

PREA Facility Audit Report: Final

Name of Facility: Green Hill School

Facility Type: Juvenile

Date Interim Report Submitted: 10/13/2018

Date Final Report Submitted: 05/18/2019

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"/>
Auditor Full Name as Signed: Kila Jager	Date of Signature: 05/18/2019

AUDITOR INFORMATION	
Auditor name:	Jager, Kila
Address:	
Email:	kilajager@preauditor.com
Telephone number:	
Start Date of On-Site Audit:	08/10/18
End Date of On-Site Audit:	08/12/18

FACILITY INFORMATION	
Facility name:	Green Hill School
Facility physical address:	375 SW 11th Street, Chehalis, Washington - 98532
Facility Phone	360-748-3400
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Detention <input checked="" type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Lori Nesmith	Title:	Associate Superintendent & PREA Compliance Manager
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Warden/Superintendent			
Name:	Jennifer Redman	Title:	Superintendent
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Facility PREA Compliance Manager			
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Facility Health Service Administrator			
Name:	Suzanne Taylor	Title:	Registered Nurse-3
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Facility Characteristics	
Designed facility capacity:	179
Current population of facility:	155
Age range of population:	15-20
Facility security level:	Maximum
Resident custody level:	Minimum to maximum
Number of staff currently employed at the facility who may have contact with residents:	263

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

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

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

AUDIT FINDINGS

Narrative:

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

Prior to my arrival at the agency, I sent, and required posting of, the juvenile facility audit notification and auditors contact information; sent instructions to the online PREA audit and requested that Green Hill School (GHS) open an online audit, fill out the agency information forms, complete the pre-audit questionnaire, and upload the documentation requested.

Pre-audit preparation included a thorough review of all documentation and materials submitted by the agency. The documentation reviewed included agency policies, procedures, forms, organizational charts, reports, previous audits, web pages, and other PREA related materials provided to demonstrate agency compliance with the PREA standards.

Upon arrival at GHS an entrance meeting was held, and the schedule of specialized staff interviews and specialized youth interviews was discussed to accommodate the weekend shifts as well as family visits for youth.

This auditor began selected interviews with specialized staff – human resources staff, medical professionals, and mental health staff.

A facility tour was given at this point and the auditor was given access to all areas necessary for inspection.

Once returned from this tour, additional paperwork and documentation was given for review (i.e., random floor checks from all shifts and all units). The following day youth interviews, random and specialized, were performed in a secure and private office.

The third day, additional interviews occurred, and further documentation was requested and reviewed.

After the on-site visit, further questions were asked, and answers received and became a part of this audit-- PREA Compliance Manager and Superintendent, and clarifications on specific standards were discussed.

A second visit to GHS, by this auditor, was taken on October 1st, where a meeting was conducted to go over the draft of the interim report and gather further information.

The interim draft was sent to the PREA Coordinator and facility for review and comments were received and reviewed. The final draft of the interim report was finalized and sent to the PREA Coordinator and the facility.

The Audit Findings/Initial Summary detail which standards were met or not met and Corrective Action was suggested.

During corrective Action, A Corrective Action Plan was completed collaboratively between GHS and this auditor. Additional documentation was requested as corrective action continued and standards were updated.

Check-ins were conducted and updates provided on corrective action progress during the 180-day corrective action plan. At the end of the corrective action period, a draft of standard assessments was sent to GHS for review. A final report has been completed and sent to DHS after reviewing the draft. GHS is undergoing a transition to another agency and that transition made it difficult for them to become compliant with some of the standards under corrective action.

PREA standards that remain out of compliance, at the end of the corrective action period are investigative standards, supervision and monitoring, and disability standards. Green Hill School worked hard and made a lot of progress towards compliance; however, still has work to do to attain full compliance

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.

Green Hill School (GHS) is a medium/maximum security facility located in Chehalis, WA.

It houses male residents ages 15-20, has a current population of 155 with 15 investigators, 263 staff, and 69 volunteers/individual contractors.

The facility is entirely fenced with 14 buildings on the property. Four of the six living units, built in 1999, have a total of 40 rooms, 10 rooms per wing. Each wing also has 3 youth bathroom/showers, a laundry room, and a staff office. These units also have two staff kitchen areas, two multipurpose rooms, four offices, two storage rooms, a control booth and an outside storage room. The four living units are designated as (1) Hawthorn; (2) Maple, (3) Spruce, and (4) Birch. The remaining two living units are Willow (a 30 room unit) and Cedar (a 16 room unit).

In addition to the living units, GHS includes the following support buildings: (1) Security/Intake; (2) Vocational School; (3) Dining/Central Kitchen; (4) Academic School; (5) Recreation Facility; (6) Health Center/Administration; (7) Special Services Building [called the "F Building" by residents and staff due to its shape]; (8) Laundry/Maintenance Complex; and (9) Central Plant.

GHS provides residents with educational opportunities to gain their GED's and precollege courses, and vocational training in computer technology, machine fabrication, welding, landscaping, and vehicle maintenance. GHS provides dialectical behavior therapy (DBT), anger replacement training, sex offense specific and intensive outpatient chemical dependency treatment.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	30
Number of standards not met:	7
Not audited at the facility level: Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	6

The following report is the final assessment of PREA compliance for this PREA Audit. Corrective action progress and a final determination is complete on all standards. as follows.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.311 Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator</p> <p>Washington Department of Social and Human Services, Juvenile Rehabilitation (JR) has zero tolerance policy in PREA policy 5.90 that complies with the requirement to have a zero tolerance policy--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), Interviews with random staff, specialized staff, contractors, and residents confirmed, without exception, that the zero-tolerance policy is known, in practice, and ingrained in the culture of Green Hill School (GHS)</p> <p>In JR Policy, they outline how all facilities will implement the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment. Page 13 and 14 contain all required definitions of prohibited behaviors regarding sexual abuse and sexual harassment, page 2 and 4-7 includes sanctions for those found to have participated in prohibited behaviors, up to and including termination, and policy 5.90 describes JR strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>In addition to the agency’s policy (JR), Green Hill School (GHS) Implementation Plan represents how GHS will implement the JR policy 5.90. It is specific and detailed to GHS and implements the JR agency policy into specific facility requirements and actions.</p> <p>To ensure JR is compliant with the PREA standards, JR hired a PREA Coordinator, also known as the PREA Program Administrator. The PREA Administrator reports to the Administrator of Institutional Programs and has access to the Director—as referenced by the JR Organizational chart. An interview with the PC confirmed sufficient time and authority to facilitate the agency’s PREA compliance.</p> <p>At the facility level, during corrective action, Green Hill School hired a dedicated PREA Compliance Manager (PCM) to comply with the requirement that a facility PCM will have time and authority to coordinate the facility’s efforts to comply with the PREA standards. The GHS Organizational Chart shows that the PREA Compliance Manager (PCM) is also the Associate Superintendent and reports to the Superintendent.</p> <p>GHS staff and residents received education on zero-tolerance and JR policy and approach to preventing, detecting, and responding to sexual abuse. Interviews with random and specialty staff, and random and targeted residents confirmed their understanding of the zero-tolerance policy and practice enforcing zero-tolerance at GHS.</p> <p>Staff, management, and specialized staff interviews confirm training, understanding, and practice of the JR 5.90 PREA policy and the GHS implementation plan.</p> <p>Auditing included interviewing staff, volunteers, contractors, and residents; touring Green Hill School and asking questions, observing daily operations, and comparing policy, training,</p>	

interviews, and observations to practice and culture.

Reviewed: JR Policy 5.90, GHS Implementation plan, staff statements of understanding of PREA training, review of staff files, a spreadsheet of all staff training and refresher training, Agency Organizational Chart, PREA Coordinator job description, Interviews, GHS Organizational Chart, resident training and statement of understanding,

Standard Certification of Compliance: This auditor certifies compliance with standard 115.311 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	This facility is not required to be audited for this standard; however, the agency has included the only contract they have for confinement and it contains the requirement to comply with all PREA standards, requires agency monitoring, and a PREA audit that is scheduled for this year.

115.313	Supervision and monitoring
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.313 Supervision and Monitoring:</p> <p>Purpose: To protect inmates against sexual abuse and sexual harassment by limiting the possibility that inmates and staff will be left alone and unmonitored through adequate and ongoing supervision. This purpose is achieved through: > Development, documentation and implementation of a staffing plan that provides for adequate levels of supervision and monitoring of the facility’s population to prevent, detect and respond to sexual abuse and sexual harassment; > Consideration of deployment of video monitoring and other monitoring technologies as appropriate and feasible to augment and enhance staff supervision of inmates to increase sexual safety in the facility; and > Performance of periodic unannounced rounds by intermediate and upper-level supervisors on all shifts to deter, prevent, and detect sexual abuse and sexual harassment of inmates in the facility.</p> <p>GHS is obligated by PREA law to maintain staffing ratios of 1:8 and 1:16 since October 2017. By policy, JR requires all facilities it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against abuse. In addition, the Department of Justice clarification for this standard is, “Mandatory staffing ratio of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances. This staffing ratio is not an aggregate ratio but describes the ratio of staff to residents that must be maintained in every area throughout the facility.” https://www.prearesourcecenter.org/node/5414</p> <p>As required by this standard, GHS reviews their staffing plan annually--with the JR PREA Coordinator; however, previous staffing plans were based upon unit population and unit staffing. Each unit has separate wings and areas that are required to meet staffing ratios, except in discreet and exigent circumstances.</p> <p>During the 2018/19 corrective action, the 2017 staffing plan was reassessed to address all of the PREA required elements and comply with the October 2017 deadline for secure juvenile facility staffing ratios. As of that date, security staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, in each area residents occupy, were required. In addition, the plan was reassessed to address video and monitoring technology in order to prevent and detect sexual abuse. At the end of the corrective action period, GHS has a 2018 staffing plan that covers all PREA required elements of 115.313 on paper, but not in practice.</p> <p>During the corrective action period GHS completed a compliant staffing plan; however, they were unable to comply with the required PREA staffing ratios, with their current staffing level. At the end of the corrective action period for this audit, GHS is still working with the Governor’s office to obtain funding to add additional staff to attain compliance.</p> <p>During the corrective action, monthly documentation was received from GHS, regarding</p>

deviations from the required staffing ratios. PREA standard 115.313 requires documentation “every time” the staffing plan is out of compliance; however, at this time GHS is out of compliance on most shifts and submitted a monthly statement documenting this. Once additional staff are hired, trained, and working, the documentation must return to documenting deviation from the staffing plan “each time” GHS is out of compliance.

The GHS staffing plan is also required to implement a staffing plan that provides, where applicable, video monitoring to protect residents against sexual abuse. The juvenile facility standards require agencies to comply with the staffing plan, absent exigent circumstances.”

