

# PREA Facility Audit Report: Final

**Name of Facility:** Woodinville Community Facility

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 04/15/2019

**Date Final Report Submitted:** 10/18/2019

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"/>
<b>Auditor Full Name as Signed:</b> Kila Jager	<b>Date of Signature:</b> 10/18/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Jager, Kila
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<b>Start Date of On-Site Audit:</b>	2019-02-19
<b>End Date of On-Site Audit:</b>	2019-02-20

<b>FACILITY INFORMATION</b>	
<b>Facility name:</b>	Woodinville Community Facility
<b>Facility physical address:</b>	14521 124th Avenue NE, Kirkland, Washington - 98034
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Jeremy Ludwig
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<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility PREA Compliance Manager</b>	
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<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	16
<b>Current population of facility:</b>	14
<b>Average daily population for the past 12 months:</b>	
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	14-20
<b>Facility security levels/resident custody levels:</b>	
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	19
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	

AGENCY INFORMATION	
<b>Name of agency:</b>	Washington State Department of Children, Youth, and Families
<b>Governing authority or parent agency (if applicable):</b>	Washington State Department of Social and Health Services
<b>Physical Address:</b>	1115 Washington St. SE, Olympia, Washington - 98504
<b>Mailing Address:</b>	
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Agency Chief Executive Officer Information:	
<b>Name:</b>	Marybeth Queral
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Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Eric Crawford	<b>Email Address:</b>	eric.crawford@dshs.wa.gov

## AUDIT FINDINGS

### **Narrative:**

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

Washington State Department of Social and Health Services, Juvenile Rehabilitation (DSHS JR) contracted with Kila Jager of Jager Adsit Associates LLC to conduct an audit of Woodinville Community Facility. Facility. The purpose of the audit was to determine the degree of compliance with the federal Prison rape Elimination Act (PREA) Standards. The contractor is a certified Department of Justice (DOJ) PREA auditor.

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. One month before the on-site review, the JR PREA Coordinator and Woodinville Community Facility 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 materials and sent a draft to the facility and agency PREA Coordinator for review and further input.

The on-site portion of the audit was conducted over a two-day period: February 19-20, 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 19 staff—full and part time, and 10 volunteers and 4 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, King County Sexual Assault Response Center advocate posters with contact information, the auditor posting throughout the facility, and cameras. Woodinville has 11 cameras located in and around the facility; 7 inside and 4 outside. They are focused as follows: 2 Dining Room (one facing north down the hallway); 1 in the Living room; 1 in the resident hallway (one facing south down the hallway); 2 downstairs; 1 in the stair well; 2 in the school house; and 2 outside.

At the close of the on-site visit a total of 13 interviews with staff—including full-time and on-call staff, and 13 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 was not available). This same list was also used to identify specific populations of youth. For example, prior sexual abuse reported during risk screening, mental health or cognitive diagnosis, and English as a second language.

All available staff were interviewed, and more interviews were conducted by phone after the site visit, this

included volunteers and contractor interviews. WCF 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, the auditor also reviewed youth case records, training records, investigative reports, and additional program information and documents. A random sampling method was used to review youth records. In addition, all training records of staff, background check documentation, staff acknowledgement forms, institutional check forms, training understanding forms, and signed misconduct forms.

To obtain information about rape crisis and advocacy services provided at Woodinville Community Facility, a phone interview was conducted with a representative from the King County Sexual Assault Resource Center and the King County Sexual Assault Task Unit.

On the final day of the on-site audit, a debriefing meeting was held with Woodinville 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, an initial audit finding a draft report was submitted for review to the Woodinville Community Facility Administrator and the JR agency PREA Coordinator. After the initial review, an interim report was submitted to WCF and the JR PREA Coordinator

At this time, on April 10, 2019, Woodinville Community Facility (WCF) entered into the six-month corrective action period to address identified non-compliant PREA standards. The end date for any corrective action is October 7, 2019

During the corrective action period, Woodinville and JR worked with this auditor to create a collaborative correction 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.

Woodinville and JR provided information and updates on action throughout the corrective action period. Documentation was provided and uploaded, and clarifications made to assist the facility with compliance action. Periodic check-ins were conducted with the facility and Woodinville 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 (Woodinville) and parent agency (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 five investigative 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.

In addition, this audit was closed in September 2019, before the end of the corrective action period (October 7, 2019) at the request of the JR PREA Coordinator. It is unusual to close an audit before corrective action is complete, or the end of the corrective action period; however, this auditor has followed the request and closed this audit. JR did not feel like they had enough time left to become compliant with the investigation standards, train staff and ensure this process was ingrained in their culture and the culture of the facility.

A draft final PREA audit report was completed and disseminated to Woodinville Community facility and

DSYS Juvenile Rehabilitation for review. After review the report was finalized on the online audit system and disseminated to the agency/facility.

## 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.

Woodinville Community Facility (WCF) is operated by the State of Washington DSHS- Juvenile Rehabilitation. WCF houses male residents between the age of 14-20, and their security level is rated as minimum. This facility is located in Woodinville, Washington and has a designated capacity of 16, although currently there are 14 residents.

Woodinville Community Facility is a state operated facility in Woodinville, Washington that houses incarcerated youth. The facility consists of one main building, one (1) maintenance shed, (1) maintenance storage shed, (1) school house, and one (1) patio. The main building is one (2) story, consisting of a weight room, kitchen, dining area, main television room and five (5) bedrooms. Four (4) bedrooms are triple occupancy and one (1) is quadruple occupancy. The facility is designed to house up to 16 residents, between the ages of 14-20 years old. The facility employs 13 full-time staff, 3 part time staff, and 8 on-call staff. All staff are considered "Security Staff" for the purposes of PREA. 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.

WCF's website is: <https://www.dshs.wa.gov/ra/juvenile-rehabilitation/woodinville-community-facility>.

During the corrective action period, an addition of two bedrooms and 1 bathroom was added to the facility and additional cameras, as well as moving some cameras for better coverage. Woodinville and JR exhibited careful planning with safety in mind when planning and completing this addition.

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.

Woodinville Community Facility is described by Washington Juvenile Rehabilitation as, "Woodinville Community Facility, located in Woodinville, WA, is a skill-based program that utilizes the principals and skills of the Integrated Treatment Model, specifically Dialectical Behavioral Therapy (DBT). Woodinville strives to prepare youth for successful re-entry by increasing family contact, developing job readiness skills and placement, and supporting educational/vocational goals. Programming is designed to meet the individual needs of all residents, with ongoing modeling and coaching from staff. Woodinville Community Facility is a therapeutic environment that supports young men who demonstrate a willingness to develop their own individual program and prepare for successful community integration."

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.

Parents, guardians and family members are a big part of the programming at WCF. 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 WCF to nurture the family bond. For the last 12 months, WCF has averaged 14 residents in their facility, including 3 admitted, 29 who stayed 10 days or more and 31 who stayed 72 hours or more. The average length of stay is 131 days.

WCF employs 19 staff, 23 of whom were hired in the last 12 months, has 4 contractors (teachers, D&A program), and has 10 registered volunteers (including computer coding volunteers, two chaplains, and 2 for the book club). Woodinville has full-time, part-time staff members, and on-call staff members available to ensure that the facility's staffing plan is fully implemented. If needed, the facility administrator can authorize overtime pay to ensure that additional staff are available to ensure resident safety. Another additional and available resource is the on-call Officer of the Day (OD). If needed, the Woodinville staff can contact the OD to approve additional staff hours and requests additional assistance and resources.

WCF uses Evergreen Hospital and community medical/mental health to address resident needs and any emergency medical issues. The King County Sexual Assault Unit and King County Sexual Assault Resource Center, coordinate services, exams, and investigations for any sexual abuse allegations. This is a multi-agency coalition to ensure all services are maximized to serve the victim in the best, most efficient and compassionate way possible. WCF has no medical or mental health personnel employed at the facility.

## 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.

<b>Number of standards exceeded:</b>	4
<b>Number of standards met:</b>	34
<b>Number of standards not met:</b>	5

The following is a breakdown of compliance by standard and sub-part. Included is documentation reviewed, interviews, tour observations, and an in-depth assessment of PREA Compliance for Woodinville Community Facility

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>115.311</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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>Washington Juvenile Rehabilitation (JR) has a written agency policy that sets forth clear expectations with regard to zero tolerance for all forms of sexual abuse and sexual harassment. The “tone” of zero tolerance is observable throughout the facility as evidenced by Zero Tolerance posters, information in the youth handbook, resident acknowledgement forms and interviews.</p> <p>Woodinville Community Facility's Zero tolerance of Sexual Abuse and Sexual Harassment Preamble confirms the facility's commitment to zero tolerance and the overriding approach to prevention is uniformity of implementation. It includes definitions of prohibited conduct or behavior (page 13-14 of policy 5.90), identifies sanctions for staff, volunteers, and contractors who engage in those prohibited behaviors, and for residents who engage in sexual assault or sexual harassment (policy 5.90, section 6-9). The zero-tolerance policy includes agency strategies and responses to reduce and prevent sexual abuse and harassment. In addition, Woodinville has developed a coordinated response plan, specific to Woodinville, to respond to such incidents.</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 it in the facility, and reinforcement of zero-tolerance is an ongoing topic at Woodinville. Staff training topics and statements of understanding are in standard 15.331. 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>Woodinville Community Facility has a designated PREA Compliance Manager (PCM), as required by the Zero-Tolerance Policy and Preamble, as well as ensuring all residents are screened for risk of sexual victimization and abusiveness and educated about zero tolerance and ways to report. In addition, Woodinville Community Facility's (WCF) designated PREA Compliance Manager, who functions as the facility's Administrator (CFA), has sufficient time to conduct PREA related duties—as ascertained by interviews and observation.</p> <p>JR (agency) appointed a PREA Coordinator who, at the time of this audit, has over 5 years in this position, and Interviews indicate the agency PREA Coordinator has sufficient time and</p>	

authority to develop, implement, and oversee agency efforts to comply with federal PREA standards.

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 residents.

87.5 percent 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. The additional percentage were able to answer most of the questions asked and with a few more specific questions, able to remember answers they had initially struggled with.

Residents education and signature of understanding, on the Residents acknowledgement form, confirms understanding of the zero tolerance and reporting education received at intake.

100% of residents interviewed knew the tolerance for sexual abuse and sexual harassment, at Woodinville, was zero and could name multiple ways to report. All residents had signed statements of understanding in their files.

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.

Reviewed:

JR Policy 5.90 "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."

Woodinville Community Facility Policy of Zero Tolerance of Sexual Abuse and Sexual Harassment: "Woodinville Community Facility mandates a zero tolerance for any and all forms of sexual abuse or sexual harassment of any resident." "The CFA is the designated investigator at the Woodinville Community Facility"

Youth Acknowledgement Form completed at intake, indicating by signatures of understanding that they understand the intake PREA training.

