retains sexual abuse data consistent with PREA standards. Policy 5.90 section 5 52 states, "JR must ensure that data collected pursuant to section 46 is securely retained and is maintained for at least 10 years after the date of its initial collection in accordance with Policy 1.40, Maintaining Confidentiality when Releasing Records."</p> <p>JR makes sexual abuse data available on the JR website: https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance</p> <p>JR Policies that support practice are JR Policy 5.90 section 53. Section 53.1, 51.2 and section 52, "section 53: JR must make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which its contracts, readily available to the public at least annually through its website https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance, 53.1." Before making aggregated sexual abuse data publicly available, the agency must remove all personal identifiers" 51.2: 51.2. "The incident-based data collected must 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. Upon request, the data from the previous calendar year must be provided to the Department of Justice by June 30, and 52. JR must ensure that data collected pursuant to section 46 is securely retained and is maintained for at least 10 years after the date of its initial collection in accordance with Policy 1.40, Maintaining Confidentiality when Releasing Records."</p> <p>This state policy meets all sub standards related to data collection, reporting, public access to sexual information and related PREA standards.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> 1. JR Policy 5.90 section 52, 53.1, 51.2, 53, 53.1, 51.2 2. JR website: https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance 3. Interview notes, PCM, PC, Administrator 4. Pre-audit questionnaire <p>Practice and culture review included:</p> <ol style="list-style-type: none"> 1. Interviewing: 11 staff- including specialized staff, contractors and

volunteers, PC and PCM; 10 residents- including required targeted residents; a SAFE nurse; Kittitas County Sheriff's Department; Washington State Police; and a staff member from the Advocate/Crisis Service (SARC/ASPEN)

2. Touring the entire facility, asking questions, talking to residents and staff.

3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.

4. Comparing policy, training, interviews, and observations to practice and culture

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 Frequency and scope of audits</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.401, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services Juvenile Rehabilitation (JR) and Parke Creek State Community Facility (PC), as well as the facility site visit, and auditor pre and post review.</p> <p>All facilities that Washington DSHS JR runs and contracts with have completed all audits required by the PREA standards. This is the third year of this audit cycle and the final audits are being conducted for this cycle. For the last cycle, all PREA audits were conducted and found compliant.</p> <p>JR ensures that at least 1/3 of their facilities are audited in each of a three-year audit cycle. The audits are posted to the agency website, as are all audit reports. https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance</p> <p>This auditor was given full access to all areas of the facility and all documents, and all interviews this auditor conducted were private interviews in a space the facility provided. Pictures and dates were sent to this auditor when the auditor's announcement was posted. This complied with the requirements that the posting was up 6 weeks before the site visit. In addition, statements of understanding, signed by staff and residents were completed after residents and staff were educated about their right to communicate with this auditor by mail or phone.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 Audit Contents and findings</p> <p>All audits are posted to the agency website, as are all audit reports. https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance</p> <p>JR and Parke Creek are compliant with this standard.</p>

Appendix: Provision Findings

115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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

115.312 (a)	Contracting with other entities for the confinement of residents	
	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.)	yes

115.312 (b)	Contracting with other entities for the confinement of residents	
	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".)	yes

115.313 (a)	Supervision and monitoring	
	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 and determining the need for video monitoring: The number and placement of supervisory staff?	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: 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

115.313 (b)	Supervision and monitoring	
	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.)	na

115.313 (c)	Supervision and monitoring	
	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.)	na
	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.)	na
	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.)	na
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	na
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no

115.313 (d)	Supervision and monitoring	
	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

115.313 (e)	Supervision and monitoring	
	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)	na
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	na
	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)	na

115.315 (a)	Limits to cross-gender viewing and searches	
	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

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	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

115.315 (d)	Limits to cross-gender viewing and searches	
	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

115.315 (e)	Limits to cross-gender viewing and searches	
	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

115.315 (f)	Limits to cross-gender viewing and searches	
	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

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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?	
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115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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

115.317 (a)	Hiring and promotion decisions	
	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

115.317 (b)	Hiring and promotion decisions	
	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

115.317 (c)	Hiring and promotion decisions	
	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

115.317 (d)	Hiring and promotion decisions	
	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

115.317 (e)	Hiring and promotion decisions	
	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

115.317 (f)	Hiring and promotion decisions	
	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

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	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

115.318 (a)	Upgrades to facilities and technologies	
	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.)	na

115.318 (b)	Upgrades to facilities and technologies	
	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

115.321 (a)	Evidence protocol and forensic medical examinations	
	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

115.321 (b)	Evidence protocol and forensic medical examinations	
	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

115.321 (c)	Evidence protocol and forensic medical examinations	
	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

115.321 (d)	Evidence protocol and forensic medical examinations	
	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

115.321 (e)	Evidence protocol and forensic medical examinations	
	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

115.321 (f)	Evidence protocol and forensic medical examinations	
	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.)	no

115.321 (h)	Evidence protocol and forensic medical examinations	
	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.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	no
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	no

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	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)	Policies to ensure referrals of allegations for investigations	
	<p>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))</p>	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

115.331 (b)	Employee training	
	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