During corrective action, the updated GHS staffing plan was changed to state:

“GHS has an operational video monitoring system in main living areas of units, two in each wing. Although there are cameras in three rooms on Cedar and 8 rooms on Willow, the video in rooms is present for managing behaviors that would jeopardize the youth’s own personal safety, the safety of the institution, staff and other youth. The systems in the living units are not actively monitored but are considered a deterrent to sexual acting out and other safety violations and used in post-incident investigation. Currently video in the living units does not provide for a live feed. Other cameras on campus monitor the perimeter fence, Academic and Vocational School, Central Kitchen, and the Visiting Center. These cameras do have a live feed and are monitored. Video can be pulled for any area for up to about 45 days should the need arise. GHS currently has an additional surveillance project underway with estimated completion in March 2019. Identified blind spots or other areas that pose a potential risk were considered and are included in the project. This includes staff offices, laundry, F building, Health Center and upgrades to the current living unit system to increase the quality of the view. These cameras will have a live feed and will be monitored. The staffing plan as currently written is not supported by current funding levels. We, therefore, do not meet the Standard 115.313, Supervision and Monitoring, for the living units on most days, swings and all graveyard shifts.”

During the PREA audit, it was reported by management that there is a union agreement, made when the cameras were installed that said the cameras would not be viewed to “check up on staff”, rather viewed when there was an incident or allegation. This does not meet the standard of using video monitoring to prevent and detect sexual abuse. During corrective action, a correction was made stating that this is no longer the case; however, this auditor did not receive documentation confirming this.

Clarification in the PREA standards in focus states, “The staffing plan must be an objective and comprehensive analysis of the number and placement of staff and amount of video technology that is necessary to ensure the sexual safety of the resident population given the facility layout and characteristics, classifications of residents, and unique security needs and programming.

GHS is not compliant with the requirement in 115.313a: video monitoring, to protect residents against sexual abuse. Cameras are not actively monitored, and the GHS stated purpose of “used in post-incident investigations” is not adequate use of the video monitoring system that is installed at GHS. Extreme staff shortages add to the need to utilize monitoring technology already in place to prevent and detect sexual abuse and comply with the GHS staffing plan.

An additional requirement of this standard is addressed in GHS Policy 34, page 5.17 and

designates upper-level management staff to conduct unannounced rounds at least two times a month. Unannounced rounds are documented on the PREA Unscheduled Safety Checks form. Samples of the check forms are included in the documentation of this audit and staff are prohibited from alerting other staff, and GHS makes it difficult to ascertain when the rounds are being conducted.

During corrective action, GHS was required to institute at least weekly unannounced rounds, due to significant staffing shortages and to provide additional safety checks for residents. GHS documented the unannounced rounds and provided spot-checks of video to ensure the rounds were occurring. Rounds were conducted, as required, weekly and at different times, for the last 4 months. These safety checks will continue weekly and comply with this standard requirement.

Reviewed: 2017 and 2018 GHS staffing plan; GHS population report for the last 12 months; interview notes, Pre-audit questionnaire; DSHS annual reports; staff roster, resident roster, facility plan and camera schematic; Training for staff and residents; JR Policy; GHS #34 Procedure; DOJ clarifications; PREA standards in focus; PREA standards and rule

Compliance Determination: GHS is not compliant with this standard 115.313 Supervision and Monitoring

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.315: Limits to Cross-Gender Viewing and Searches:</p> <p>Purpose: To limit intimate bodily contact of inmates by staff and enable bodily privacy for both male and female inmates in order to prohibit abuse and trauma that might arise from that contact or viewing.</p> <p>GHS is prohibited from conducting cross-gender searches except in exigent and limited circumstances. Interviews with random and specialty staff, as well as residents overwhelmingly, confirm that GHS staff do not conduct cross-gender searches, and if there were exigent circumstances, they know where to document this. Staff stated emphatically that there is always male staff that can conduct these searches. Form DSHS 20-286 is included in the documentation of this audit—PREA Cross Gender Searches form for documentation of any cross-gender searches. It is blank as no such searches have been conducted.</p> <p>GHS does not search a resident to determine the resident’s genital status. Agency policy and staff training prohibit this search, and by the time a resident arrives at GHS, it is almost certain the status of the resident is known. To ensure this never occurs, DSHS Policy 5.70 section 6 states: “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.”</p> <p>In the last 12 months, zero searches described in the above policy occurred. This is documented in interviews with staff, specialty staff, targeted resident interviews, and in the PRE-Audit Questionnaire</p> <p>The staff of an opposite gender than residents are required to announce themselves before entering. During interviews, staff confirmed that the practice of opposite gender staff announcing themselves before entering an area was not occurring in all units. During corrective action, signage was posted to remind female staff to announce themselves when entering the unit. Staff training was completed to remind staff to announce themselves and included in this audit are statements of understanding for the training. JR policy, Section 47 of the 5.90 policy complies with the requirement that staff must announce themselves when entering an area where residents of the opposite gender may be showering, performing bodily functions and changing clothing.</p> <p>Staff Training: PREA policy 5.70 section 11.3 states that Staff must receive training on appropriate, professional, and respectful cross-gender searches, so they may be used in case of an exigent situation. Section 12, states that Transgender and intersex youth will not be searched or physically examined in a manner that is humiliating or degrading.</p> <p>The Cross-Gender training outline is included in this audit documentation—this training was</p>

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 the JR policy that prohibits cross-gender staff from viewing residents when they are toileting, changing, and showering. This training includes: Ensuring the health and safety of LGBTQ youth, understanding the definition of intersex, being sensitive to the needs of Transgender/intersex resident's needs, importance of pat-down searches—cross-gender pat-down searches are never performed at GHS, even in exigent circumstances-- basic facts about being LGBTQ, LGBTQ resources, keeping LGBTQ youth safe in Juvenile Justice and Delinquency placements, what exigent means, searches on intersex residents, prohibiting cross-gender pat downs, searches are not to be not done to verify genital status, least intrusive manner for searches, and resident's preference (transgender) taken into consideration.

Included in this audit documentation are staff search training acknowledgment forms that confirm staff receiving the training. 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. Review of training records and statements of understanding or test results confirm that all staff have been trained in performing cross-gender searches and the policy and procedure of JR and GHS. GHS is compliant with the training requirement of this part of the standard. Random staff interviews, management, and specialty staff interviews and resident interviews, including targeted residents, confirms that this policy and practice are institutionalized at GHS.

The last PREA requirement is that GHS Residents are allowed to shower, perform bodily functions and change clothing without a nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. JR PREA policy 5.90 section 46 backs up this practice and interviews confirm this practice.

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

Standard Certification of Compliance: This auditor certifies compliance with standard 115.315, after corrective action, 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.316 Residents with Disabilities and Residents who are limited English proficient</p> <p>Purpose: To prevent, detect, and respond to sexual abuse of all inmates by ensuring that all inmates, including those who have disabilities, are Deaf, or who are limited English proficient, have equal access to PREA-related educational materials and departmental policies, reporting mechanisms, and available victim services. Reporting mechanisms and victim services are meaningless if inmates do not know about them or cannot access them. Equal access is achieved by:</p> <ul style="list-style-type: none"> • Providing access to qualified interpreters for Deaf inmates and inmates with limited English proficiency who are able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; • Ensuring that any written materials are provided in formats or by methods of communication that are accessible to inmates with disabilities, including those with intellectual disabilities, limited reading skills, or who are blind or low vision; In Focus PREA Standards • Taking accessibility into consideration when devising and reviewing all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including the accessibility of reporting mechanisms (§115.51), outside confidential support services (§115.53), and advocacy, medical, and mental health services (§115.21; §115.81-§115.83); and • Limiting the use of inmate interpreters and inmate readers, so that inmates with disabilities and Deaf inmates do not have to rely on other inmates to communicate critical information about sexual abuse and sexual harassment. Using inmate interpreters or other inmate helpers to support inmates with disabilities or Deaf inmates may create an unintended power imbalance among inmates. Situations may arise where the inmate helper exerts control over the inmate with the disability/Deafness and makes demands in exchange for assistance. Additionally, the inmates who are Deaf or have a disability may not get accurate information, and they may not wish to confide confidential information to other inmates in order to be able to make a report about sexual abuse or sexual harassment. To ensure that inmates who are LEP, Deaf, or have difficulty reading have equal access to critical information about sexual abuse prevention, access to reporting mechanisms, and access to victim services, the standard requires that staff only use inmate interpreters, inmate readers, or other types of inmate assistants in extremely limited circumstances: when a delay in obtaining a qualified interpreter would compromise the inmate’s safety, the performance of first responder duties under § 115.64 (which include separating the alleged victim from the alleged perpetrator, securing the scene, and preserving physical evidence), or the investigation of the inmate’s allegation. <p>Green Hill School has addressed this standard in a reflection of Washington DSHS.JR’s policy 5.90. This standard requires established procedures (steps) to provide residents with disabilities (including residents who are blind or have low vision, or those who have intellectual, psychiatric, speech disabilities, deaf or hard of hearing, and who are limited English proficient) with equal opportunity to participate or benefit from all aspects of the</p>

agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. During corrective action GHS updated their GHS PREA procedure #34, enhanced their staff training on disabilities, updated youth PREA materials to ensure they are at a 5th-6th grade reading level, and reviewed and revised posters, youth handbook, and education materials to ensure youth with disabilities have full access to all PREA education, materials, and resources.

Policies that enhance practice at GHS are:

JR policy 5.90 section 40 requires the providing youth education in formats accessible to all residents (youth), including those who are limited English proficient, deaf, visually impaired or otherwise disabled. Section 48 states JR must ensure that residents (youth) with disabilities and residents who are limited English have an equal opportunity to participate in or benefit from all aspects of JR's efforts to prevent detect and respond to sexual abuse and sexual harassment, 48.1 includes access to interpreter and translation services for youth and families, and section 48.2 requires written materials be provided in formats, or through methods that ensure effective communication with youth who have disabilities.

JR policy 2.50, Assessing Interpreter and Translation Services for Youth and Families Policy, requires meaningful access to all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment to residents who are limited English proficient, and GHS Standard #34 reflects 5.90 in stating that GHS will provide residents (youth) with disabilities and youth who are limited English proficient an equal opportunity to participate or benefit from all aspects of JR's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

During the corrective action period, this procedure, GHS PREA Implementation Plan #34, was edited and the following added:

- 5b-The SAVY will be completed taking into consideration known and potential disabilities, ensuring the youth understand the questions and can provide questions in multiple formats;
- 6d—Staff will ensure youth understand the materials before obtaining signed understanding;
- 7a-- Staff will take into consideration known and potential disabilities and ensure materials and explanations match the needs of the youth;
- 7d--Written materials must be provided in formats, or through methods that ensure effective communication with youth who have disabilities such as large print, simplified writing, writing at a 5th/6th-grade reading level, video, verbal and written materials, as well as reading the materials to youth to ensure understanding:
- 7e--Posters and signage will be at the height available to youth with physical limitations; in a font and size easily readable, and written at a 5th-grade level;
- 7f--Whenever possible, the zero tolerance and education reviews will be done individually with youth in a quiet and private environment. Comprehensive education video provided in English, Spanish, and Closed Captioned:
- 15-- Providing medical and mental health care to youth victims and abusers. (PREA Standard 115.381-115.383) Ensuring the care meets the needs of youth with disabilities and is explained in terms that can be understood based on any disability, and,
- 21: For youth who are deaf or hard of hearing, a female staff will notify the control booth. The lights will be flicked on and off twice to notify those staff a female is entering the wing, and, Youth will be oriented to this process upon intake or staff learning the youth is deaf or hard of hearing:

JR policy 2.50 section 2.4 complies with the paperwork requirement of this standard by stating that JR must not rely on residents (youth) to provide interpretation, translation or other types of assistance, unless in limited exigent circumstances and document those circumstances on form 20-291.