Youth Acknowledgement form indicating they received comprehensive PREA training and outlining what the content of that training included.

Staff statement of understanding of online and classroom training that covers all the required topics (see standard 115.331 for in depth topics)

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).

DSHS policy 5.90, page 13-14 includes required definitions of prohibited behaviors regarding sexual abuse and sexual harassment

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

Policy 5.90 includes a description of the required strategies and responses, to reduce and prevent sexual abuse and sexual harassment

Agency organizational chart

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."

Interview notes, tour notes

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."

Woodinville organizational chart illustrates the PREA compliance manager is the Community Facility Administrator and reports to DSHS regional management

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.312</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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>Woodinville Community Facility does not contract to confine residents; however, parent agency, 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>The facility has indicated on their PAQ that they do not have responsibility for this standard, separate from the agency's responsibilities, and this is confirmed as part of this audit. If confirmed, check the box</p> <p>Reviewed:</p> <ol style="list-style-type: none"> <li>1. JR Policy 5.90 section 50.3, page 11</li> <li>2. Contract for confinement</li> <li>3. Interviews</li> <li>4. Site visit/tour</li> <li>5. Pre-Audit Questionnaire</li> </ol>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>During corrective action, Woodinville uploaded their current staffing plan, updated and with signatures and dates. They also uploaded the 2018 and 2019 staffing plan. The staffing plan addresses all requirements of this standard for juvenile facilities.</p> <p>Assessment of population reports confirm an average of 14 residents. Woodinville Community Facility consists of 5 buildings: a main building, maintenance shed, maintenance storage shed, schoolhouse and covered patio. The facility is covered by 11 cameras placed strategically throughout the facility. 7 inside and 4 outside. There is planning being done to enhance the camera system in April when an expansion of the facility is planned—and was completed during the corrective action period.</p> <p>In 2014, more staff were assigned to the facility because of the increase in residents requiring mental health services. Day shift has at least two staff (to 13-16 residents). Community Standards require an additional staff anytime there are more than 8 residents, and day shift has two staff as well as an administrative staff scheduled. Swing shift has two or more staff scheduled, and grave shift has at least two staff scheduled. Review of the staffing plan required any deviations from this plan to be documented. There were no deviations reported according to the pre-audit questionnaire and interview, although there is a form for documenting any deviations.</p> <p>Deviations are avoided by using the protocol in the Woodinville Staffing plan. Steps include: if a supervisor is not on shift and staff member calls in sick, the facility Administrator or designated supervisor is notified. A staff on that shift is required to stay and cover the shift if an on-call is not available.</p> <p>Blind spots were documented, by WCF in their staffing plan, as the front entrance from the parking lot, the kitchen area, foyer area and front door, tool and storage sheds, short hallway with ADA bathroom, short hallway between dining room and living room, laundry room, part of the backyard, parking lot and sides of the buildings. The upcoming expansion in April will address as many of the blind spots as possible. During corrective action, the addition was completed—adding two bedrooms and a bathroom/shower. In addition, an additional 27 cameras were added, as well as 1 large monitor and 3 additional smaller desk monitors. Multiple cameras were moved to ensure more area is covered. The camera schematic is a part of the documentation of this audit and shows the additional and moved cameras, as well as the addition.</p> <p>Observations included witnessing the compliance with this staffing pattern in the on-site visit,</p>

and interviews with staff and residents. Staff document, at least once an hour and twice an hour at night, visuals and locations of all residents in the facility. Documentation is done in the legal log as well as the Head Check sheet Movement is documented, in and out of the building, and staff make unscheduled visits to youth's community site. Interviews with youth and auditor observations while on site, verified WCF compliance in this area. Staffing is always based on 16 residents, even when the population is less.

Staffing is compliant for the facility; however, since this facility makes many community transports and outings, additional staff may be needed to cover all residents safely and ensure all community activities, transports, and treatment services can be completed safely.

Reviewed:

1. Woodinville Staffing Plans, 2017, 2018, and 2019
2. Woodinville Population Report for the last 12 months
3. Interview notes—random staff, specialized staff, Administrator, residents
4. Pre-audit questionnaire
5. DSHS Annual Report
6. Staff Roster
7. Resident Roster
8. Facility Floor plan
9. Training for staff and residents
10. Facility expansion plan
11. Head checks December 2017- December 2018
12. Logs from Dec 2017 to December 2018

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; local law enforcement; 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.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.315, 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>Woodinville is prohibited from conducting cross-gender searches. Graveyard has a panic button that they push if they need a search conducted, and law enforcement responds and conducts that search. As reported on the pre-audit questionnaire, Woodinville has not conducted cross-gender searches since the last audit and before.</p> <p>Woodinville does not have medical or mental health personnel in house. This facility is in the community and they never search or physically examine a resident to determine the resident's genital status. Agency policy and staff training prohibit this search, and by the time a resident is accepted into the Woodinville program, it is almost certain the status of the resident is known. Residents come from other Washington JR facilities and all records transfer with them.</p> <p>100% of the staff stated that a female staff announces her presence when entering and going down the hall where residents' rooms are. Residents confirmed this is the case in all interviews. 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.</p> <p>Interviews with staff and residents confirmed the practice of staff announcing their presence. Interviews confirmed that staff would never conduct a cross-gender search and residents confirmed that they have never had a cross-gender search done on them or seen one done at Woodinville.</p> <p>Staff are trained in conducting searches in a respectful, professional and professional manner and residents confirm searches are never done by an opposite gender staff, and searches are done by wand.</p> <p><b>Staff Training:</b>  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. 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>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, that cross gender pat down searches are never performed at Woodinville-even in exigent circumstances, basic facts about being LGBTQ, LGBTQ resources, keeping LGBTQ youth safe in Juvenile Justice and Delinquency placements, what</p>

exigent means, searches on intersex residents, prohibiting cross gender pat downs, searches are not 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.

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.

Policies that backup 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 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.

Reviewed:

1. Woodinville Staffing Plan
2. Woodinville Population Report for the last 12 months
3. Interview notes—random staff, specialized staff, Administrator, residents
4. Pre-audit questionnaire
5. DSHS Annual Report
6. Staff Roster
7. Resident Roster
8. Facility Floor pan
9. Training for staff and residents
10. Facility expansion plan
11. Head checks December 2017- December 2018
12. Logs from Dec 2017 to December 2018



115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>FACILITY: 115.316 RESIDENTS with disabilities and limited English Proficient</p> <p>Standard Certification of Compliance: This auditor certifies exceeding 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>Woodinville Community Facility (WCF) has addressed this standard in a reflection of Washington DSHS.JR's policy 5.90.</p> <p>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 .JR 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, the youth handbook, and education materials to ensure youth with disabilities have full access to all PREA education, materials, and resources.</p> <p>DSHS.JR 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 placed in every area that youth occupy and by phones.</p> <p>DSHS worked with the Visual Communications Department to develop posters and brochures in Spanish and English, and at a reading level of 5th-6th grade. They require staff to go over the materials and ask questions of understanding for all residents—including those 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 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</p>

ensure residents are provided with accommodations and clarified.

Woodinville 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, Woodinville ensures they 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. Woodinville 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. Woodinville documents access to any needed services in ACT for future use or tracking.

Woodinville reads and verbally reviews all PREA materials with residents, especially to ensure the understanding of those who may have intellectual or psychiatric disabilities or who are limited English Proficient. Staff also ensure, periodically, that residents understand the information provided. A question and answer session occurs following the comprehensive PREA education video training. Every Friday, staff lead 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 Woodinville staff.

Residents who do not speak English are provided with an interpreter and an interpreter line is available. Residents who are blind are provided services by OHDD, and contact information is provided in the community facilities standard operating procedure on residents with disabilities.

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 Woodinville staff received updated training, and signed understanding of this training. on what disability services are available to residents and the new services resident intake form. In addition, a Community Facilities SOP regarding services provided to residents was developed and enacted. The following were updated by JR: Sexual Safety Form for residents, Sexual Safety Education System, Notification Forms, and Posters.

Reviewed:

1. Agency policy 5.90 section 40
2. Policy 2.50 section 1
3. Policy 2.50, section 2.4 and 2.4.1
4. Policy 2.50 section 2.1-3
5. JR form 20-291

6. Policy 2.50 section 5 section 1. 1-.6
7. Policy 2.50 definitions
8. PREA Standards in Focus 115.316
9. Department of Justice (DOJ) clarifications
10. Contract with corporate Translation Services Inc, language link line
11. PREA Coordinator written response to disability questions
12. Disability training and statements of understanding
13. Sexual Safety in JR training for residents and form each resident sign understanding
14. Updated notice of finding, brochure, posters,
15. Spreadsheet of all staff training and dates

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.317</p> <p>Standard Certification of Compliance: This auditor certifies compliance 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 (DSHS) and Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>DSHS policy 1.23 section 1, 2 and 3, comply with the PREA requirements of 115.317 a and b. These policies direct the agency and the facility, WCF, 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>Employee file review confirmed that every employee and contractor have signed the 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 confidential files at Woodinville Community Facility.</p> <p>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>Background checks are completed on all staff and contractors. 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 Statement, and annually reaffirming that statement was completed by all staff interviewed was confirmed. 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.</p>

All employee and contractor files contained results of the background checks, training statements of understanding (classroom, online, refresher, promotion background checks (as if a new hire), PREA Disclosure Form, annual reaffirming form (if employed over a year) and completed Employee Institutional form (new Hires).

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.

Policy reinforcing practice:

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.