115.331 (c)	Employee training	
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	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

115.332 (b)	Volunteer and contractor training	
	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

115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	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

115.333 (b)	Resident education	
	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

115.333 (c)	Resident education	
	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

115.333 (d)	Resident education	
	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

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.333 (f)	Resident education	
	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

115.334 (a)	Specialized training: Investigations	
	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

115.334 (b)	Specialized training: Investigations	
	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

115.334 (c)	Specialized training: Investigations	
	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

115.335 (a)	Specialized training: Medical and mental health care	
	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

115.335 (b)	Specialized training: Medical and mental health care	
	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.)	no

115.335 (c)	Specialized training: Medical and mental health care	
	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

115.335 (d)	Specialized training: Medical and mental health care	
	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?	no

115.341 (a)	Obtaining information from residents	
	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

115.341 (d)	Obtaining information from residents	
	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

115.341 (e)	Obtaining information from residents	
	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

115.342 (a)	Placement of residents	
	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

115.342 (d)	Placement of residents	
	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

115.342 (e)	Placement of residents	
	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

115.342 (f)	Placement of residents	
	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

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	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?)	na
	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?)	na

115.342 (i)	Placement of residents	
	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

115.351 (a)	Resident reporting	
	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

115.351 (b)	Resident reporting	
	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

115.351 (c)	Resident reporting	
	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

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	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.	yes

115.352 (b)	Exhaustion of administrative remedies	
	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.)	na
	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.)	na

115.352 (c)	Exhaustion of administrative remedies	
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na

115.352 (f)	Exhaustion of administrative remedies	
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na

115.352 (g)	Exhaustion of administrative remedies	
	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.)	na

115.353 (a)	Resident access to outside confidential support services and legal representation	
	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

115.353 (b)	Resident access to outside confidential support services and legal representation	
	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

115.353 (c)	Resident access to outside confidential support services and legal representation	
	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

115.353 (d)	Resident access to outside confidential support services and legal representation	
	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

115.354 (a)	Third-party reporting	
	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

115.361 (a)	Staff and agency reporting duties	
	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

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	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

115.361 (d)	Staff and agency reporting duties	
	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

115.361 (e)	Staff and agency reporting duties	
	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.)	na
	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

115.361 (f)	Staff and agency reporting duties	
	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

115.362 (a)	Agency protection duties	
	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

115.363 (a)	Reporting to other confinement facilities	
	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

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	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

115.364 (b)	Staff first responder duties	
	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

115.365 (a)	Coordinated response	
	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

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	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

115.367 (a)	Agency protection against retaliation	
	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

115.367 (b)	Agency protection against retaliation	
	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

115.367 (c)	Agency protection against retaliation	
	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

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	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

115.368 (a)	Post-allegation protective custody	
	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

115.371 (a)	Criminal and administrative agency investigations	
	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).)	no
	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).)	no

115.371 (b)	Criminal and administrative agency investigations	
	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?	no

115.371 (c)	Criminal and administrative agency investigations	
	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

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	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

115.371 (f)	Criminal and administrative agency investigations	
	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

115.371 (g)	Criminal and administrative agency investigations	
	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

115.371 (h)	Criminal and administrative agency investigations	
	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

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	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

115.371 (k)	Criminal and administrative agency investigations	
	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

115.371 (m)	Criminal and administrative agency investigations	
	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

115.372 (a)	Evidentiary standard for administrative investigations	
	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

115.373 (a)	Reporting to residents	
	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

115.373 (b)	Reporting to residents	
	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

115.373 (c)	Reporting to residents	
	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

115.373 (d)	Reporting to residents	
	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

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	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

115.376 (d)	Disciplinary sanctions for staff	
	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

115.377 (a)	Corrective action for contractors and volunteers	
	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

115.377 (b)	Corrective action for contractors and volunteers	
	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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	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

115.378 (c)	Interventions and disciplinary sanctions for residents	
	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

115.378 (d)	Interventions and disciplinary sanctions for residents	
	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

115.378 (e)	Interventions and disciplinary sanctions for residents	
	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

115.378 (f)	Interventions and disciplinary sanctions for residents	
	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

115.378 (g)	Interventions and disciplinary sanctions for residents	
	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

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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

115.382 (a)	Access to emergency medical and mental health services	
	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

115.382 (b)	Access to emergency medical and mental health services	
	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

115.382 (c)	Access to emergency medical and mental health services	
	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

115.382 (d)	Access to emergency medical and mental health services	
	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

115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.386 (a)	Sexual abuse incident reviews	
	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

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	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

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (a)	Data collection	
	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?	no

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	no

115.387 (c)	Data collection	
	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?	no

115.387 (d)	Data collection	
	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?	no

115.387 (e)	Data collection	
	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.)	no

115.387 (f)	Data collection	
	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.)	no

115.388 (a)	Data review for corrective action	
	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

115.388 (b)	Data review for corrective action	
	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

115.388 (c)	Data review for corrective action	
	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

115.388 (d)	Data review for corrective action	
	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

115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	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.)	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	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

115.403 (f)	Audit contents and findings	
	<p>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. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)</p>	yes