Interviews with random staff, specialized staff, and PREA staff conclude that staff are familiar with the standard verbiage about residents with disabilities and PREA, however, lacked knowledge of many types of disabilities and how to enhance best practice to assist residents with disabilities, identified and unidentified.

Of most concern, in the disabilities noted above, were cognitive/intellectual, psychiatric, and undisclosed, non-visual, disabilities. By national survey, these disabilities comprise at least 48% of residents in confinement, and the lack of knowledge and thus action diminishes their ability to have full access to all PREA information, education, and protection

GHS staff are dedicated and passionate about working with at-risk residents but needed enhanced training to ensure strategies, perception, and practice, are enhanced by keeping residents with “all” disabilities in mind, thus enhancing the safety and access of all residents. This was addressed in corrective action.

During Corrective Action:

GHS and Washington DSHS.JR (JR) worked diligently to address this standard and expand their work into assessment, facility personalization, and established procedures (steps), to ensure paperwork compliance, and ensuring residents with disabilities and those without disabilities can benefit.

Practice, Integration into Culture:

GHS 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...)

In addition, JR created enhanced training, for staff, on all disability categories (including non-visual), inserted automatic accommodations into the facility process, and enhanced how to ensure staff are thinking first about residents with disabilities—to assist all residents. This training is currently being rolled out and all staff are being trained.

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

Reviewed during this audit:

During initial audit: Washington State Department of Social and Health Services (DSHS) Policy 5.90 section 40 and 48; Washington State Juvenile Rehabilitation (JR) policy2.50, section 1.5,Assessing interpreter and Translation Services for Youth and Families; JR policy 2.50 Section 3; GHS Standard #34-page; DSHS form 20-291; PREA Standards in Focus 115.316, Department of Justice (DOJ) clarifications, contract with corporate Translation Services Inc,

language link line, Green Hill School (GHS) PREA Audit Questionnaire, tour of the facility, observations, and interviews/written responses with random staff, random and targeted residents, specialty staff, management, human resources, and PREA staff.

Corrective Action Reviewed: changes to policy/procedure, materials, and communication; general accommodations implemented; training, and review and changes made at GHS to create practice and culture that accommodates all disabilities.

Corrective Action still needed at the end of the corrective action period: Train all staff with the newly developed disability training, ensure their understanding, and integrate the training and changes into facility practice and culture.

115.317 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.317 Hiring and promotion decisions compliant

Purpose: To prevent staff sexual misconduct by ensuring that individuals who have a history of being sexually abusive are not hired or contracted into positions where they may have contact with inmates; and to that the agency is aware of any substantiated acts of sexual abuse or sexual harassment perpetrated by existing staff to prevent the promotion of that staff and to ensure that any other appropriate action be taken to protect inmates.

[https://www.prearesourcecenter.org/sites/default/files/library/PSIF%20](https://www.prearesourcecenter.org/sites/default/files/library/PSIF%20115.17.pdf)

[115.17.pdf](https://www.prearesourcecenter.org/sites/default/files/library/PSIF%20115.17.pdf)

DSHS policy 1.2, 3, section 2 and 3, comply with the PREA requirements a, b. These policies direct the agency, and the facility (GHS) about 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, 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.

Employee file review confirmed that every employee and contractor has 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 GHS.

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 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.

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.

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. 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

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).

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 conduct 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 the 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.

Included in documentation are; samples of new hires background checks/ child abuse registry checks, as well as staff who were promoted, promotion and checks, samples of contractor checks, staff background checks/ child abuse registry checks, promoted staff background checks/ child abuse registry checks; policy on background checks for contractors, volunteers, interns, new hires, and promoted staff; JR's hiring questions samples and certification; forms

documenting calling institutional employers and asking about substantiated allegations of sexual abuse or sexual harassment—or any employee leaving during a sexual abuse allegation/investigation; PREA policy stating material omissions regarding sexual misconduct or provision of materially false information, shall be grounds for termination PREA Policy regarding providing institutional employers, who call for references, information on substantiated allegations of sexual abuse or sexual harassment, staff statements of understanding, and documentation of all employees receiving training.

Review of the above policy/procedure, documentation, samples, records, training, and interviews of random, specialty, management, and PREA staff, as well as an interview with human resource staff confirming 100% of staff, have all background checks and time requirements are met.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.317, after corrective action, 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.318 –Upgrades to facilities and technologies upload schematics for Baker remodel</p> <p>Purpose: To ensure that agencies take sexual safety into consideration when making decisions about upgrades to facilities and technologies, the acquisition of new facilities, and during the process of designing any new facility or expansion of an existing facility https://www.prearesourcecenter.org/sites/default/files/library/115.18.pdf</p> <p>Documentation Reviewed: Camera Schematics of all buildings, on-site tour and notes, interviews,</p> <p>Green Hill School is involved in a two-phase surveillance improvement plan. Early summer of 2018, cameras were added to the vocational school, academic school, central kitchen, and visitation. Phase 2 is currently underway, with plans for completion in March of 2019. The second phase is upgrading all surveillance systems and integrating them into one system. This will add additional cameras in living entrances, staff offices, the perimeter, maintenance, laundry, dental clinic, health center, waiting room, and F building. Camera placement was based on evaluation of need and included assessment of blind spots. Camera footage is recorded and kept approximately 30 days.</p> <p>In addition to enhanced surveillance, Birch unit was remodeled to enhance supervision and safety for the specific population of that unit. Safety considerations were at the forefront of the</p>

planning processes and continue to be the main factor when it comes to additional upgrades to facilities and technologies.

When monitoring technology was installed, management made an agreement with the union that cameras would not be viewed to “check up on staff” rather viewed when there was an incident or allegation. No documentation was received to negate this, although this auditor was told it was no longer in effect.

Finding: In compliance with this standard: the agency considered the effects of the remodel of Birch, and enhanced camera locations, on the agency’s ability to protect residents from sexual abuse.

Safety for residents and staff is considered for all upgrades to facilities and technologies planned and completed at GHS. Schematics, interviews, and the site review confirmed that all planning for the camera upgrades, the Birch Unit remodel, and future planning included discussions and changes that would enhance safety at GHS.

In addition, the GHS 2018 staffing plan includes additional planning for the monitoring of cameras- to ensure ongoing resident safety.

Of concern is a union agreement, completed when the cameras were installed, agreeing cameras would not be viewed to “check up on staff” rather viewed when there was an incident or allegation. This agreement puts GHS out of compliance and compromises their ability to use such technology to enhance the ability to protect residents and use monitoring technology to prevent and detect sexual abuse, not just respond to an incident or allegation.

During Corrective Action: GHS Assessed the capability of monitoring technology to assist in the prevention of sexual abuse and enhance sexual safety, during the staffing plan review. Changes were made to the staffing plan to integrate existing and future monitoring technology. This standard requires “consideration” of the effect of design, acquisition, expansion, or modification on the agency’s ability to protect residents from sexual abuse. See standard 115.313 for actions.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.317 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.321 Standard Evidence protocol and forensic medical examinations</p> <p>Purpose: By tailoring community best practices in sexual assault response to a correctional setting, this standard ensures that agencies are responding to sexual abuse of inmates in a coordinated, victim-centered manner that minimizes trauma for the victim and maximizes the potential for holding the responsible party accountable.</p> <p>GHS 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 the Chehalis Police Department and Washington State Patrol (WSP). WSP conducts staff-on-resident sexual abuse and sexual harassment in criminal investigations</p> <p>JR policy 5.90 section 22 complies with the requirements that an administrative or criminal investigation occurs for every sexual abuse allegation made at GHS. In addition, GHS and Washington State Police have in place the DSHS-WSP Interagency Referral Report Guide for sexual abuse referrals and investigations. This is a step by step referral and investigation guide for criminal investigations regarding sexual abuse allegations at GHS. Washington State Police and the Chehalis Police Department follow a uniform evidence protocol for conducting sexual abuse investigations and is developmentally appropriate for youth the ages of those in GHS. (PREA 5.90 section 15)</p> <p>GHS first responders do not collect evidence but are required to secure the scene for law enforcement. Interviews with random and specialty staff confirmed that they are aware of their first responder duties and without exception could talk through the steps for a first responder.</p> <p>The Administrative Report of Incidents documents that the resident was offered medical and mental health services. This Document is included in this audit for a sexual abuse incident, also documentation of victim being offered victim advocate services. This form documents law enforcement referral, CPS report, and that the resident's family was notified.</p> <p>PREA policy 5.9 section 19 complies with offering all residents who experience sexual abuse access to forensic medical examinations at Providence St Peter. The Sexual Assault Clinic confirmed that they use an evidence-based protocol based on an updated 2014 evidence protocol developmentally appropriate for the ages of residents at GHS.</p> <p>Policy 4.30 section 19 -22 medical--states forensic exams are offered at no cost to the victim, Providence St Peters Hospital confirms the use of SAFE/SANE professional, and interviews with medical and mental health staff confirm this.</p> <p>Law enforcement (WSP and CPD) conducts criminal sexual abuse investigations and uses a uniform evidence protocol. CPS performs investigations to see if GHS or staff have a responsibility for the abuse. JR PREA Investigator performs sexual abuse and sexual</p>

harassment administrative investigations. In addition, GHS and Washington State Police have in place the DSHS-WSP Interagency Referral Report Guide for sexual abuse referrals and investigations. This is a step by step referral and investigation guide for criminal investigations regarding sexual abuse allegations at GHS. Washington State Police and the Chehalis Police Department follow a uniform evidence protocol for conducting sexual abuse investigations and is developmentally appropriate for youth the ages of those in GHS. (PREA 5.90 section 15)

There is an agreement in place between GHS and the Human Response Network that complies with this standard's requirement to provide victim support services. The interview confirms HRN will provide a trained victim advocate to assist the victim through the forensic exam and all investigatory interviews, has a 24-hour hotline, takes seriously the need to maintain confidentiality, will obtain informed consent, and will refer for treatment after release or transfer to another facility.