Reviewed for audit determination:

1. Policy 1.23 Hiring, section 1,2,3,4-11, 12, 9
2. Staff files
3. Uploaded 10 random background checks
4. PREA Audit Questionnaire

5. Personnel Files
6. Online training curriculum (115.331)
7. Classroom training
8. Statements of understanding for trainings
9. BCCU statement letter
10. Interviews, HR, Administrator, staff

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.318, 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review</p> <p>Woodinville has not made substantial expansions or acquired a new facility since August 20, 2012. They are planning to complete an expansion and camera upgrade later this year. The staffing plan documents blind-spots and are part of the planning for the expansion and additional cameras.</p> <p>Woodinville has not made substantial camera upgrades; however, is planning this as part of a facility expansion later in the year.</p> <p>Although no upgrades or expansion has been done, the expansion project planned includes review of blind-spots, ongoing assessment of resident’s safety and needs, and interviews and observations confirm that safety assessment and planning is a part of the planning for the expansion.</p> <p>During the corrective action period, expansion that was already scheduled occurred at WCF. Woodinville completed the addition of two bedrooms and a bathroom/shower, additional cameras, and moving cameras to cover blind spots. All blind spots previously documented were covered by this expansion and camera update. The update included three HD monitors and 27 cameras.</p> <p>Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interviews</li> <li>3. Staffing plan with blind-spots documented</li> <li>4. Tour notes</li> <li>5. Camera schematic</li> <li>6. expansion details/plan</li> </ol>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Compliance Rating: Non-Compliant at the agency level</p> <p>Criminal sexual abuse and sexual harassment investigations:</p> <p>A: Woodinville Community Facility is not responsible for conducting criminal or administrative sexual abuse or sexual harassment investigations. Resident-on-resident criminal sexual abuse and sexual harassment investigations are conducted by law enforcement who contracts with King County Sheriff's Office (KCSO) in providing police services. WPD website is <a href="http://www.ci.woodinville.wa.us/CityHall/Police.asp">http://www.ci.woodinville.wa.us/CityHall/Police.asp</a>. Washington State Patrol (WSP) conducts staff-on-resident sexual abuse and sexual harassment criminal investigations.</p> <p>There is a written understanding, included in this audit documentation, that Woodinville PD will conduct resident-on-resident criminal sexual abuse and sexual harassment investigations, as well as provide forensic exams at Evergreen Hospital—using SAFE/SANE personnel. In addition, according to the understanding, WPD will comply with the requirements a-f of the PREA standard 115.321 when conducting such investigations. Interviews confirmed that Woodinville PD and Woodinville community have a good relationship and work closely together to ensure this will occur. Washington State Patrol and Department of Social and Health Services maintain a written agreement outlining how WSP conducts staff-on-resident criminal and administrative sexual abuse and sexual harassment investigations in all Washington juvenile facilities that the state runs, and it complies with the criminal investigation requirements of this standard.</p> <p>B: Washington State Patrol and King county Sheriff's Office investigate at the facility and obtain all physical evidence. Woodinville Community Facility employees secure the scene for law enforcement and ensure alleged victim and alleged perpetrator do not destroy physical evidence. The protocol used for investigations and forensic examinations, including advocate and crisis service, 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>Administrative Sexual abuse and sexual harassment investigations: Compliance by standard part:</p> <p>A. Washington Juvenile Rehabilitation's (JR)PREA Investigator/PREA Coordinator conducts resident-on-resident sexual abuse or sexual harassment administrative investigations. JR Policy 5.90 section 25 states, "JR must conduct administrative investigations of allegations of sexual abuse or sexual harassment that are not investigated by Child Protective Services or law enforcement. 25.1. Designated investigators who conduct PREA-related investigations must complete: 25.1.1. Core Investigation Training through DSHS Human Resources Division 25.1.2. Specialized training specific to conducting PREA investigations in the confinement setting"</p>

CPS conducts child abuse/neglect investigations for sexual abuse allegations that are targeted at finding out if child abuse or neglect took place and if the facility maintained adequate supervision. Washington State Patrol (WEP) conducts PREA administrative investigations involving allegations of staff-to-resident sexual abuse and sexual harassment, and major policy violations.

A: Non-compliant at agency level. JR does not have a qualified PREA administrative “investigator” who follows a uniform investigative protocol.

B: JR conducts administrative PREA investigations at WCF. They are currently continuing to work towards compliance with this standard and ensuring that they have qualified investigators and use a uniform evidence protocol

B: Non-Compliant-- DSHS JR is currently still working towards compliance on this standard.

All Investigations:

C: WCF offers any resident that experiences sexual abuse, a forensic medical exam at Evergreen Medical Center. Law enforcement and WCF work together to ensure this exam occurs and is conducted by a SAFE/SANE professional. WCF’s policy and practice ensure that the exam and follow-up services are given at no cost to the victim. WCF documents the process and use of SAFE/SANE professionals for exams on their coordinated response plan, that is specific to Woodinville and local services. There have been zero forensic exams conducted as a result of sexual abuse allegations at WCF. JR 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

D/E: Woodinville has flyers posted in the facility that provides contact information for the 24-hour sexual assault resource line (1.888.99. VOICE). King County Sexual Assault Resource Center coordinates all services around sexual assault. Woodinville does not use a staff person to fill in for an advocate, they always use the advocate/Crisis service coordinated by the King County Sexual Assault Resource Center. The phone number, address and hotline number are posted in the facility and in the Coordinated Response Plan. Interviews with residents confirmed that most residents knew about this service being available, and the rest of the residents, except one, knew about the flyers and where to find the contact information if needed. All residents said the call would be confidential and facilitated immediately by staff. The tour of the facility confirmed the posting of flyers for this service and contact information. The contact information for this service is found and documented on the WCF Coordinated Response Plan. WCF assigns a counselor to each of their residents. Most residents stated that they would confide in that counselor and felt that they would support them through the process as well.

The King County Sexual Assault Resource Center (KCSARC) Hotline, when called, confirmed that they would facilitate providing a requested advocate for any resident of WCF who reports sexual abuse and that advocate would accompany the victim through the forensic medical exam process, investigation, and also provide ongoing support, referrals and information as needed or requested by the victim. This center, <https://www.kcsarc.org/gethelp>, states their purpose as “to alleviate, a much as possible, the trauma of sexual assault for victims and their

families.” Services include: Crisis response, Advocacy, legal advocacy, therapy, family services, and bi-lingual services. They coordinate services from a consortium of agencies with varying specialties to meet the needs of victims.

WCF documents the commitment of KCSARC to the residents of their facility in an email document and phone interviews with KCSARC confirmed they are committed to providing all needed services to WCF.

F: Documentation with KCSO for the provision of criminal investigative services, following PREA standard 115.321 a-f, is a part of this audit documentation. Interviews with KCSO and WCF confirmed the partnership between the facility and local law enforcement agency to provide investigative services to all criminal referrals of sexual abuse or sexual harassment, resident-on-resident.

Washington State Patrol (WSP) has a signed and agreed upon protocol for all sexual abuse or sexual harassment criminal investigations, staff-on resident allegations. The agreement includes DSHS/WSP Scenario Guidelines, a referral form for investigations, written clarifications provided to DSHS.JR.

G: N/A for Woodinville CF.

H: N/A for WCF.

Woodinville uses a coordinated response agency that encompasses many associated agencies for services when there is a sexual abuse allegation. This complies with the requirements of this standard in training and education regarding knowledge of sexual assault and forensic examination—as confirmed by interview.

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations of practice and culture.

Not Completed during corrective action—at the agency level

Sections A and B are not compliant until the agency has a qualified PREA investigator, appropriate policies and procedures, train all staff, and ensure the process is ingrained into the culture of the agency and facilities.

Reviewed:

1. Email communication and affirmation from facility to WPD and back to WCF
2. WSP agreement with Washington DSHS
3. JR policy 5.90 section 49
4. JR Policy 5.90 section 25 Conducting PREA Criminal Investigations
5. JR Policy 5.90. sections 15-15.4: 19,
6. JR Policy 5.90 sections: 24 Administrative report of incidents
7. CPS Manual

8. PREA sexual abuse report form
9. IRR rejection form guidelines and Unacceptable RR forms
10. DSHS, JR list of crimes and Negative actions
11. DSHS/WSP Protocols for DSHS investigations
12. DSHS/WSP Scenario Guideline
13. Advocate Posters at Woodinville
14. Email confirmation from advocate organization
15. Woodinville Coordinated Response Plan

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.322 Compliance Assessment: Not compliant—at agency level.</p> <p>Once an allegation is reported, there is a specific process by which sexual abuse and sexual harassment investigations are assigned and conducted. If an incident may result in a criminal case, the Community Facility Administrator (CFA) contacts law enforcement and CPS. If law enforcement chooses, they will work alongside the CPS investigator to interview the victim and alleged perpetrator.</p> <p>If it is a staff-on-resident sexual abuse allegation, Washington State Patrol and Child Protective Services (CPS) is contacted and investigates. There have been zero allegations of sexual abuse or harassment since the last audit, and zero investigations conducted at Woodinville Community Facility.</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.). <a href="https://www.dshs.wa.gov/sites/default/files/JJRA/jr/documents/JR-Policies/Policy5.90.pdf">https://www.dshs.wa.gov/sites/default/files/JJRA/jr/documents/JR-Policies/Policy5.90.pdf</a></p> <p>Woodinville PREA Compliance Manager has a comprehensive form to track relevant data, date of report, date referred to law enforcement, CPS, or Washington State Patrol (WSP), date criminal investigation completed, date of referral to administrative investigator, incident review date, resident notification dates, as well as additional information.</p> <p>Currently, CPS is tasked with conducting PREA resident-on-resident sexual abuse administrative investigations, and JR conducts PREA Administrative investigations, if CPS declines or the allegation is sexual harassment, based on their child abuse protocol. The CPS child abuse/neglect investigation is helpful information to include in the PREA Administrative Investigation but does not comply as the PREA Administrative Investigation.</p> <p>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 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.</p>

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 the DSHS JR PREA Coordinator; however, the PREA Coordinator does not have the "investigator" credentials required by the standards to be a PREA Administrative investigator and CPS conducts child abuse/neglect investigations. The PREA sexual abuse and sexual harassment PREA administrative investigator(s) must have a strong investigative background and relevant training in conducting sexual abuse investigations, 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.

Washington State Patrol and DSHS.JR have an investigation agreement, which includes a referral form. This form is used to refer staff-on-resident sexual abuse and sexual harassment allegations.

JR 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.

Corrective action not completed in the corrective action period—by the agency

An PREA Administrative Investigation, by a qualified PREA investigator, must be completed on all sexual abuse or sexual harassment allegations to a finding of unfounded, unsubstantiated, or unfounded.

The PREA Investigator, with the required qualifications, experience, and training, must then complete the additional high-level training-investigating sexual abuse in juvenile confinement

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.