Reviewed:

DSHS-WSP Interagency Referral Report Guide; Washington State Policy Supervisors Letter/Guide; CPS DLR/CPS Investigation Protocol, Child Abuse and Neglect Section Practice Guide-Investigating Abuse and neglect in State-Regulated Care (revised 2004); JR 5.90 Applying the PREA Standards in JR; investigations for sexual abuse, 8 administrative and 3 referred to law enforcement; 1 investigation still in process by WSP, IRR form, Investigative format of CPS and WSP, completed investigations, DOJ clarification, 115.321 Standard in Focus, staff interviews, investigator questions, NCSA STD test request, Investigative flow chart, Protocol For Response to Sexual Abuse and Sexual Harassment Allegations, policy 4.3, HEN MOU between GHS and The Human Response Network

Standard Certification of Compliance: This auditor certifies compliance with standard 115.321 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	Standard 115.322 Policies to ensure referrals of allegations for investigations Non-Compliant
	Purpose of this Standard: To ensure that every allegation of sexual abuse and sexual harassment is thoroughly and appropriately investigated, to increase reporting, ensure that victims receive the assistance they need, and ultimately deter sexual abuse. This includes putting policies in place that govern administrative investigations conducted by internal investigators and specify procedures for referring investigations that involve potentially criminal behavior to agencies with the legal authority to conduct criminal investigations.

<https://www.prearesourcecenter.org/sites/default/files/library/115.22.pdf>

Once an allegation is reported, there is a specific process by which sexual abuse and sexual harassment investigations are assigned and conducted. GHS sends an incident report to CPS who cross reports to Law Enforcement. If a resident on resident incident results in a criminal case Chehalis Police Department would be notified to investigate. If it is a staff-on-resident sexual abuse allegation, Washington State Patrol and Child Protective Services (CPS) is contacted and investigates. If law enforcement chooses, they will work alongside the CPS investigator to interview the victim and alleged perpetrator. There have been 11 allegations of sexual abuse and sexual harassment received by GHS in the last 12 months. In addition, there have been 13 other allegations of sexual harassment that did not reach the standard of sexual harassment and were handled as youth misconduct as they were first-time incidents for the alleged perpetrator.

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, a collaborative effort between the involved parties, etc.) Washington State Patrol and DSHS JR have an investigation agreement, which includes a referral form. This form is used to refer to staff-on-resident sexual abuse and sexual harassment allegations.

that includes JR responsibilities, Washington State Patrol responsibilities, Local Law Enforcement responsibilities, and CPS responsibilities, in an investigation. It is detailed and explicit about what each agencies responsibility are and is published at <https://www.dshs.wa.gov/sites/default/files/JJRA/jr/documents/PREA/Criminal%20Investigations%20Agency%20Responsibilities.pdf>

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. Previously facility staff, identified as investigators and trained with the NIC investigators training, investigated PREA allegations. Currently JR uses a centrally identified investigator-DSHS JR PREA Coordinator/PREA Investigator; however, the investigator is also an agency staff person who received training to investigate, instead of an experienced, trained investigator who received higher level training to investigate sexual abuse in juvenile confinement.

Remaining Corrective Action at the end of the corrective action period: Not Compliant PREA sexual abuse and sexual harassment administrative investigations shall be conducted, by JR, in all cases where Law Enforcement does not conduct or complete an investigation.

Policy, protocol, and practice will be required 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 Investigators and investigations.

PREA sexual abuse and sexual harassment administrative investigators must be trained investigators who then receive a higher-level training in conducting such investigations in confinement. Such investigators should be removed from the daily interaction, or control over, residents or staff they may be called on to investigate.

DOJ clarification:

"Investigators must already have relevant experience and training, as a foundation, upon which specialized training is added. High level, advanced training for an individual who brings strong investigatory skills and experience. Persons who do not have a background in investigations, law enforcement or similar roles should not be put in a position of investigating sexual cases."

Documentation Reviewed: DSHS-WSP Interagency Referral Report Guide; Washington State Policy Supervisors Letter/Guide; CPS DLR/CPS Investigation Protocol, Child Abuse and Neglect Section Practice Guide-Investigating Abuse and neglect in State-Regulated Care (revised 2004); JR 5.90 Applying the PREA Standards in JR; investigations for sexual abuse, 8 administrative and 3 referred to law enforcement; 1 investigation still in process by WSP, IRR form, Investigative format of CPS and WSP, completed investigations, DOJ clarification, 115.322 Standard in Focus, staff interviews, investigator questions.

This standard is not compliant at the end of the corrective action period.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.331 Employee Training</p> <p>Purpose: To ensure that staff can prevent, detect, and respond to sexual abuse and sexual harassment and create a culture of sexual safety in the facility by educating all employees on • The agency’s zero-tolerance policy and methods for reporting incidents or suspicions of sexual abuse or sexual harassment; and • Creating an environment that prevents and detects sexual abuse and sexual harassment, fosters a robust reporting culture for inmates and staff, and provides meaningful accountability and appropriate assistance to all victim.</p> <p>https://www.prearesourcecenter.org/sites/default/files/library/115.31%20SIF.pdf</p> <p>GHS employees have all been trained on required PREA related topics. This includes agency and facility policies and procedures-including zero tolerance, and online and classroom PREA training—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 GHS has for sexual abuse and sexual harassment.</p> <p>Employees complete required training in many learning styles including hands-on, visual, thought-provoking, reading, role-playing and testing of knowledge. After completing training, 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 signs their understanding of each training they complete, including refreshers. JR Staff PREA training is divided into sections. Online training, and in-person training. The online is an introduction to PREA and meets the PREA training requirement for those who have limited interaction with residents and do not supervise residents. All staff must have online training prior to in-person training.</p> <p>Every year, GHS staff complete a PREA refresher training including a review of PREA history, basics, reporting and responding; incident reports; opposite gender searches and viewing; intake and screening; staff first responder duties; investigations; post investigation findings, incident reviews; PREA documents, staffing plan, coordinated response plan; safe environment, community Advocacy, code of Silence, Cultural continuum, 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 GHS for more than a year). 2018 training curriculum and statements of understanding were included in staff files also. Statements of understanding for all required training were in each staff file.</p> <p>Documentation Reviewed:</p> <p>Policy 5.90, section 32; PREA Online training storyboard; JR Staff Classroom Training curriculum; PREA Handouts and Packet Materials; Interviews with random and specialty staff, Handouts—cultural continuum, Staff Red Flags, Youth on Youth Red flags and Higher Risk Factors for Victimization; Code of Silence; Facts about LGBTQ youth, PREA incident report guidelines and ACT snapshot, Sexual Abuse victim Advocates Role, PREA policies; Policy 13 -</p>

Youth Complaints, Policy 14 - Health Care, Policy 20 - Staff Conduct, Policy 22 - Isolation, IMU, Policy 28 - Youth Communication, Policy 31 – Polygraph, Policy 36 - Translation and Interpreter Services, Policy 38 - Foreign Nationals, Policy 39 – SAVY, Policy 42 - Search & Seizure , Policy 43 - Contract Compliance, Policy 46 - External Complaints, and Policy 50 - LGBTQI Youth(new), PREA Refresher Training 2017, Refresher training 2016, new training draft

The auditor reviewed the JR agency policies, training, and GHS procedures and files, and determined that the staff training address the following areas:

Its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Residents' right to be free from sexual abuse and sexual harassment; The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in juvenile facilities; The common reactions of juvenile victims of sexual abuse and sexual harassment; 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; How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents; How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and Relevant laws regarding the applicable age of consent.

Training also includes understanding of these policies: Policy 13 - Youth Complaints, Policy 14 - Health Care, Policy 20 - Staff Conduct, Policy 22 - Isolation, IMU, Policy 28 - Youth Communication, Policy 31 – Polygraph, Policy 36 - Translation and Interpreter Services, Policy 38 - Foreign Nationals, Policy 39 – SAVY, Policy 42 - Search & Seizure , Policy 43 - Contract Compliance, Policy 46 - External Complaints, and Policy 50 - LGBTQI Youth(new)

During corrective action, training was developed to address gender-specific requirements, all staff was trained and understanding documented.

Refresher training provided for 2016 and 2017 is included in the documentation of this audit and meets this standard for PREA refreshers between required training. Included in the documentation are randomly chosen training documentation from training records reviewed.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.331, 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 GHS), as well as the facility site visit, and auditor pre and post review.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.332: Volunteer and contractor training

Purpose: Ensure that volunteers and contractors who have contact with residents are trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, response policies and procedures at the agency in which they are working. Overall, the objective is ensuring that everyone in the facility, including volunteers and contractors, understands the agency's zero-tolerance policy toward sexual abuse and sexual harassment, that the agency prohibits them from engaging in sexual relations with incarcerated people, and that sexual abuse and sexual harassment are always reported. The goal is to prevent abuse and to create an effective reporting process that cultivates a reporting culture among volunteers and contractors while providing appropriate assistance to all survivors.

https://www.prearesourcecenter.org/sites/default/files/library/115.32_0.pdf

Volunteers and contractors go through a similar hiring process as staff. They sign the sexual disclosure form, have a background check completed—including child abuse registry check, meet with the 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.

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 GHS, 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.

GHS has a process in place to ensure all staff, contracted staff, interns and volunteers are trained prior to 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.

The Contractor volunteer Brochure contains information about Red Flags, JR policies and link on reporting, standards, LGBTQ residents, Response, Prevention, and Duty to report.

All contractors complete training, disclosure document, acknowledgment document, and signature of understanding. Documentation is included in this audit and review shows it is compliant with this standard.

Documentation reviewed:

Juvenile Rehabilitation Administration PREA information for Volunteers/Contractors; JR Contractor Volunteer Brochure; Interviews—PREA staff, contractor; training records volunteer/contractor; Signatures of training and understanding;

Standard Certification of Compliance: This auditor certifies compliance with standard 115.332 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.333 Resident Education</p> <p>Purpose: The goal of providing inmate education is to prevent sexual abuse and sexual harassment and to encourage reporting by teaching inmates about their right to be free from sexual abuse and sexual harassment, educating them about the ways they can report it, and making sure they understand what will happen if there is an incident of sexual abuse or sexual harassment, including what services are available to victims. Inmate education can build inmates' trust in the staff and the facility's commitment to safety, which may increase reporting and ultimately deter sexual abuse and sexual harassment. Inmate education is only effective if it is provided in ways that inmates understand and remember when they need it, and it must be made understandable to the most vulnerable inmates in the facility, who may face some barriers to accessing written information, spoken information, or information in English. https://www.prearesourcecenter.org/sites/default/files/library/115.33%20SIF_Update.pdf</p> <p>GHS 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 most often 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 questions he has without embarrassment. 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 GHS 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, and who you can 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>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</p>

comfortable for the particular resident, acknowledgment is made that the information may make the resident feel uncomfortable but that it's important they understand GHS 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.

GHS combines the intake and comprehensive training; however, during corrective action, that process was changed to comply with this standard requiring the Resident education be completed in two separate sessions, within 10 days of intake. GHS Resident education, at the end of corrective action, complies with the requirement that the education sessions be conducted in two separate times—within 10 days of intake.

Using the PREA guide, Making PREA and Victim Services Accessible for Incarcerated People with Disabilities, DSHS JR reviewed current services provided and made changes to the 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. The 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.

GHS 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 GHS, 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: 37-42

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. 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 GHS and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.333 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review.