Reviewed:

1. Email communication and affirmation from facility to WPD and back to WCF
2. WSP agreement with Washington DSHS
3. Policy 5.90 section 22-28
4. CPS Manual
5. PREA sexual abuse report form

6. DSHS/WSP Protocols for DSHS investigations
7. DSHS/WSP Scenario Guideline
8. PREA sexual abuse report form

115.331	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Exceeds Standard	
<b>Auditor Discussion</b>	
<p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.331, 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>Woodinville Community Facility employees have all been formally trained on required PREA related topics. This includes agency and facility policies and procedures-including zero tolerance, online and classroom PREA trainings—before contact with residents, yearly refresher training, and weekly staff meeting PREA discussions. 100% of staff, volunteers, and contractors could tell me about the zero-tolerance Woodinville Community Facility has for sexual abuse and sexual harassment.</p> <p>Staff complete a comprehensive checklist of training and checks before they are allowed contact with residents in the facility. Employees complete required trainings in many learning styles including hands on, visual, thought provoking, reading, role playing and testing of knowledge. After completing trainings, staff are required to sign a form stating they fully understand the Zero Tolerance rule, their responsibilities as mandatory reporters, and agency policies (5.90, 1.23. Staff sign their understanding of each training they complete, including refreshers.</p> <p>Staff complete training geared at working with male and female populations: Training includes rights of residents, reporting, sexual harassment, dynamics of sexual abuse, difference between consent and abuse, mandatory reporting factors contributing to delinquency (males and females); gender influence socialization, communication styles and behaviors. Additional training includes:Boys emotions, identity, characteristics. 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 Woodinville staff complete a PREA refresher training. This includes 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, LGBTQI, youth red flags and higher risk factors, and maintaining a non-sexualized environment.</p> <p>Review of staff files confirmed the required new employee online, classroom, and yearly refresher (if they have been at WCF more than a year). 2018 training curriculum and statements of understanding were included in staff files also. Statements of understanding for all required trainings were in each staff file.</p>	

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.

The auditor reviewed the JR agency policies, training, and Woodinville Community Facility procedures and files, and determined that the staff training addresses the following areas:

1. JR 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. 93% of staff were able to answer questions and describe knowledge and actions for the above 11 topics, and with a few probing questions, all staff were able to describe their training and practice for the required topics. All staff also report weekly discussions on PREA topics or issues at staff meetings and give this auditor examples of topics covered.

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.

Reviewed:

1. Policy 5.90 section 32.1, 32.2, 32.3, 32.4, 32.5, 32.6, 32.7, 32.8, 32.9, 32.10, 32.11,
2. Annual training refresher curriculum,
3. statements of understanding,
4. File review—training documentation
5. Interview notes
6. PREA online training
7. PREA Classroom training
8. LGBTQI handouts

9. Red flags and higher risk handout
10. Working with male populations training power point
11. Policies: 1.23, 2.10, 3.20, 4.30, 4.60, 5.70, 5.91, 6.20
12. PREA staff refresher curriculum
13. Interviews

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.332, 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>Volunteers and contractors go through a similar hiring process as Woodinville staff. They sign the sexual disclosure form, have a background check completed—including child abuse registry check, meet with administrator and go over PREA policies, complete the volunteer checklist, and receive and review the Guide to the Prevention and Reporting of Sexual Misconduct Brochure.</p> <p>In addition, volunteers and contractors receive training through the National Institute of Corrections, using “Keeping our Kids Safe” video, and receive yearly refresher training with staff. The Volunteer/Contractor Acknowledgement, each one signs, attests to the understanding of the policy, training, guide, zero tolerance, maintaining appropriate personal boundaries, understanding not to develop personal, unduly familiar, emotional or sexual relationships with residents at Woodinville Community Facility, and their immediate duty to report any knowledge, suspicion or information received regarding an incident of sexual abuse, sexual harassment, and retaliation; and, the understanding of how and who to report and respond regarding an allegation of sexual abuse or sexual harassment.</p> <p>Woodinville community Facility 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.</p> <p>Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> <li>1. PREA training Acknowledgement—signed by volunteers and contractors</li> <li>2. Signed PREA Sexual Misconduct Disclosure Form,</li> <li>3. Interview Notes</li> <li>4. PRE-audit Questionnaire</li> <li>5. JR Policy 5.90 section 36</li> <li>6. Review of files</li> <li>7. Volunteer signature of understanding of training</li> <li>8. Training on working with male populations and training understanding statements</li> </ol>



<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.333</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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>At Woodinville Community Facility (WCF), residents receive Zero-Tolerance information and education at intake. At this point, residents receive the PREA Acknowledgement Form and staff read the information and ensure residents understand zero-tolerance, right to be free from sexual abuse and sexual harassment, how to report, the right to be free from retaliation for reporting, and the response procedure to sexual abuse and sexual harassment. The presentation is completed in a one-on-one session so the resident feels more comfortable with this topic, to protect the resident’s right to privacy, and ensure resident can ask all the questions he has without embarrassment. The resident and staff sign the education form to document understanding and presentation. Residents sign their understanding and that the information was presented to them.</p> <p>On the same day as the above information is presented, residents also receive additional education covering their right to be safe from sexual abuse and sexual harassment committed by staff or other residents, to be safe at all times, that no one has the right to touch them or say things to them in a sexual way, ways to report if they have been sexually abused or sexually harassed, how Woodinville Community Facility takes every report seriously and will immediately begin an investigation and protect the resident from others that try to get revenge because of a report or help with an investigation, how to report known, or suspicions, of sexual abuse or sexual harassment. In addition the training includes who to report to—including in the facility, in writing, the outside hotline, or telling someone you trust. Residents are given the Youth Safety Guide.</p> <p>During corrective action, the PREA education was changed to include the initial PREA education at intake and within 10 days a more comprehensive PREA education. All current residents received a comprehensive PREA education in March 2019 to become compliant with this standard.</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 are read to residents at a pace that is comfortable for the particular resident, acknowledgment is made that the information may</p>

make the resident feel uncomfortable but that it's important they understand WCF takes sexual abuse and sexual harassment very seriously. In addition, the resident is informed that staff is available to speak privately later. Documentation of both PREA education training is completed in the PREA Youth Education Log to ensure all residents have received the required PREA Education.

Residents receiving the above education, sign their understanding and awareness of the information presented to them, including zero tolerance policy, and reporting suspicions or knowledge of sexual abuse and sexual harassment. As per policy, 5.90 section 39, ensures residents receive the required PREA training upon arrival, even if transferring from another facility. Tracking movement from another facility to Woodinville is done on the Movement Roster.

32 residents have been admitted to WCF, in the last 12 months, and all residents received PREA education. WCF combines the intake and comprehensive training; however, during corrective action changed that practice to comply with this standard requiring the Resident education be completed in two separate sessions.

All residents interviewed were knowledgeable about reporting, notifications, zero tolerance, advocate services, sexual abuse and sexual harassment definitions, and without exception said they are safe at Woodinville Community Facility. 100% identified multiple ways to report, including an outside source. Residents were well informed, and the process of resident education was changed to reflect PREA compliance, not because current residents were not well informed and knowledgeable.

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 calls 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.

WCF makes sure key information about the agency and facility's PREA policies are readily available to residents. PREA posters in Spanish and English are posted in the Woodinville Community Facility, as well as flyers that provide information about advocate services and the outside reporting agency are posted near the phone and on bulletin boards. Youth Complaint Forms and a locked box is readily available for residents to use on the wall of the common area, and the youth safety guide is given to residents at intake and also readily available to residents.

Policy supporting practice is: Policy 5.90: sections: 37-41

37. All youth must receive age-appropriate information about sexual abuse and sexual harassment on the day of arrival. (PREA Standard 115.333 (a)) The information provided must: 37.1. Explain the agency's zero-tolerance policy, 37.2. Provide information about how to report incidents or suspicions of sexual abuse or sexual harassment.

37.3. Youth must sign the PREA Youth Intake form (DSHS Form 20-280) and have a copy placed in the Case File. 38. Within 10 days of entry and placement, JR must provide comprehensive age-appropriate education to youth either in person or through video. The education must address: 38.1. Their rights to be free from sexual abuse and sexual harassment, 38.2. Their rights to be free from retaliation for reporting any incidents, and 38.3. The agency's policies and procedures for responding to such incidents. 39. Youth must receive education upon transfer to a different facility to the extent that the policies and procedures at the new facility are different from those at the previous facility. 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 Policy 2.50, Accessing Interpreter and Translation Services for Youth and Families, as well as to youth who have limited reading skills. 41. JR must document each youth's participation in PREA education sessions. Documentation will be maintained on the Youth PREA Education Session Acknowledgment form (DSHS Form 20-281, 42. JR must ensure that key information is continuously and readily available or visible to youth through posters in the living units, facility handbooks, and other written formats.

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Reviewed:

1. DSHS Policy 5.90 section 37-42
2. Resident Acknowledgement Form: What You Need to Know About Sexual Abuse and Sexual Harassment
3. JR Youth Safety Guide—English and Spanish
4. PREA Education Form
5. PREA poster in Spanish and English
6. Facility tour notes
7. Translator line and services
8. PREA educational material
9. File review notes
10. Interview notes: Resident, Screening Staff, Intake staff, Administrator, Random Staff, Residents who English is not their first language
11. PREA education binder
12. Spreadsheet with all residents and training sessions completed
13. Resident form of understanding of comprehensive training

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.334</p> <p>Compliance Assessment: Not compliant at the 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; however, this does not comply with the PREA standards. JR made the move for the right reasons; however, the PREA coordinator does not have the “Investigator” qualifications required in the standards, and due to ongoing work with the staff and residents of each facility is not compliant.</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.</p> <p>As the PREA Coordinator (PC), he conducts training for staff, assists facility PREA Compliance Managers (PCM) and facilities comply with the National PREA Standard, 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.</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>PREA Standards in Focus 115.334  <a href="https://www.prearesourcecenter.org/sites/default/files/library/115.34.pdf">https://www.prearesourcecenter.org/sites/default/files/library/115.34.pdf</a></p> <p>“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.”</p>

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 in the corrective action period:

1. DSHS JR PREA Investigator must bring to the position prior experience and qualifications in investigating sexual abuse.

a. Standard Variation: “The Juvenile Facilities 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. would work, and in the case of potential contractors, consult any applicable child abuse registries.”

2. 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.

3. Create a job description for the PREA Investigator, based on standard requirements and change policy, training, and investigative process to reflect this change

4. Train management and staff

5. Upload curriculum, signed statements of understanding, job description, updated agency policy and procedure, JR facility procedure (SOP) regarding referral of allegations, and

6. Create a working protocol for the PREA administrative investigations.

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Reviewed:

1. 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

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>N/A</p> <p>Woodinville Community Facility does not have medical or mental health practitioners who work regularly in their facility. They do not conduct forensic exams</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.341</p> <p>Standard 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>Woodinville Community Facility (WCF) operates under the parent agency (JR) policy 3.20 section 3 regarding screening for sexual aggression and vulnerability. When residents arrive, and during intake, this assessment is conducted using the Sexually Aggressive Vulnerable Youth Assessment (SAVY), an objective screening instrument used for over 5 years. This instrument is used to gather important resident information related to history and behaviors associated with risk of sexual abuse.</p> <p>The SAVY is administrated by staff who are trained to administer and interpret this instrument and records review confirmed that all SAVY assessments are conducted within 72 hours. Completion of this assessment is documented in the resident's file and in the database. In addition to the SAVY, all residents are also assessed using the Sexual Orientation, Gender Identity, and Gender Expression Questionnaire. (SOGIE)</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 residents own perception of vulnerability. Upon intake and at least every 6 months, the SAVY is assessed for changes to risk or vulnerability.</p> <p>32 residents entered the facility within the last 24 hours and 31 had a stay of more than 72 hours. All 32 were assessed for sexually Aggressive or Vulnerability at intake and within the 72-hour window given by the PREA standards.</p> <p>Policies that support WCF current practice include 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. JR Policy 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</p>

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, but most times within 90 days.