115.334	Specialized training: Investigations
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>115.334 Specialized Training Investigators Not compliant</p> <p>Purpose: To ensure that every allegation of sexual abuse in a correctional facility is thoroughly and appropriately investigated by a highly skilled, qualified investigator who has been trained to investigate sexual abuse allegations in confinement settings. Doing so should increase confidence in the facility's ability to respond to sexual abuse, which in turn leads to more reliable reporting of sexual abuse and ultimately to the prevention of sexual abuse in confinement. https://www.prearesourcecenter.org/sites/default/files/library/115.71%20SIF.pdf</p> <p>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, whether administrative or criminal.</p> <p>JR conducts PREA Administrative investigations for sexual abuse and sexual harassment. In the past, JR trained facility identified administrative staff to be PREA Investigators by providing the NIC online training, CPS investigative training, and additional classroom investigative training. Recently, JR changed that process and identified the agency PREA Coordinator as the PREA Investigator. This action made sure facility administrative staff who work with their residents and staff on a daily basis, were not also investigating them</p> <p>The PREA Investigator/Coordinator has completed all training provided to DSHS JR employees and in fact, conducts some of the training as the JR PREA Coordinator-a position he has had for over five years. He has completed the required higher-level training (NIC online investigators training and advanced investigators training for conducting investigations in confinement settings) as well as additional classroom investigative training.</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. PREA Standards in Focus 115.334 https://www.prearesourcecenter.org/sites/default/files/library/115.34.pdf "Agencies should ensure that the staff who are considered investigators for the purposes of obtaining the specialized training required in standard 115.34 have previous investigatory training and experience. Not all agencies have trained investigators on staff and rely on</p>	

administrative or custodial staff to conduct administrative investigations without proper training or opportunities to gain meaningful experience.” “The specialized training under §115.34 on its own will not be adequate to receive make unqualified staff into competent investigators capable of conducting a thorough and effective investigation. This training is designed to ensure that experienced and qualified investigators also receive specific training regarding the challenges posed by investigating sexual abuse in confinement.”

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

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.

Corrective Action still needed at the end of the corrective action period:

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

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 on the new investigative process; Upload curriculum, signed statements of understanding, job description, updated agency policy and procedure, JR facility procedure (SOP) regarding referral of allegations, and

5. Create a working, detailed, protocol for the PREA administrative investigations.

This standard is not compliant with the National PREA Standards.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.335 specialized training: Medical and Mental Health Care Purpose: to ensure Medical and Mental Health professionals, working regularly in the facility have been trained in sexual abuse and sexual harassment detection, preservation of physical evidence, responding effectively and how to report allegations or suspicions of sexual abuse and sexual harassment. If conducting forensic exams, have the appropriate training to conduct such exams.</p> <p>Documentation reviewed: JR Policy 4.30 section 61; certificates of completion for NIC specialized training for mental health and medical professionals, employee training, contractor training; staff training signature of understanding; Health Center staff list; certificates of completion. Interviews with medical and mental health staff; interview with PREA staff</p> <p>Policy: Jr Policy 4.30 section 51 requires specialized training for medical and mental health professionals who work with residents of GHS.</p> <p>Practice: 15 medical and mental health professionals work at GHS. Medical professionals have taken the NIC Medical Health Care for Sexual Assault victims in confinement Setting, and, Mental Health professionals have taken Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Included in the documentation are certificates of completion. The course included a test for knowledge and understanding.</p> <p>Medical and Mental Health professionals also receive training under standard 115.331 for contractors and employees. And training and signatures of understanding are included in this audit documentation.</p> <p>Review of documentation, interviews, and site observations—including practice and implementation, confirms that GHS is compliant with this standard.</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.335 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.341: Obtaining information From Residents</p> <p>Purpose: To ensure that the facility has identified those at heightened risk of being victimized and those at heightened risk of being sexually abusive so that it can make housing and programming decisions with the goal being to use this information to prevent sexual abuse. https://www.prearesourcecenter.org/sites/default/files/library/115.41_0.pdf</p> <p>Assessment:</p> <p>GHS operates under (JR) policy 3.20 section 3 regarding screening for sexual aggression and vulnerability. When residents arrive, and during intake, 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>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. Review of files indicate that the SAVY and SOGIE together address 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>Review of SAVY finds that the assessment of disabilities may not be accurate. Most SAVY documents are marked no for disabilities when research shows upwards of 48% of residents in confinement facilities have intellectual, developmental, and/or psychiatric disabilities. In addition, the SAVY does not address all categories of assessment required by this standard. It is narrow in focus and does not consider many vulnerable or aggressive behaviors that may need to figure into the assessment of risk and vulnerability. This standard requires the level of emotional and cognitive development to be considered in screening criteria</p> <p>The SOGIE is also used but doesn't seem to figure into the risk score. A recent incident between two sexually aggressive residents placed together indicates that the facility may need</p>

to reassess the instrument used to determine this risk.

The review included: policy, procedure, SAVY, SOGIE, interviews with risk screeners, random residents, and PREA staff, review of completed SAVY and SOGIE, and intake process.

GHS 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. 87% of residents interviewed confirmed the required questions for risk assessments were asked of them at intake. The other 13% could not remember but knew there were a lot of "PREA" questions and paperwork at intake. 213 of 215 residents in the facility in the last 12 months have completed a SAVY—risk assessment for sexual victimization or risk of abusing other residents.

Documentation reviewed: Standard in focus 115.335; Policy 5.90, section 43; Policy 3.20 SAVY; Completed SAVY documents; SOGIE documents; Risk screening staff interview; random resident interviews; PREA staff interviews; PREA staff interviews; intake process;

Policies that support GHS 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 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.

During Corrective Action:

JR/GHS developed and conducted training for staff who assessed residents using the SAVY and SOGIE. Additional documentation was also received on intake assessments used in conjunction with the SAVY and SOGIE at intake. These include the Beck Depression Screen, UCLA PTSD Screen, and Mental health assessment/review that includes Trauma/loss history, suicide risk, and mental health status.

Staff conducting SAVY and SOGIE assessments are now trained annually to ensure uniform screening of residents for risk of perpetration or vulnerability to being sexually offended. A bi-annual review for case management staff is now conducted for case management staff on the use of the SAVY. Mental health staff was given training on the use of the SOGIE.

Acknowledgments of understanding for this training were uploaded. The screening tool is now in the ACT (JR database) and example uploaded to this. March 2019 was the 6-month SAVY review for all youth and was completed. This review includes a refresher on how to complete the updated SAVY.

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

Standard Certification of Compliance: This auditor certifies compliance with standard 115.341 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.342 Placement of Residents</p> <p>Purpose: 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>JR Policy 3.20 Assessing Sexually Aggressive or Vulnerable Youth (SAVY), “establishes policy and procedure for determining sleeping quarter assignments and supervision requirements, 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.”</p> <p>The agency uses 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. A review of documents the SAVY and SOGIE is completed at intake, and then 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 GHS 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> <p>JR assigns placement and programming, for transgender or intersex residents, on a case by case basis and ensures that the decision considers the resident’s health and safety. In addition, consideration is given to management and security issues, as well as the resident’s own feelings of safety. Policy enhancing Practice: Policy 4.6, section 14 complies with this standard by making housing and program assignments for transgender or intersex residents on a case-by-case basis.</p> <p>Interviews also confirmed that transgender and intersex residents are never required to shower with other residents and every effort is made to ensure vulnerable residents own safety is taken into consideration. JR/GHS prohibits LGBTQI residents from being placed in particular housing, bed or other assignments based on identified or perceived sexual</p>

orientation, gender identity. And prohibits considering LGBTQI as an indicator of the likelihood of being sexually abusive.

Placement and programming assignments for transgender or intersex residents are reassessed at least twice a year to identify threats to safety. Currently GHS does not have any transgender or intersex residents; however, interviews confirmed the understanding and practice of this policy. Interviews state that while there is a policy in place to ensure if a resident was at risk for sexual abuse and isolation was used, as a last resort, all required services and reviews are in place to comply with the PREA requirements of this standard. Staff and management interviews were adamant that a resident has not and will never be put in isolation for this purpose as GHS has many housing alternatives to use.

To ensure resident safety, residents are only isolated from others as a last resort at GHS. Every effort is made to move the alleged perpetrator and movement, or isolation of the alleged victim is only done as a very last resort and for short duration. All daily large muscle exercise, normal education programming—including special education continues for the alleged victim and mental health and/or medical visits occur daily. The alleged victim is not restricted from other programs or work to every extent possible to ensure safety. Policy 5.50, section 8: addresses when a sexually vulnerable resident is isolated from others, as a last resort when less restrictive measures are inadequate to keep them and another resident safe. It also addresses the use of segregated housing to protect a resident who is alleged to have suffered sexual abuse and lists the requirements the resident is subject to—isolated only for safety purposes until an alternative can be arranged, superintendent approval, document reason for isolation in an incident report and room confinement record. Residents must be reviewed in accordance with isolation and room confinement practices to determine if there is a continuing need for separation. Policy 5.50 section 11 and 12, clearly lists the items a resident has access to—including clothing, mattress and bedding, medication, toilet and sink at least hourly, same meals, 1 hour supervised release every 24 hours, recreation subject to staff availability, visitors, calls, and mail, medical and mental health treatment, legal services, reading material, treatment material, educational supplies. Counseling and ability to make up missed schoolwork

Policies that support practice:

Policy 5.90 Section 43, 1, 2: states that JR must all information collected by the screening tool to make housing, bed, program, education, and work assignments for residents; Policy 3.2 .6 states that a resident will not be placed in a multi-occupancy sleeping quarters until the SAVY has been completed, and isolation rooms must be used pending completion of the SAVY; 3.2.7 talks about room restrictions being required to protect sexually vulnerable residents from sexually aggressive residents; also sexually aggressive youth cannot be placed in the same multi-occupancy room as a sexually vulnerable youth; in addition, sexually aggressive youth are prohibited from entering any occupied sleeping quarters other than the one to which he is assigned unless accompanied by as staff; 3.20.8; sexually aggressive youth must not have unsupervised contact with sexually vulnerable youth ;3.20.9: Youth will be asked if they feel vulnerable during the SAVY assessment. Youth perceptions of vulnerability will be considered when making housing and bed assignments; 3.20.12: Superintendents and Regional Administrators must establish and implement local procedures to comply with SAVY requirements for resident housing and bed assignments, including supervision requirements.

During Corrective Action:

GHS uploaded additional assessments used at intake--including the mental health assessment, SAVY, and SOGIE, assist in the decisions for housing, bed assignments, work assignments, education assignments and program assignments for residents.

A Roommate assessment tool was completed and implemented to assign youth using SAVY and SOGIE. Also, the Resident Roommate request form was completed and implemented, and resident roommate screen protocol. SAVY and SOGIE assessment training were developed and implemented for staff who conduct these assessments to ensure accurate assessment conducted at intake and every 6 months—or when there is an incident or concern.