Interviews confirm the following intake process, at Woodinville Community Facility. Review of all former SAVYs and SOGIEs, past assessments, education, history, medical and mental health, and all former paperwork in the new resident's file and on record. Form 20-318 is the intake checklist for community facilities and is followed to ensure all required screenings, PREA requirements, intake processing requirements, personal reviews, document reviews, forms, and orientations are completed and signed by both the resident and staff, including a review with the resident's case manager. Requirements document the SAVY and SOGIE are completed at intake, and PREA resident intake education is completed. Room assignment is completed only after initial screenings—including suicide and self-harm, SAVY, SOGIE, file review, conversation with the resident, and required education and orientation are completed—including PREA education.

Woodinville takes confidentiality very seriously and ensures that sensitive sexual information obtained through assessment and investigation is kept confidentially and only provided to designates staff who need to know the information. Review of resident's files confirms that the SAVY and SOGIE were completed consistent with PREA standard requirements. 90% of residents interviewed confirmed the required questions for risk assessments were asked of them at intake. The other 10% could not remember but knew there were a lot of "PREA" questions and paperwork at intake.

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.

Policy 3.20 (39) Assessing Sexually Aggressive or Vulnerable Youth Policy: "JR must assess all youth for risk of sexual aggression and sexual vulnerability. The sexually Aggressive/Vulnerable youth (SAVY) Assessment (Form 20-222) must be used in conjunction with available relevant records to assess each youth's risk for sexually aggressive behavior and vulnerability to sexual victimization....Intake Specialist must complete the SAVY within 72 hours of arrival at the initial facility placement....SAVY will be updated every 90 days and at a minimum when the Client Behavior Assessment (CBA) is completed...SAVY will be updated when: youth: returns from a different JR facility; returns to JR for parole revocation; returns from Authorized Leave over 12 hours; returns from time in county detention for new charges or court stay; exhibits any significant change in behavior; has new incidents or disclosures related to sexual aggression or victimization...it must be updated within 24 hours where youth will have a roommate, within 72 hours where youth do not have a roommate."

- 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.
- 14) Woodinville Intake packet: resident information card, intake checklist, PREA education form, PREA education Acknowledgement, End of Silence flyer on how to report abuse, Youth complaint an appeal procedure, youth complaint and legal assistance form, Release to parent/guardian, Communication notice, agreement to participate in programming and treatment, Inventory, Personal Property Procedure, financial plan, release for employer, disciplinary standards/policy/procedure, no tobacco use, movie, games, gang affiliation or identification form, gambling and borrowing policy/procedure, Narcotics, fire arms, intoxication and search law, drug and alcohol policy/procedure, escape policy, participate or decline religious activities form, health screening form, skill acquisition assessment, release of information, visitors policy, and telephone log. (not all-inclusive list)

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>JR Policy 3.20 Assessing Sexually Aggressive or Vulnerable Youth (SAVY), “establishes policy and procedure for determining sleeping quarter assignments, supervision requirements, and special community placement eligibility based on an assessment of JR youth’s risk for sexually aggressive behavior and vulnerability to sexual victimization.” It outlines the 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.” 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.</p> <p>During corrective action, JR policy was changed to reflect practice in place. “JR must use all information obtained to make housing, bed, program, education, and work assignments for youth with the goal of keeping youth safe from sexual abuse.”</p> <p>Interviews confirm the following intake process, at Woodinville Community Facility: review of all former SAVYs and SOGIEs, past assessments, education, history, medical and mental health, and all former paperwork in the new resident's file and on record. Form 20-318 is the intake checklist for community facilities and is followed to ensure all required screenings, PREA requirements, intake processing requirements, personal reviews, document reviews, forms, and orientations are completed and signed by both the resident and staff, including a review with the resident’s case manager. Requirements document the SAVY and SOGIE are completed at intake, and PREA resident intake education is completed. Room assignment is completed only after initial screenings—including suicide and self-harm, SAVY, SOGIE, file review, conversation with the resident, and required education and orientation are completed—including PREA education.</p> <p>Review of youth cases verified completion of the SAVY and SOGIE, during the intake process. This included an assessment of gender expression and the youth’s perception of their own safety. JR policy 4.6, section 7, reinforces practice at Woodinville Community Facility 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”</p>

In the past 12 months, no youth were placed in isolation at Woodinville or placed in particular housing based on identification as LGBTQI. Woodinville does not use isolation or have the facilities for isolation, of residents. The facility tour and interviews confirmed isolation is not used and the Woodinville Community Facility does not include isolation cells or rooms. Housing and program decision are made on an individual basis, based on that resident's information and assessments, including the SOGIE. This includes all residents, including those identified as LGBTQI.

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.JR 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

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Reviewed:

1. JR policy 3.20, sections 6,7,8,9
2. JR policy 5.90 section 43.1
3. Files
4. JR Policy 4.6 section 7, 10, 14.5
5. Interviews: PCM, random residents, Administrator, Random staff, Upper-level staff,
6. Pre-audit Questionnaire
7. PREA policy 114.341
8. Pre-audit questionnaire
9. Resident File reviews
10. Woodinville Intake Packet
11. Examples of initial client information received
12. Examples of suitability screens
13. Case notes of individual residents about placement
14. Updated Policy 5.90 section 41

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.351</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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review</p> <p>Woodinville 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>Additional information is given to residents in a comprehensive PREA education session. This information reinforces the ways to report and points out posters, flyers, hotline numbers, complaint form and locked box posted in the living unit. Residents are read this material, discuss it with a knowledgeable staff, and sign a PREA education acknowledgment form that states ways to report sexual abuse and sexual harassment, staff neglect or retaliation.</p> <p>Safety posters, in both English and Spanish, are large and obvious on the walls of this facility, that tell residents of their right to be safe and a reporting number (CPS) to call with any allegations of sexual abuse or sexual harassment. Child Protective Services (CPS) investigates allegations of child abuse, including sexual abuse or sexual harassment.</p> <p>All, but one resident interviewed articulated that if someone was harming them, they would tell a staff member, or write a complaint. The vast majority of youth (all but one) also knew about the hotline number they could call to talk report to. All youth also indicated that they felt comfortable approaching Woodinville staff; that staff cared about them and they trusted 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>At Woodinville, residents can call their attorney and at intake residents fill out a form explaining the youth complaint and legal assistance process available to all residents. 100% of residents said that call would be confidential, as would the one to advocate services. Residents reported they have never been turned down when requesting an attorney call.</p> <p>All allegations of sexual abuse and sexual harassment are documented in an incident report,</p>

in ACT. This aids the investigative process by providing detailed documentation and ensures facility procedures are followed. 100% of staff confirmed, in interviews, that they document all knowledge, suspicion or reports of sexual abuse or sexual harassment in an incident report. All included third-party and anonymous reports in requirements for them to report. A majority of staff articulated it is better to report and be wrong, then not to report and a resident is abused.

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 Woodinville Community Facility. 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 Woodinville practice.

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Reviewed:

- 1) PREA Youth Intake Form
- 2) Signed Youth Intake Forms
- 3) PREA Comprehensive Education forms
- 4) JR Policy 2.10 section 4, 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 13, 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. Numbers posted by phone.

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Compliance Determination: N/A</p> <p>JR and Woodinville Community Facility does 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	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Woodinville has a Sexual Abuse Coordinated Response Plan that includes all actions taken when sexual abuse is alleged. This plan includes areas to document each step is taken, including providing access to a victim advocate. The King County Sexual Assault Unit facilitates access to the King County Sexual Assault Resource Center (KCSARC) <a href="https://www.kcsarc.org/">https://www.kcsarc.org/</a>.</p> <p>The Youth Safety Guide, given to each resident at intake, states that “you will receive emergency medical treatment and be offered access to victim support services and counseling. In addition, flyers are posted in the facility that provides residents the contact information for KCSARC. These services are provided confidentially, and agency policy backs up this practice. (JR 6.20.) Interviews with KCSARC confirmed that they will provide legal and medical advocacy, any requested counseling, ongoing advocacy, and 24-hour crisis line for any resident of Woodinville Community Center; however, there is no MOU or letter/email of understanding to this effect. Advocates receive all required training and additional training of working with incarcerated individuals, so they have a clearer understanding of PREA and how to work with adults and residents of facilities.</p> <p>The Washington Coalition of Sexual Assault Programs provides advocates with training in working with incarcerated survivors, that includes: What is the Prison Rape Elimination Act; Advocacy with Incarcerated Survivors of Sexual Violence; Prison Culture; Compromise &amp; Manipulation; Advocacy at the Forensic Exam with Incarcerated Individuals; PREA Investigations; Introduction to Safety in Facilities; In Person Services; and Facility Orientation. They provide advocates 24/7 as well as a crisis hotline.</p> <p>During the corrective action period the coordinated response plan was changed to reflect informing the resident of the confidentiality of the call and the extent to which reports of abuse will be forwarded to authorities, in compliance with mandatory reporting laws-- before residents make a call to an advocate. Staff were trained to ensure follow-through and the coordinated response form changed to reflect documentation of who made the notification to the resident, date, and time. All staff signed statements of understanding.</p> <p>In interviews, residents stated they are afforded the opportunity to contact their lawyers as needed (i.e. staff asks 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.</p> <p>Woodinville Community Facility has a very open policy and encourages communication with residents’ families and pro-social relationships in order to promote a successful transition back into the community. There is no limit to number letters a resident can mail, phone calls can be as often as daily, and a minimum of two calls per week. Visits are encouraged and can be arranged to accommodate parents/guardians.</p>

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Reviewed:

- 1) Interview notes: KCSARC 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) KCSARC flyers posted in unit
- 6) KCSARC website
- 7) KCSARU website
- 8) Woodinville Coordinated Response Plan
- 9) Youth Safety Guide

115.354	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.354, based upon a 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 Woodinville Community Facility (WCF), 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 <a href="https://www.dshs.wa.gov/node/6449/">https://www.dshs.wa.gov/node/6449/</a>, 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"> <li>1) JR website <a href="http://www.dshs.wa.gov/node/6449/">http://www.dshs.wa.gov/node/6449/</a></li> <li>2) JR Policy 5.90 section 10</li> </ol> <p>Pre-audit questionnaire</p>



<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.361</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, Juvenile Rehabilitation (JR) and Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>100% of WCF staff interviewed reported that they are mandatory reporters and clearly stated they report all known, suspected and reports received regarding sexual abuse and sexual harassment. They document this action by filling out an Incident report in ACT. Staff verbalized the process of reporting and assisting a resident who alleges sexual abuse or harassment. Woodinville staff clearly confirmed the necessity of keeping reported information confidential and only disclosing the information on a need to know basis (policy 5.90 section 29). When asked if there is a way for them to report confidentially, all responded affirmatively and named at least two of the following: CPS, up the chain of command, or law enforcement.</p> <p>WCF staff receive online, classroom and yearly refresher training, and PREA is a topic of conversation in the facility during weekly staff meetings. The preventative and preemptive practice of constant reminders, training, and accountability demonstrated at WCF indicates a culture of safety and responsibility. (See 115.331 for topics of training).</p> <p>JR has several policies/procedures, reinforcing practice, 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. Those include: JR policy 5.91, "Juvenile Rehabilitation employees are mandatory reporters under Washington State Law (RCW 26.44.030 and RCW 74.34.035;" 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;" and, JR Policy 5.90 section 10, "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."</p> <p>In addition to the above, Washington State Child Abuse Reporting Law (RCW 26.44.030) states, "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>This is further supported by the Washington State Patrol (WSP) "WSP DSHS Agreement" and the "Criminal Investigations Agency Responsibilities" which mentions the JR requirement for</p>

reporting and is posted on the agency website.

The PREA Compliance Manager/Administrator confirmed that all required notifications will be made upon receiving an allegation of sexual abuse. Woodinville Community Facility uses the WCF Coordinated Response Plan to document the date notifications are made, what notification is made, and what staff made the notification. This practice is supported in JR 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 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.”

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.

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) Washington State Statutes/laws RCW 26.44.030, RCW 26.44.040.
- 5) Interview and notes: Random staff, PCM, Administrator
- 6) PREA Investigative Report
- 7) Staff online, classroom and refresher training

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>Woodinville Community Facility (WCF) staff, complete PREA online, classroom, and refresher training, and discussions of PREA related issues are held in weekly staff meetings. Staff, as confirmed by interviews and policy review, understand and are prepared to respond quickly to ensure residents are safe. Interviewed staff were consistently able to walk this auditor through the steps of a first responder quickly, with confidence, and accurately.</p> <p>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>During Corrective action Woodinville Community Facility and JR developed a Standard Operating Procedure for Youth at Substantial risk of Imminent Sexual Abuse. This SOP spells out required action the facility must take if a resident is deemed at substantial risk of imminent sexual abuse.</p> <p>All staff were trained on this procedure for dealing with a situation in which a specific resident is in imminent danger of sexual abuse, whether by staff, peer or community member and the actions to be taken by initiating staff and management when such a situation should arise. All staff signed statements of understanding.</p> <p>The pre-audit questionnaire states that there have been no incidents where a resident was at imminent risk of sexual abuse.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> <li>1. JR Policy 5.90 section 20</li> <li>2. Interview notes: random staff, administrator,</li> <li>3. PREA Orientation Checklist (Employee)</li> <li>4. Staff/contractor/volunteer Acknowledgement of training form</li> <li>5. Staff Training spreadsheet</li> <li>6. SOP on imminent sexual abuse</li> <li>7. staff training and understanding</li> </ol>

115.363	<b>Reporting to other confinement facilities</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1476 658">Standard Certification of Compliance: This auditor certifies compliance with standard 115.363, based upon a 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review. Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.</p> <p data-bbox="252 712 1437 831">WCF reports, on their pre-audit questionnaire and by interview, that they have not received any reports of a resident alleging sexual abuse in a previous placement within the last 12 months.</p> <p data-bbox="252 884 1481 1128">Management/ PCM interview confirms the process for reporting sexual abuse reports received at Woodinville, occurring in another facility; and, receiving a report from another facility, that occurred at Woodinville, is the following: WCF Administrator reports to the head of the facility where the alleged incident happened, notifies Child Protective Services (CPS) within 24 hours as well as local law enforcement where the incident occurred, documents all contacts, and notifies the JR agency PREA Coordinator.</p> <p data-bbox="252 1182 1469 1473">JR policy supporting this practice is: "Policy 5.90 section 21 that 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 enforcement, if appropriate. The notification must be documented. 21.2. The JR PREA Administrator must be notified."</p> <p data-bbox="252 1527 1453 1771">In addition, interviews and policy confirm that the allegation is investigated like any other report of sexual abuse received by a JR Facility or specifically by Woodinville Community Facility. Policy supporting this practice is: 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> <ol data-bbox="252 1870 734 2074" style="list-style-type: none"> <li>1) Interview notes: Administrator</li> <li>2) JR Policy 5.90 section 21-21.2, 24</li> <li>3) Investigative Flow Chart</li> <li>4) Investigative policy</li> <li>5) Pre-audit questionnaire</li> </ol>



115.364	<b>Staff first responder duties</b>
	<p data-bbox="252 168 893 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 510 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1476 660">Standard Certification of Compliance: This auditor certifies compliance with standard 115.364, based upon a 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review. Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.</p> <p data-bbox="252 705 1476 1131">DSHS Juvenile Rehabilitation (JR) has a policy that details the steps required, in their facilities, when an allegation of sexual abuses is made. JR Policy 15-15.4 includes, “Separate the alleged victim and abuser; 15.2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 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; 15.4. 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 data-bbox="252 1176 1476 1467">WCF has a Coordinated Response plan that includes step-by-step instructions, specific to Woodinville, following the above JR policy requirements. This plan includes documentation of the date each step was completed and the name of staff that completed it, for any sexual abuse allegation received. Interviews overwhelmingly confirmed understanding, as staff walked this auditor through their first responder duties and documentation. Staff clearly knew where to find the coordinated response plan to document and check to ensure all steps are followed and documented.</p> <p data-bbox="252 1512 1476 1780">In addition, all, but one staff revealed they are knowledgeable about their first responder duties, including how to best preserve physical evidence by securing the scene. The single staff misunderstood my question and responded with the correct information as soon as it was clarified. All staff are trained on this procedure upon hire and again during annual refresher training. (See training documentation in Standard 115.331 and on the staff training spreadsheet included in this audit)</p> <p data-bbox="252 1825 1308 1859">There have been zero allegations of sexual abuse, at WCF in the last 12 months.</p> <p data-bbox="252 1948 383 1982">Reviewed:</p> <ol data-bbox="252 1993 1037 2150" style="list-style-type: none"> <li>1) Woodinville Coordinated Response Plan</li> <li>2) Interview notes: Administrator, random and specialty staff</li> <li>3) Pre-audit questionnaire</li> <li>4) Policy 5.90 section 21.1-2</li> </ol>

5) Policy 5.90 section 24

6) Staff online and classroom training and refresher training

7) Notification form

115.365	<b>Coordinated response</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 507 360">CStandard 115.365</p> <p data-bbox="252 416 1465 618">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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p data-bbox="252 674 1469 831">Woodinville Community Facility 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 data-bbox="252 887 1469 1133">The Woodinville Community Facility’s Coordinated Response Plan includes documentation of date and staff performing the requirement of: first responders duties, medical, referral to advocate services—King County Sexual Assault Unit for coordinated services, , referral to law enforcement and CPS, contacting PREA Coordinator/investigator, retaliation tracking, incident report, confidentiality and need to know, parent contact, youth notifications, referral to Child Protective Services, a uniform evidence protocol, and making administration contact.</p> <p data-bbox="252 1189 1469 1480">Number 7 on the WCF Coordinated Response Plan requires “requesting signed statements from residents.” This is an investigative function and not a facility function. Documenting what a resident tells you freely, by noting only basic details is ok, anything outside of this is an investigative function and can taint the investigative process. During corrective action, the Coordinated Response Plan was changed to include the distinction that the investigative function is not a part of the first responder duties. Staff were trained and signed statements of their understanding were included in audit documentation.</p> <p data-bbox="252 1536 1469 1648">Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.</p> <p data-bbox="252 1704 384 1738">Reviewed:</p> <ol data-bbox="252 1749 1034 2074" style="list-style-type: none"> <li>1) Woodinville CF Coordinated Response Plan</li> <li>2) Interview notes: Administrator, random and specialty staff</li> <li>3) Pre-audit questionnaire</li> <li>4) Policy 5.90 section 21.1-2</li> <li>5) Policy 5.90 section 24</li> <li>6) Staff online and classroom training and refresher training</li> <li>7) Notification form</li> <li>8) Coordinated Response plan and training documentation</li> </ol>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Review of the Union (AFSCME) contract found no language that prohibited the agency 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

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.367</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.367, based upon a 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review. Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture</p> <p>JR has the 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, Policy 5.90 section 30, "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 designees 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."</p> <p>Woodinville Community Administrator is the designated staff to track and monitor any possible retaliation. Interviews confirm this would be done by reviewing facility actions, resident level, changes in actions by staff or resident, and having conversations with the staff and resident. JR form 20-287 is used to ensure retaliation is monitored and documented for at least 90 days and longer if necessary. Each resident has a designated counselor who I assigned who would plan an integral part in assisting with monitoring for retaliation.</p> <p>The counselor and administrator work together to ensure any changes are made at the facility to protect residents from retaliation—those include room changes, support for the resident, and any other action necessary, on a case-by-case basis to protect the resident. Interviews confirm that action would be taken immediately to remedy any retaliation taking place at WCF. In addition, if another resident, who had a part in the reporting or investigation, also has an assigned counselor who checks in with him to ensure the same protection as the reporter.</p> <p>Although the standards release the facility from obligation to monitor, if the allegation is determined unfounded, WCF is committed to continuing to check in with the resident to ensure repercussions for the reporting do not occur- outside of any official action adjusting treatment and consequences.</p> <p>This practice is backed up by JR policy 5.90 section 33.3: , "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</p>

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-.3. "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."

WCF pre-audit questionnaire states that there were zero allegations of sexual abuse in the last 12 months and so no retaliation tracking; however, policy, training, and practice knowledge are in place and format for documentation is readily available to use should the need arise.