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.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.342 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.351 Resident Reporting</p> <p>Purpose: To ensure that inmates and staff can report sexual abuse—regardless of who the perpetrator is and regardless of what other dangers they may face for doing so—by providing them with multiple avenues to report, including an avenue outside the facility, so that even if the abuser is someone directly supervising that inmate or higher up in the authority chain, or a staff person or inmate who might retaliate against that inmate, the victim still has a safe way to report. Thus, sexual abuse is always reported, which in turn is a deterrent of future abuse. https://www.prearesourcecenter.org/sites/default/files/library/115.51%20SIF.pdf</p> <p>GHS 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. Staff read residents 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>During corrective action, resident training sessions were changed to two separate sessions to ensure understanding of sources and access. All residents at the facility were given a comprehensive PREA education session and ongoing practice changed to include the two-separate resident PREA education sessions</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.</p> <p>The vast majority of residents knew about the hotline number they could call to talk report to. Residents 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).</p> <p>Another required reporting source is the outside reporting source. GHS/JR provides The CPS phone number 1-866-END HARM. This required outside reporting source is Child Protective Services (CPS) and residents, with staff facilitation, can make this call at their request. The</p>

number is posted in all units of the facility.

A written reporting source, at GHS, is the complaint form. Complaint forms are available in each unit, as are lock boxes to ensure confidentiality. During corrective action, the lockboxes that were checked weekly changed to daily pick-up. This has been in practice since November 2018 and is an ingrained procedure after 6 months

All allegations of sexual abuse and sexual harassment are documented in an incident report, 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. Interviews with random and specialty staff confirm their awareness and follow through on this requirement. Staff interviews indicated broad understanding, and all indicate they document the report in an incident report and report to CPS. All staff interviewed confirmed that they could report privately through the chain of command, Law Enforcement, or CPS if needed

The policy that reinforces practice:

PREA policy, page 4, section 13 complies with the requirement that youth must be provided with multiple methods for reporting sexual abuse and sexual harassment. Those ways include written--complaint form; phone--CPS report; tell a staff, counselor, or medical/mental health professional, and tell parents, attorneys, or probation/parole officers. PREA Policy 5.90, section 14 states that staff will report to Child Protective Services (CPS) to ensure there is a confidential way for staff to report sexual abuse or sexual harassment outside of their chain of command. Staff are trained in reporting by the incident report and by CPS in PREA training. PREA policy has PREA standard language and during corrective action, GHS made changes to policy #34 to translate these requirements into GHS standard operating procedures.

Staff reporting is covered in the policy, 5.90 section 10, "staff are required to report any suspicion, knowledge or information regarding an incident of sexual abuse or sexual harassment."

Reviewed: Pre-audit Questionnaire; JR Policy 5.90, Interviews and written answers with random and specialized staff, PREA staff, random youth interviews, CPS hotline posters, Advocate posters, Complaint forms, CPS reporting number, tour to observe posters, flyers, phones, confidential access to reporting, and resident PREA training, Revision of policy #34, CAP progress, Corrective Action

Standard Certification of Compliance: This auditor certifies compliance with standard 115.351, after corrective action, 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 GHS), as well as the facility site visit, and auditor pre and post review

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.352: Exhaustion of administrative remedies GHS does not have a grievance process for dealing with resident sexual abuse. If an allegation of sexual abuse is made through the complaint process, it is removed from that process and handled as an allegation of abuse.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>113.353: Resident access to outside confidential support services and legal representation</p> <p>Requirement: (a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible; (b) The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws; (c) The agency shall maintain or attempt to enter into memorandum of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements; (d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>Assessment:</p> <p>GHS 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. An MOU is in place with the Human Response Network that includes, “juvenile justice residential facility residents to be provided access to outside victim advocates for emotional support services related to sexual abuse.”</p> <p>All units have postings giving residents the phone number and address of the 24-hour crisis line. Policy 6.20, section 37 complies with the requirement that residents have access to outside victim advocates for emotional support services related to sexual abuse. Staff and resident interviews, as well as a review of incident and investigation reports, confirm that residents are offered victim advocates and numbers are posted, documented, as per tour of the facility. Review of documents/investigations clearly demonstrated residents being offered this service and if they turned it down, it is also documented.</p> <p>The Human Resource Network (HRN) confirmed the provision of services to GHS and their residents. GHS and HRN have an MOU in place describing what services GHS provides and what HRN provides. This agreement includes victim support services, background checks, services compatible with victim’s needs, confidentiality, training, residents’ consent, treatment after release from custody or transfer to another facility, and a victim advocate with required training.</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. These services are provided confidentially, and agency policy backs up this practice.

Residents at GHS have confidential access to their attorneys and all residents interviewed confirmed they can contact their attorney, if they have one, or their attorney can contact them confidentially. In interviews, residents stated they are afforded the opportunity to contact their lawyers as needed. 93% of residents 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. Residents are aware of mandatory reporting laws and requirements when sexual abuse is reported. Interviews confirmed this awareness and the exception to confidentiality when such reports are made.

Interviews confirmed access to phone calls and visits to parents/guardians on a frequent basis. Washington JR has a family-friendly policy that includes liberal phone calls and opportunities to have visits from their parents/guardians. This is the website link that is posted to assist parents/guardians understand how to send mail, phone number, and email contacts to arrange visits. <https://www.globaltel.com/prisons/green-hill-school-in-chehalis-375-sw-11th-st-chehalis-wa-98532-4728.aspx>

(JR 6.20.) Policy 6.2, section 37, complies with this standards requirement to provide reasonable access to outside victim advocates, their attorney, parents, between resident and these organizations—in as confidential a manner as possible—and to inform residents if communication will be monitored and reports of abuse will be reports, as per mandatory reporter requirements. Interviews with mental health staff, specialty staff, PREA staff, and targeted residents, confirm that residents have access to the required services and posters are visible in the units. Resident and staff interviews confirm that reasonable communication between advocates, attorneys, and parents/guardians occurs.

Documentation reviewed:

JR Policy 6.20, section 37; Interviews with random and targeted residents; interviews with PREA staff; interview and written answers from the GHS Superintendent, and random and specialty staff; Crisis Support Network staff, Peace Health St. John Medical Center staff, and PREA staff interviews.

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.

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

Standard Certification of Compliance: This auditor certifies compliance with standard 115.353 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 Green Hill School (GHS)), as well as the facility site visit, and

auditor pre and post review.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354 third Party Reporting</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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review</p> <p>Requirements: The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>Documentation: PRE-Audit Questionnaire; Interviews with random staff, specialty staff, and residents, as well as PREA staff, i-866-END-HARM phone number check, JR Website https://www.dshs.wa.gov/node/6449/</p> <p>Assessment: JR public website includes the CPS and facility PREA Compliance Manager and PREA Administrator number to call with reports of sexual abuse and sexual harassment, contains the Agency PREA policies, Annual PREA reports, and PREA audit reports.</p> <p>Interviews with random and specialty staff, as well as residents, confirmed that third-party reports can be called into CPS, called into the agency, the facility, and/or law enforcement, and staff also take third-party reports and document them in incident reports.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.361 Staff and agency reporting duties</p> <p>Requirements:</p> <p>All staff must report immediately any knowledge, suspicion, or information they receive regarding sexual abuse, sexual harassment that occurred in a facility; b) The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.; c) Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy; d)Medical and mental health practitioners are required to report sexual abuse to supervisors, and designated state or local services agency where required by mandatory reporting. They are required to inform residents at the initiation of services of their duty to report and limits of confidentiality; e)upon receiving any allegation of sexual abuse, the facility head shall promptly report to the appropriate agency, victims parents or legal guardian, caseworker, attorney or other legal representatives of record within 14 days of the report; f) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators;</p> <p>Assessment:</p> <p>GHS staff receive online, classroom and yearly refresher training, and PREA is a topic of conversation in the facility for staff meetings. (See 115.331 for topics of training).</p> <p>JR has several policies/procedures, reinforcing practice, that clearly states all individuals who work at JR are mandatory reporters, and they are required to report allegations of sexual abuse immediately. This is completed by an incident report in the ACT system, no later than the end of the staff's shift. Interviews with random and specialty staff confirm their knowledge and training about reporting immediately, retaliation monitoring and reporting, and any staff neglect or violation that may have contributed to such an incident. Staff report knowledge of policy and agency procedures that cover the necessity to observe and report.</p> <p>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</p>

26.44.040.”

The PREA Compliance Manager confirmed that all required notifications will be made upon receiving an allegation of sexual abuse. Green Hill School uses the GHS 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 an 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 the Children’s Administration, the report must be made to the alleged victim’s caseworker.”

Random Staff interviewed were consistent on knowledge and training about mandatory reporting policies, procedures, and actions. This includes the confidentiality of the report and not revealing information related to the report, other than necessary. In addition, interviews with random and specialty staff consistently confirmed all reports, including third-party and anonymous reports, are reported.

Interviews with Medical and Mental Health staff confirmed, without exception, their training, knowledge, and understanding of their obligation to report sexual abuse under mandatory reporting and automatically inform residents of their duty to report and the limits of confidentiality when it comes to reports of abuse. In addition, interviews with PREA staff and questions to the Superintendent confirmed training and requirements to report as mandatory reporters and inform residents of that responsibility, as well as the reporting requirements to parents, guardians, or other required reporting parties.

At intake, when residents report sexual abuse or perpetration of sexual abuse, they are offered medical and mental health appointments within 14 days. This is documented on the intake forms and also if they refuse this service. In addition, a mental health assessment, of all reported or known perpetrators of sexual abuse is completed within 50 days of knowledge of such perpetration. JR policy 4.30 backs up this practice.

All reports of sexual abuse or perpetration are kept confidential and only revealed on a need to know basis. Staff and management were adamant about their responsibility to keep this sensitive information as confidential as possible. JR Policy 5.90, section 29 backs up this practice.

Documentation: PREA Policy 5.90, section 10; Policy 4.3 medical, section 21; DSHS-AP-08-08, sections A-C; Policy 5.90, section 29; interview with random and specialty staff—including medical and mental health staff, PREA staff, and superintendent interviews; edits to policy #34, staff training (115.331), mental health referral, Washington State Statutes RCW 26.44.040, PREA investigative reports, staff online and refresher training.

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

Standard Certification of Compliance: This auditor certifies compliance with standard 115.361 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review

115.362	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.362 Agency Protection Duties Requirements: When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>GHS takes immediate action to protect a resident that is at substantial risk of sexual abuse. Immediate assessment of actions needed to ensure the resident's safety is completed and carried out. Options include, but are not limited to, housing changing, monitoring, investigation, and mental health services. JR Policy 5.90 section 20 backs up this practice. Interviews confirmed that 100% of the staff stated they would handle this allegation the same as any sexual abuse allegation and protect the resident, while reporting, monitoring, and referring the allegation for investigation.</p> <p>The pre-audit questionnaire reported that Zero times in the last 12 months has GHS determined that a resident was at substantial risk of imminent sexual abuse—as reported by the facility.</p> <p>Documentation: Interview and notes: Random staff, PCM, Administrator; PREA Investigative Reports; Staff online, classroom and refresher trainings PREA Policy 5.90, section 20; section 21; interviews with random staff and questions to the superintendent., Coordinated Response plan, revisions to policy #34, staff training (115.331); staff/contractor acknowledgement of training form; staff training spreadsheet</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.362 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.363 Reporting to other Confinement Facilities: Not compliant</p> <p>Requirements:</p> <p>(a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency; (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation; (c) The agency shall document that it has provided such notification; and (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Documentation:</p> <p>PREA policy 5.90, section 21; section 24; Three incident reports, CPS risk-only assessment, emails with the investigations, 115.371 investigations standard compliance</p> <p>Assessment:</p> <p>Policy 5.90, section 21 complies with this standard requires that the head of the facility, after receiving a report that a resident was sexually abused at another facility, reports to the head of that facility of where the sexual abuse is alleged to have occurred. This would be done within 72 hours of receiving the allegation or sooner.</p> <p>Section 24: requires the facility, when receiving reports from another facility about sexual abuse allegations that occurred at GHS, investigates according to the PREA standards.</p> <p>Interviews confirmed that upon receipt of an allegation of sexual abuse that occurred in another facility, there would be an immediate report to that facility and documentation would be done, and a report to local authorities—where the abuse allegedly took place would be done also. This would be done immediately, but within 72 hours at the outside. In addition,</p> <p>There have been three reports received by GHS that have been investigated and documented. In a review of the three allegations received, and the referrals and investigations conducted, CPS conducted investigations as a risk-only investigation. There is no law enforcement investigation included in documentation received, for any of the three allegations made against staff and no JR investigation. The allegations are criminal in nature. This standard is not compliant as the investigative GHS investigative procedure is not compliant--that was followed for these received allegations. Due to previous staff-to resident sexual abuse allegations and the fact that the investigative procedure is out of compliance, a more serious look, and investigative process needs to occur to ensure all allegations received are investigated according to 115.371 PREA standard requirements to keep residents safe.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.364 Staff First Responder Duties</p> <p>Requirements:</p> <p>(a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: [(1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating]; and (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>Assessment:</p> <p>JR Policy 15-15.4” details the steps first responders are required to take when a youth alleges sexual abuse. These include, “Separate the alleged victim and abuser, (PREA Standard 115.364 (a) (1)) 15.2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. (PREA Standard 115.364 (a) (2)) 15.3. If the abuse occurred within 120 hours, the first responder must request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including (but not limited to) washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. (PREA Standard 115.364 (a) (3-4)), 5.4. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.”</p> <p>100% of staff interviewed were able to identify the steps to take when being a first responder, also knew to follow the format provided in the Coordinated Response form to document all steps taken and to ensure everything was covered that is required.</p> <p>Resident interviews confirmed that actions were taken to separate residents, provide medical and mental health, offered advocate, referred to law enforcement, retaliation tracked, and notifications were all provided after an allegation of sexual abuse occurred. PCM interview confirmed the use of the coordinated form, and actions were taken by the first responders, as well as the subsequent follow-up, tracking, and notifications were completed</p> <p>All staff are trained on this procedure upon hire and again during annual refresher training. Staff referred to the GHS Coordinated Response plan, PREA policy, and staff training and refreshers.</p> <p>The GHS Coordinated Response Plan: this plan has places to document each step (time and date) that the first responder takes after an allegation of sexual abuse is received. (notifications, separation, crime scene preserved, preserve evidence, assessment of medical,</p>

notifications, advocate, crisis intervention counseling, incident report, retaliation, the information provided to the victim, investigation information and tracking)

The policy that backs up practice: Policy 5.90 section 15 outlines the response required at GHS when an allegation of sexual abuse is received. Section 15-21 cover all requirements of this standard (separation, preserve the crime scene, preserve evidence on the alleged victim and alleged perpetrator, written response plan, remove from access, emergency and ongoing medical and mental health, advocate, forensic exam, SAFE/SANE, notifications, and timelines)

Reviewed: PREA Policy 5.90, section 15, Coordinated Response Plan, staff interviews, specialty staff interviews, GHS Coordinated Response Plan, Superintendent questions, PCM questions, Policy #34 edits, staff training

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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.365 Coordinated Response</p> <p>Requirements: The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>GHS Sexual Abuse Coordinated Response Plan is detailed and complies with this standard requirement. It not only is an institutional plan that coordinates actions in response to an incident of sexual abuse, but it clearly documents the time and date of each required action. It includes the first responders' duties, plan of action, monitoring for retaliation, notifications to the victim, and investigation tracking, but also track the time and date of each action taken. Staff training—staff are trained on the coordinated response plan and the plan includes documentation tracking within the plan.</p> <p>Interviews: Interviews with random staff and PREA staff confirm there is a coordinated response plan and that it is detailed and covers all the requirements of this standard. During corrective action, the coordinated response plan was updated.</p> <p>Staff training—staff are trained on the coordinated response plan and the plan includes documentation tracking within the plan. Interviews with random staff and PREA staff confirm there is a coordinated response plan and that it is detailed and covers all the requirements of this standard.</p> <p>During corrective action, the coordinated response plan was updated.</p> <p>Reviewed: GHS Coordinated Response Plan; Interview notes: Administrator, random and specialty staff; Pre-audit questionnaire; Policy 5.90 section 21.1-2; Policy 5.90 section 24: Staff online and classroom training and refresher training: Notification form</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.365 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	<p>This standard was audited at the agency level and found to be in compliance.</p> <p>Review of the Union (AFSCME) contract found that 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</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.367 Agency Protection Against Retaliation</p> <p>Requirements: The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation</p> <p>Assessment: GHS/JR has in place policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other residents or staff. In addition, GHS uses the PREA Retaliation Tracking Form, PREA Notice of Investigation/findings Form, and the Coordinated Response Form for tracking, notifications, and ensuring the practice of ongoing monitoring of retaliation for 90 days starting with the initial response on the Coordinated Response form.</p> <p>GHS PREA Compliance Manager is the designated staff to track retaliation, although the unit manager monitors for 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.</p> <p>Interviews confirm that actions, to protect residents who report sexual abuse or sexual harassment, include room changes, support for the resident, and any other action necessary, on a case-by-case basis to protect the resident. Additional actions taken by GHS include monitoring disciplinary reports, negative performance reviews or assignments, periodic status checks and extending monitoring beyond 90 days if needed. Interviews also confirm that action would be taken immediately to remedy any retaliation taking place at GHS. Monitoring may be discontinued if the allegation is unfounded</p> <p>GHS pre-audit questionnaire states that there were zero incidents of retaliation documented in the last 12 months, during the retaliation track conducted. GHS policy, training, practice, and knowledge are in place, as well as the format for documentation. Review of investigations confirms retaliation tracking. Interviews confirm this tracking.</p> <p>This practice is backed up by JR policy: 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>

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 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.”

The above policy is in place to ensure multiple protection measures, including housing changes or transfers, removal of alleged staff or resident abusers from contact with victims, and emotional support services provided for residents and staff who fear retaliation from reporting sexual abuse or sexual harassment or cooperating with investigations. The practice is in place and is documented by staff and resident interviews and documentation of protective measures taken were reviewed and found in practice and integrated into the culture of GHS. During corrective action: retaliation tracking forms were uploaded and confirmed this tracking is done for allegations of sexual abuse according to this standard.

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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.368 Post-Allegation Protective Custody Standard</p> <p>Requirements: Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of standard 115.342.</p> <p>Assessment: GHS policy, Policy 5.50 section 8 states: For situations where safety is a concern, youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe. Its further states that this isolation can only be used until an alternative means of keeping youth safe can be arranged. This isolation also requires Superintendents approval, documentation of the concern for youth’s safety, reason for isolation, and why no alternative can be arranged--in an incident report and room confinement record. Section 11: lists all items or services youth placed in isolation must have access to, and section 12 lists additional treatment, educational, reading, and writing materials youth in isolation must have access to.</p> <p>The PREA pre-audit questionnaire states that zero residents have been placed in isolation, for their safety, after alleging sexual abuse. It is not the policy or practice, of GHS, to use isolation to keep residents safe from impending sexual abuse. GHS has a policy, if this situation should ever arise, that covers all accommodations that would be afforded the resident in this situation--including daily mental health and medical checks. It is the practice, in this case, to transfer residents to another unit or wing, if necessary. Most often it is the alleged perpetrator who would be transferred.</p> <p>Based on the agency and facility policies and practices, interviews, site review, and documentation review, GHS does not use isolation for a resident who alleges sexual abuse. GHS does have the policies in place should the situation ever arise that protects the resident’s rights and access to services, education, exercise, and programming.</p> <p>Reviewed: Policy 5.50 section 8, 11 and 12; interviews and written questions: GHS Coordinated Response plan, JR retaliation tracking form, file review, JR policy 5.90 section 30, Pre-Audit Questionnaire</p> <p>Certification of Compliance: This auditor certifies compliance with standard 115.368 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>Standard: 115.371 - Criminal and administrative agency investigations Compliance Assessment: Not compliant at the agency level</p> <p>Purpose: To ensure that all allegations of sexual abuse and sexual harassment are investigated thoroughly and properly so that incidents are substantiated when they should be, both to deter these incidents and to increase reporting. Thorough and proper investigations (which require that investigation be conducted by qualified and trained investigators; that all evidence be gathered and preserved; and objectivity, which means the credibility of an alleged victim must be assessed on a case by case basis and opinions are never formed on the basis of the fact that the victim is an inmate or that a perpetrator is a staff person) enable an agency to substantiate actual incidents of sexual abuse and sexual harassment and increase the chances that consequences will follow when sexual abuse and sexual harassment are reported. This will encourage reporting and deter sexual abuse and sexual harassment.</p> <ul style="list-style-type: none"> • To foster a reporting culture and deter sexual abuse and sexual harassment by ensuring that (1) investigations are documented and documentary evidence is preserved, (2) investigations are completed regardless of the status of the victim or perpetrator, and (3) all substantiated allegations that rise to the level of a criminal offense are referred for prosecution. <p>Assessment:</p> <p>JR policy 5.90 Applying the PREA Juvenile Standards in JR Page 5: “JR will ensure all allegations of sexual abuse and sexual harassment, regardless of source, are investigated”</p> <p>Green Hill School Staff do not conduct PREA administrative or criminal investigations. This comes after a recent change that moved this investigative function from facility level to their parent agency Washington DSHS Juvenile Rehabilitation level staff. A number of the investigations reviewed were still conducted under the old investigative process where the allegation was investigated at the facility level, interviews were conducted, written statements were taken, and Child Protective Services notified. Currently, when an allegation of sexual abuse or sexual harassment is received by GHS, the responding staff performs first responder duties, creates an incident report, and a call/report is made to Child Protective Services (CPS), who determines the need to cross reports to law enforcement.</p> <p>The following describes the functions, agreements, and current practice of conducting sexual abuse and sexual harassment investigations at GHS—including the CPS child abuse/neglect/supervision investigation, the law enforcement criminal investigation, and the JR PREA Administrative investigation.</p> <p>CPS: Child Abuse/neglect or supervision issue investigation:</p> <p>GHS receives a report of a sexual abuse or sexual harassment allegation, documents it in an incident report and calls CPS to report it to them. One to two days after the referral, CPS emails the GHS Administrator an Intake Report which documents the allegations reported to them by the GHS first responder—and indicates their triaged classification of the PREA</p>

Allegation. (CPS, Risk-only, Non-CPS.)