Reviewed:

1. Policy 5.90 section 30-1-3
2. WCF Coordinated Response Plan
3. JR Retaliation tracking form
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

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Standard: 115.368 - Post-allegation protective custody N/A Woodinville does not ever use isolation, nor have the facilities to do so. Standard:  Reviewed: 1. Tour of facility 2. Interviews, staff, and residents 3. Pre-audit questionnaire

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.371 Investigations  Compliance assessment: not compliant at agency level</p> <p>Woodinville Community Facility does not conduct administrative or criminal investigations. They operate under parent agency, Juvenile Rehabilitation (JR), policies.</p> <p>When Woodinville Community Facility receives an allegation of sexual abuse or sexual harassment, the allegation is referred to the Woodinville Police Department (contracts with King County Sheriff's Office), Child Protective Services (CPS), and the Juvenile Rehabilitation (JR) agency PREA Coordinator.</p> <p>If law enforcement conducts a criminal investigation...  All criminal sexual abuse or sexual harassment investigations, staff-on-resident, are conducted by the Washington State Patrol (WSP).</p> <p>Criminal investigations for resident-on-resident sexual abuse and sexual harassment allegations are conducted by the King County Sherriff's Department, who is contracted with the Woodinville Police Department.</p> <p>This is a coordination of agencies to ensure allegations of sexual assault of teenagers and adults in King County receive cooperative investigations and services. It is an agreement between key agencies to promote more effective and efficient responses by agencies to help ensure actions of one agency do not compromise the goals of another, and that services are available for all victims and their families. This Protocol includes law enforcement, Child Protective Services, Washington State Attorney General's Office, King County Sexual Assault Resource Center and other partners.</p> <p>Law enforcement notifies Child Protective Services (CPS) if they receive an abuse report that has not originated from CPS. In the case of residents at Woodinville, because residents are assigned to the Juvenile Court, the assigned assistant attorney general and prosecutors office and/or law enforcement share information as necessary to keep each agency apprised as to the status of the case or investigation.</p> <p>Law enforcement conducts the criminal investigation, either Washington State Patrol or a King County Sexual Assault Unit. Their role is to determine if a crime occurred, gather all pertinent facts and information and refer to the 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, processing scene and evidence, search warrants, injuries, and medical records. Included in this protocol are detailed investigative steps—including procedures for children and adults.</p> <p>The JR Policy supporting investigation: JR Policy 1.22 section 33. "JR will support the needs of</p>

the external investigators such as Washington State Patrol (WSP), local law enforcement or Child Protective Services (CPS) when they are conducting an investigation”

CPS notifies law enforcement within 24 hours of receiving an allegation of sexual abuse. 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 it to law enforcement.

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 there is alleged neglect in protecting a child from third party abuse. CPS defers to law enforcement regarding the investigation.

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.

JR PREA Administrative Sexual Abuse and Sexual Harassment Investigations:

This PREA Standard requires: “Where sexual abuse is alleged, the agency shall use “investigators” who have received special training in sexual abuse investigations involving juvenile victims; 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”

Currently, JR uses the CPS child abuse/neglect 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 JR facility, their main focus is child abuse/neglect for youth under 18 and not sexual abuse/harassment investigation as required by the PREA standards. 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 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.

A PREA administrative investigation must be completed on all allegations of sexual abuse and sexual harassment. When law enforcement declines to investigate the allegation or if they do not investigate to a finding, as required by the PREA standards and definitions, then a PREA Administrative Investigation must determine what occurred to a finding of founded, unsubstantiated, or unfounded, using the standard of preponderance of the evidence. In addition, a more abbreviated PREA administrative investigation is conducted if law enforcement completes their investigation—this is due to different requirements of proof and different determination definitions for criminal investigations and PREA administrative investigations.

Currently, at Woodinville, if both CPS and Law Enforcement decline to investigate, the JR

PREA investigator (currently the PREA Coordinator) investigates the sexual abuse or sexual harassment allegation.

Currently, the JR staff PREA Investigator conducts a PREA Administrative Investigation when law enforcement does not conduct a criminal investigation, the criminal investigation is not completed to a finding, or if CPS does not complete a child abuse/neglect investigation.

Currently, if CPS or law enforcement investigates the allegation, the JR PREA investigator looks at their investigations and fills out the JR investigative forms and information required by PREA. If JR does not have all the information required, they ask additional specific questions.

JR 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.”

Currently, JR PREA administrative investigative staff are agency staff who have been designated to complete PREA Administrative investigations. This use of JR staff does not comply with this PREA standard which requires that the agency use experienced and trained “investigators” who then receive higher level specialized training in sexual abuse investigations involving juvenile victims in confinement, as required by 15.334.

Currently, Investigative training given to designated JR staff includes: DSHS Investigation training—Conducting Credible Personnel Investigations; two-day Comprehensive State Investigations; and Shorba and Wienand Investigation Training--Page 6 states to use only trained investigators and page 7 states specialized training is for those who are investigators and this training alone does not qualify someone as an investigator, and page 8 states investigators should already have experience and training in basic investigative skills.

PREA Administrative “Investigators” are then required to complete a higher level of additional specialized training on conducting sexual abuse investigations in juvenile confinement, such as the NIC online course- Investigating Sexual Abuse in a Confinement Setting and advanced investigating.

JR 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.”

A review of past incidents and news items, for DSHS.JR, indicates that a lawsuit was filed in 2018 alleging a Culture of sexual abuse at DSHS JR facilities. It further alleges that 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, some of these allegations were proven to be true and staff, who had remained working at the facilities, were charged.

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 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, and then providing additional high-level and specialized training as this standard requires.

This is especially important due to the number of staff-on-youth allegations made, that some investigations determined were unfounded, later proven to be true and staff were 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.

The JR Annual PREA Compliance Report, for all their facilities, reflects the following information:

1. Youth-on-Youth nonconsensual 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.

During the 6-month corrective period of each of the facilities, Green Hill, Twin Rivers, Parke Creek, and Woodinville, 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.

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 action period of Green Hill and subsequent corrective action period for Parke Creek, Twin Rivers and Woodinville. It is a grave safety concern and needs immediate action and attention.

Below, are the actions that were not completed 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, 371, and 372 remain out of compliance in policy, practice and culture compliance.

On July 1st, 2019, Juvenile Rehabilitation became part of a new agency, Washington Department of Children, Youth and Families (DCYF). DCYF states that it, “restructures how at-risk children and youth are served.” On this date, October 3, 2019, no progress has been reported on the investigative standards compliance.

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 (this facility 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 PREA compliant. It is highly irregular for PREA audits to be closed, by request from the agency, before either the end of the corrective action period, or when all corrections are completed, and the facility is PREA compliant.

Final Note:

DSYS JR has some policies and procedures in place that will make a good start towards compliance with this standard. They have worked to ensure safety in their facilities and to provide policies and procedures to back up safe practice; however, they must look at all investigative policies and procedures currently in place, and make appropriate changes to ensure the investigator, investigative policies/procedures, investigative practices, and investigative culture of their facilities is PREA compliant with the investigative standards.

A highly trained and experienced investigator, with understanding of criminal and administrative sexual abuse and sexual harassment investigations, will assist in making the changes necessary to create safe facilities. The knowledge from this investigator will help the agency build policies, procedures, practices, and a culture that will ensure all allegations of sexual abuse and sexual harassment are investigated promptly, thoroughly, and objectively, including third party and anonymous reports.

The CPS investigation has a focus of child abuse/neglect and is not a PREA Administrative investigation that investigates sexual abuse and sexual harassment to a finding of founded, unsubstantiated or unfounded. Using CPS investigations as PREA Administrative Investigations has shown to be inadequate in unfounded investigations, that were later found to have occurred. In addition, one investigation by CPS was unfounded, and the staff was charged. This occurred because the resident was over 18 and the unfounded determination was because the victim was not a child. The CPS investigation is a vital part of the process; however, augments the investigation but does not take the place of the PREA Administrative investigation. The state of Washington is now keeping residents up to the age of 25, and the CPS investigation is only for abuse/neglect of a child under 18.

Clarifications and documentation supporting findings:

PREA Standards in Focus 115.334

[https://www.prearesourcecenter.org/sites/default/files/library/115.34.](https://www.prearesourcecenter.org/sites/default/files/library/115.34.pdf)

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, “

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 PREA Standards in Focus

<https://www.prearesourcecenter.org/sites/default/files/library/115.71%20SI.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.”

<https://www.prearesourcecenter.org/sites/default/files/library/115.71%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.”

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

“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.”

[https://www.preaaudit.org/audit-questionnaire/questions?audit\\_standard\\_answer\\_id=14253](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.

<https://www.prearesourcecenter.org/sites/default/files/library/115.71%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.

“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”.

“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..”

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

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:

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.

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.

115.371 (c) 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.

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

115.371(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.

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

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.

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.

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.

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.

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, or when law enforcement gives permission for this to occur, and when law enforcement declines to investigate or investigate to completion-required by the PREA standards. Facility staff are trained and follow new policy, protocol, and standard operating procedures, when an allegation of sexual abuse or sexual harassment is alleged. The Investigator works with CPS and law enforcement to ensure all parts of the investigation are timely, objective, and coordinated.

A very detailed investigative procedure, personalized to each facility, 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.”

Culture compliance needs to be ensured. After the investigator(s) are in place, policy and specific investigative procedure updated, and all agency/facility staff trained, the agency and facility needs to ensure that no facility staff are doing any part of the investigation, and a positive reporting culture is in place and maintained.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.372:</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>Reviewed:</p> <ol style="list-style-type: none"> <li>1. Pre-audit Questionnaire</li> <li>2. Interviews</li> <li>3. JR Policy 5.90 section 31.1-.6</li> <li>4. Form 20-293</li> <li>5. JR Policy 5.90 section 31.5-5.1</li> <li>6. Youth Notification form</li> </ol>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.373</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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>If a resident alleges a staff member has committed sexual abuse, required notifications to residents are completed, at WCF, on JR form 20-293. 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>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 zero allegations of sexual abuse by a staff or resident. At WCF, in the last 12 months and no notifications to residents due to this.</p> <p>Policy that backs-up practice: Policy 5.90  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; 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; 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: 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; 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."</p> <p>Reviewed:</p>

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

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.376:</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.376, based upon a 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review. Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture</p> <p>Disciplinary standards for violating sexual harassment policies are determined based on a variety of factors which include staff member’s disciplinary history and nature and circumstances of acts committed. Substantiated incidents of sexual abuse by staff would be subject to these guidelines and therefore, in these cases, WCF and JR would have the right to immediately terminate staff who have engaged in sexual abuse.</p> <p>There have been no substantiated cases of sexual abuse at Woodinville community Facility, no employees have been terminated since the last audit and specifically in the last 12 months for violation of the facility’s sexual abuse or harassment policies. Interviews indicate the agency closely adheres to policies and protocols in this area.</p> <p>The 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 WCF pre-audit questionnaire states that 0 staff 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 Woodinville Community Facility.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> <li>1. JR Policy 5.90 section 6</li> <li>2. Pre-audit Questionnaire</li> </ol>

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

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.377</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 (DSHS) and Woodinville Community Facility (WCF), 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>WCF, through interviews, reviews, and statements is very clear that their primary function is to first keep all residents safe. Staff, contractors, volunteers or interns that violate that would face sanctions, referrals for prosecution, removal, and/or remedial action for violating that premise.</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>Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture</p> <p>Reviewed:</p> <ol style="list-style-type: none"> <li>1. JR Policy 1.60 section 16</li> <li>2. JR Policy 1.60 section 14</li> <li>3. Pre-audit questionnaire</li> <li>4. Interview notes,</li> <li>5. contractors, administrator, HR</li> <li>6. Tour and conversations</li> </ol>



115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.378</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 (DSHS) and Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review</p> <p>WCF has had zero criminal or administrative findings of guilt for resident-on-resident sexual abuse. Residents and staff sign the Disciplinary Standards: Community Facility that states that violations are serious and what the violations are—in compliance with the National PREA Standards.</p> <p>Residents who commit a serious violation are sent to a facility with a higher security level. Also, less serious sanctions are in place for less serious violations. Sexual contact is an “other violation;” however, a serious violation in involvement or conviction of a criminal offense would cover sexual abuse.</p> <p>WCF never uses isolation for discipline and does not have the facilities to provide for isolation. It is a community juvenile facility and not a secure juvenile facility. All disciplinary actions take into account residents mental health, disability, or functioning as well as the seriousness of the violation. WCF prohibits all sexual activity between residents; however, ensures that the action is truly consensual before treating the incident like a resident behavior issue, instead of a sexual abuse allegation.</p> <p>JR Policies that support this 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”</p> <p>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>Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture</p> <p>Reviewed:</p>

1. Resident Disciplinary Standards
2. Pre-audit questionnaire
3. Interview notes: administrator, staff
4. Policy 2.10 section 14
5. 5. JR Policy 5.90 section 4, 4.1

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.381</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 (DSHS) and Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>At intake, WCF new residents complete an intake screening process. This includes a variety of screenings/assessments including the Washington SAVY (resident risk assessment covering all PREA required areas:) and the SOGIE, that allows important information to be gathered regarding sexual victimization, risk of perpetration, and sexual orientation and identity.</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>Any allegations of sexual abuse received during screening are reported to CPS and verification is completed to ensure they have been previously reported and investigated. 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. Residents reporting sexual abuse are offered mental health follow-up within 14 days of receiving the allegation.</p> <p>The pre-audit questionnaire reported zero incident reviews due to WCF receiving no sexual abuse allegations. 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>Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> <li>1. JR Policy 3.20 section 5</li> </ol>

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

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.382</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 (DSHS) and Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p>When there is an allegation of sexual abuse at WCF and within the time frame allotted for usable physical evidence, Woodinville calls the King County Sexual Assault Unit and they initiated the following protocols: Complete an offense report and assign a case number; Contact the referent for any additional information not contained on the standard form; Arrange for an investigative interview and notify all appropriate persons—specifically including DSHS/CPS social worker and victim advocate; and, Refer for medical exam as appropriate, based on timeline.</p> <p>Coordination between WCF and the King County Sexual Assault Task Force (KCSATF) that includes following the protocol, King County Special Assault Protocol, provides a solid framework for any serious sexual abuse allegation reported at WCF. Included, as documented above is the referral for medical exam. DSHS, the parent agency to Juvenile Rehabilitation (JR) is a partner in this protocol and their role is spelled out within it. The coordination between many agencies who partner in this protocol is stated as, “The purpose of these guidelines is to accomplish more effective and efficient responses by agencies and to ensure that the actions of one agency do not compromise the goals of another. Furthermore, agencies should coordinate their responses to minimize possible negative outcomes to the victim and to ensure that all victims have access to appropriate services.”</p> <p>WCF ensures that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services with this partnership. Included in the protocol is the role of the victim service organization (King County Sexual Assault Resource Center) --which provides advocacy services, notifications of victims’ rights, and confidential communication. KCSARC provides counseling/mental health—experience crisis intervention and support that is necessary for the physical (including medical follow-up services) and psychological treatment of the victim, as well as 24/7 access for support; referral to additional services; legal and counseling advocacy; and, counseling/ mental health services, regardless of the ability to pay.</p> <p>In the case of a sexual assault, WCF staff follow a coordinated response plan that includes calling KCSATU to initiate services. Documentation is completed on the Coordinated Service Plan of all required services and date and staff certifying completion. The WCF Coordinated Response Plan and staff first responder training (see 115.331 for training), ensures that staff perform their first responder duties to protect the victim, and then notify coordinating agencies that provide medical and mental health services.</p>

Practice is supported by JR Policy:

4.30 section 22, "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; 22.2, "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

Policy 4.30 section 24, "Treatment services in section 22 and 23 must be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with the investigation."

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.

Reviewed:

1. King County Special Assault Protocol
2. JR Policy 4.30 section 21, 64, 64.1, 64.2, 66
3. WCF Coordinated Response Plan
4. Resident Files
5. Pre-audit Questionnaire
6. Practice and culture review included
7. Interviewing: staff- including specialized staff, PCM; Sheriff's Department; Washington State Patrol; and a staff member from the Advocate/Crisis Service
8. King County Sexual Assault Resource Center

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Standard Certification of Compliance: This auditor certifies compliance with standard 115.383, 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.

Woodinville Community Facility provides medical care, for residents who have experienced sexual abuse, in the community. They do not have mental health or medical staff as a part of the facility. The King County Sexual Assault Resource Center, as a part of coordinated agencies responding to sexual assault, provides mental health services to victims of sexual abuse. Clinical services are provided with a focus on trauma. This includes individual therapy, group therapy and Psychiatry. In addition, referrals to additional services, like medical follow-up, are provided. If a resident leaves the facility and community, a follow-up plan from any treatment providers, through KCSARC, is provided and referrals to services and follow-up to the community the resident is returning to.

WCF ensures that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services with this partnership. Included in the protocol is the role of the victim service organization (King County Sexual Assault Resource Center) --which provides advocacy services, notifications of victims' rights, and confidential communication. KCSARC provides counseling/mental health—experience crisis intervention and support that is necessary for the physical (including medical follow-up services) and psychological treatment of the victim, as well as 24/7 access for support; referral to additional services; legal and counseling advocacy; and, counseling/ mental health services, regardless of the ability to pay.

Woodinville is obligated by JR policy, 4.30 section 21, to provide a mental health evaluation to all known resident-on-resident abusers within 60 days of learning about such abuse history and offer treatment if deemed appropriate by mental health practitioners. This service is scheduled through community mental health providers used by WCF. This is scheduled to occur within 60 days or sooner of learning of the abuse and treatment recommendations are followed as specified by the community mental health provider. Interviews confirmed that this assessment would be scheduled as soon as learning of this history.

Practice at Woodinville Community Facility is backed up by JR Policy JR Policy includes: JR Policy 4.30 section 23: "JR must offer medical and mental health evaluation and treatment as needed to all youth who have been victims of sexual abuse in any prison, jail, or juvenile detention facility," and, JR Policy 4.30 section 21.1, " 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."

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews

and observations to practice and culture.

Reviewed:

1. KCSARC programs and services brochure
2. JR Policy 4.30 section 23, 21.1
3. Interview notes
4. King County Sexual Assault Protocol

115.386	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></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 (DSHS) and Woodinville Community Facility (WCF), 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 Woodinville leadership team is trained, knowledgeable and able to articulate how it will meet as a group after an incident occurs, and within 30 days of the conclusion of the investigation, 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>The above review includes upper-level management staff and reviews input from staff, supervisors, investigators, and any medical or mental health information.</p> <p>The required sexual abuse incident review is completed on form 20-295, and the summary/report is completed on form 20-292. Both forms include all required areas from this standard. This includes: any changes in policy needed; if incident motivated by race, ethnicity, gender identity; LGBTI identification status or perceived status, gang affiliation or other group dynamic at the facility; physical barriers enabling the abuse, staffing levels, monitoring technology, and supervision. In addition, Woodinville implements the recommendations or documents the reasons for doing so.</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>Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.</p> <p>Reviewed:</p> <ol style="list-style-type: none"> <li>1. Form 20-295</li> <li>2. Form 20-292</li> </ol>

3. JR Policy 5.90 section 49—all sections
4. Pre-audit questionnaire
5. Interview notes

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard 115.387 - Data collection</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.387, 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review</p> <p>JR collects uniform data for every allegation of sexual abuse and at a minimum collects data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice</p> <p>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>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>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. All SSV documentation is included in this audit review and documentation.</p> <p>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>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.</p> <p>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</p>

contracts for the confinement of its youth

Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.388 - Data review for corrective action</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.388, 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 Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review. Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture</p> <p>The 2015, 16, and 17, 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. <a href="https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance">https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance</a> 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"> <li>1. JR Policy 5.90 section 51- 52</li> <li>2. Annual PREA reports 2015 and 16 and revised 2016 report elimination-act-</li> <li>3. Website: <a href="https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance">https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance</a></li> </ol>

tion-act-compliance

4. Pre-audit Questionnaire

5. Interview Notes: PC

6. Last PREA audit

7. SSV reports

8. 2017 report

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 (DSHS) and Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review. Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture</p> <p>Woodinville 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:  <a href="https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance">https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance</a></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 <a href="https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance">https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance</a>, 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"> <li>1. JR Policy 5.90 section 52, 53.1, 51.2, 53, 53.1, 51.2</li> <li>2. JR website: <a href="https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance">https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance</a></li> <li>3. Interview notes, PCM, PC, Administrator</li> <li>4. Pre-audit questionnaire</li> </ol>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="252 212 901 246"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="252 286 526 320"><b>Auditor Discussion</b></p> <p data-bbox="252 369 1476 571">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 (DSHS) and Woodinville Community Facility (WCF), as well as the facility site visit, and auditor pre and post review.</p> <p data-bbox="252 622 1476 745">Auditing included interviewing staff, volunteers, contractors, and residents; touring Woodinville and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture</p> <p data-bbox="252 795 1444 958">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 data-bbox="252 1008 1444 1171">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.  <a href="https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance">https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance</a></p> <p data-bbox="252 1220 1476 1518">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>

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

## Appendix: Provision Findings

115.311 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.312 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels 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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	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)	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	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)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

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

115.315 (c)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes

115.315 (e)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

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

115.317 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

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

115.317 (h)	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.318 (a)	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	no

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	no
	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. )	no

115.321 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na

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

115.322 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

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

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

<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

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

<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

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

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

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

<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	no
	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?	no
	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?	no
	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?	no

115.335 (b)	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	no

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	no

115.335 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	no
	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

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	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)	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

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

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

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

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

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

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

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.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

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

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

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

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)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.367 (a)	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

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

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	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

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no

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

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	no
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	no
	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?	no

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

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

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	no

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

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)	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.381 (d)	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.382 (b)	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (c)	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

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

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

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

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

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

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

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

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

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

<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.388 (a)	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.388 (b)	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.388 (d)	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

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

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

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

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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