If determined “CPS”—CPS or law enforcement will investigate, and the victim is identified as 18 or under.

A screen in “Risk-Only”: CPS or law enforcement will investigate—the victim is identified as 18 or over. In this case, CPS investigates “risk-only” to ensure residents of GHS are not at risk for child abuse/neglect or supervision issues. Following the completion of their investigation, CPS emails the GHS Administrator an Investigative Assessment that has comprehensive documentation of all interviews, evidence gathering, etc., as well as assessing future risk re the victim and perpetrator. The GHS Administrator would then forward the Investigative Assessment to the JR PREA investigator/Coordinator for confirmation of CPS’s investigative determination.

If determined “Non-CPS”: Not enough information to support a CPS investigation, a JR PREA Administrative Investigation is initiated (see below under PREA Administrative Investigation. Sexual harassment allegations fit into this category as it alleges sexual conversations and not sexual contact and CPS screens it out. In addition, review of CPS determinations on GHS referred allegations, indicates that this category also includes allegations of inappropriate touching over the clothing—as defined by PREA standards abusive sexual contact.

Washington Child Protective Services conducts child abuse/neglect and supervision investigations. Most CPS investigations are investigated as “risk only” to determine if residents are at risk in the facility by staff or staff actions. CPS notifies law enforcement, within 24 hours, if they receive an allegation of sexual abuse from GHS. It is not the responsibility of CPS to determine if a crime is chargeable before reporting to law enforcement. 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.

CPS and Law enforcement may conduct joint investigations and information sharing when a crime has been committed against a child by staff or in cases of neglect in protecting a child from third party abuse. The CPS role, in an investigation of abuse at GHS, is to ensure safety of the child and other children, investigate and make determinations about the existence of child abuse/neglect, assess if the child or other children have been or neglected in ways not alleged, identify risk factors within the facility creating a risk to future harm to children, and ensure consistency and equity toward providers in the investigation. CPS defers to law enforcement regarding the investigation. They provide CPS history to law enforcement immediately.

CPS has a vital function to determine if child abuse/neglect is occurring and if supervision is at issue, to protect facility residents; however, residents 18 and over have a different standard of 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.

There is certain information in the CPS report that can be used in a PREA administrative investigation and it is vital for the investigations to coordinate and share information; however, CPS investigators have a vital function that is different than a criminal or a PREA Administrative Investigation. A PREA Administrative Investigation must comply with investigative standards set out in PREA standard 115.371 and investigate to a finding of substantiated, unsubstantiated, or unfounded for sexual abuse or sexual harassment.

Sexual Abuse and Sexual Harassment Criminal Investigations:

Law enforcement conducts the criminal investigation, for GHS allegations of sexual abuse or sexual harassment. Washington State Patrol (WSP) conducts staff-to-resident investigations, and Chehalis Police Department (CPD) conducts resident-to-resident sexual abuse or sexual harassment investigations. 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. In addition, due to the Washington state Governor Directive, Washington State Patrol is tasked with conducting administrative investigations regarding "staff-on-resident administrative allegations.

DSHS/JR and WSP have a written and detailed agreement outlining steps to conducting investigations. The provisions listed in this agreement include:

Provisions for JR include promptly notifying law enforcement agency and CPS, documenting all information obtained, cooperating with law enforcement and CPS on all investigations, not terminating an investigation solely because the source of the allegation recants, or due to the departure of the alleged abuser or victim, and perform the first responders' duties of securing the scene and protecting physical evidence.

Provisions for WSP include being contacted on any criminal investigation involving a JR staff member, utilize an evidence collection procedure that complies with or exceeds PREA standards, is responsible for collecting, analyzing and reporting on criminal referrals they receive, and referring for prosecution any criminal referral that is found to be substantiated.

Provisions for Local Law Enforcement (LLE) includes being contacted on any criminal investigations involving residents and non JR staff members, utilizing an evidence procedure that complies or exceeds PREA standards, being responsible for collecting, analyzing and reporting on criminal referrals they receive, and referring for prosecution any criminal referral that is found to be substantiated.

Provisions for CPS include being contacted for any and all allegations involving resident victims, working in cooperation with WSP and LLE to ensure allegations are fully investigated, utilizing an evidence-collection procedure that complies or exceeds PREA standards, being responsible for collecting, analyzing, and reporting on all child abuse allegations, and in collaboration with WSP and LLE referring for prosecution any criminal referral that is found to be substantiated.

PREA Administrative Investigations—current practice

After Risk Only CPS Investigation: CPS completes their child abuse/neglect investigation and sends it to GHS. The GHS Administrator forwards the Investigative Assessment to the JR PREA investigator/Coordinator- for confirmation of CPS's investigative determination.

A PREA Administrative Investigation would be initiated and the PREA Administrative Investigation for the above circumstances includes:

1. Reviewing of all available documentation from GHS and CPS--Utilizing PREA standards for definitions of sexual abuse or sexual harassment.
2. PREA Investigators scrutinize the CPS investigative assessment to make a determination if the case should be documented as substantiated, unsubstantiated, or Unfounded.
3. Additional interviews/data collection may be warranted to conclude this;
4. Documenting their review of the case on the PREA Investigation Report (20-309)- summarizing specifics-including an assessment of credibility, external contributing factors (staffing ratio, blind spots, staff actions), and making a final conclusion/finding of the PREA allegation.
5. Forwarding the PREA Administrative Investigation to GHS to be added to the investigative file for future reference.
6. Retaining administrative and criminal investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The above description of current practice, in conducting PREA Administrative Investigations, reviews the CPS investigation, instead of coordinating with them in completing a PREA Administrative investigation.

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

Until recently, PREA Administrative Investigators were assigned GHS staff designated as investigators, and who received the NIC online training in conducting administrative sexual abuse investigations in confinement. These designated facility management staff completed NIC training on investigating sexual abuse in a confinement setting; however, did not bring the experience, background, training, that is required for an experienced investigator, and violated the DOJ clarification that investigators should not be staff that works with or supervise facility residents.

This process was recently changed. The PREA Coordinator and one other management person, in the JR administrative offices, have been designated to conduct PREA

Administrative investigations; however, GHS staff continue to interview residents and collect written statements. 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

Designated Agency JR management staff, including the PREA Coordinator, completed the following training: DSHS Investigation training Conducting Credible Personnel Investigations; Comprehensive State Investigations (2 days), and Shorba and Wienand Investigation Training. Agency designated staff also completed the higher-level training required for “investigators.”: NIC online course Investigating Sexual Abuse in a Confinement Setting and NIC online advanced investigations to become PREA Administrative Investigators.

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. GHS needs to evaluate the requirements of this standard and ensure the designated PREA investigators meet the training, background, and experience of “investigators,” and then give them the higher-level training required by this standard.

DOJ clarification: 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

Investigative Files/Documents Reviews:

Review of PREA investigations concluded:

All GHS sexual abuse and sexual harassment allegations are reported to Child Protective Services (CPS)-the incident report is in all investigative files. CPS makes a determination to screen in or out and if the investigation will be “CPS”, “Risk-Only,” or “NON-CPS” for investigation of child abuse/neglect or supervision issues—the determination form is in all investigative files.

CPS cross reports to Law enforcement any allegations that meet their standard of criminal abuse. Most investigations conducted by CPS were a risk only, investigated to assess staff or facility actions or assess the risk of residents to each other.

When sexual abuse allegations are referred to law enforcement, CPS coordinates and often conducts investigations and interviews together. When CPS conducts these investigations, it is with permission from law enforcement to interview participants. When CPS “screens-in” an allegation as “CPS”, instead of risk-only, the alleged victim must be under the age of 18--then CPS conducts a full investigation of child abuse/neglect. Alleged victims in the GHS facility that

are 18 and over are only assessed as “Risk-Only” or “Non-CPS.”

The below assessment by this auditor of allegations of staff sexual misconduct, documentation of CPS investigation, Law Enforcement referral, LE investigation, JR PREA Administrative Investigation, and LE declined documented that:

12 allegations of sexual abuse or sexual harassment were made in 2017-18-involving 14 staff (some multiple times);

CPS screened out 4;

4 allegations were investigated by CPS—with Law Enforcement permission;

Law Enforcement investigated 2 cases—prosecuting 1 staff and 2 pending cases;

1 case was declined by Law Enforcement and CPS investigated for risk only—as well as a review (not investigation) by JR

There were no law enforcement reports in investigative files, as required by the PREA standards. CPS documented, in their reports, when they worked in conjunction with law enforcement or when law enforcement gave them permission to interview participants, but only CPS reports were in investigative files. In addition, JR PREA investigation reports were missing from multiple files. This is not compliant with this standard.

When JR staff conducted PREA Administrative Investigations-when Law Enforcement declined or gave CPS permission to investigate, it reviewed the CPS report, conducted a credibility assessment based on CPS report and any previous reports on alleged perpetrator, alleged victim, and witnesses, documented any external contributing factors, the CPS conclusion, and made a finding determination. JR investigators should work closely with CPS and LE during investigations to ensure their investigation is prompt and thorough. This does not constitute an investigation, only a review. This is not compliant with this standard. 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.

In addition, PREA Administrative Incident Reviews are only required on substantiated allegations and should be, by standard requirement, required on unsubstantiated allegations also. Currently, due to the number of founded investigation, GHS is conducting an incident review on all allegations. This is not compliant with this standard.

Retaliation tracking and notification to a resident about the finding and other notification requirements are included in the investigative files and compliant with this standard.

In a review of investigations, there are cases where law enforcement has declined to investigate, or not investigated to a conclusion an allegation that did not reach the criminal status, although meeting the PREA definition of sexual abuse or sexual harassment. This leaves the requirement for a PREA Administrative investigation to be conducted for sexual abuse and sexual harassment allegations. JR must have a well-defined practice of investigating allegations of sexual abuse and sexual harassment. JR should conduct an administrative investigation on every allegation; criminal investigations are typically conducted by external entities. This is especially critical in a facility that is as understaffed at GHS is currently, and the risk of abuse is much higher.

The administrative investigation detailed policy and procedure lacks details. Qualified investigators need to conduct PREA administrative investigations, track criminal investigations, conduct credibility assessments, and ensure all allegations are investigated by qualified investigators to ensure the safety of all age residents in the facilities. The investigative procedure currently in effect is general and does not specifically detail the requirements of this process

In conclusion, for PREA administrative investigations, facility staff are never to investigate PREA allegations. There are several investigations where the facility administration conducted interviews. Facility staff should only gather who, what, when, where, kinds of information and only enough to make a report to CPS, law enforcement, and agency PREA administrative investigators. 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. This does not comply with this standard.

GHS policy states that written reports will be gathered from residents. This is not the job of the facility and needs to have immediate attention. The process, individuals conducting investigations, policy/procedure, and practice of conducting these investigations needs to be overhauled to be compliant with the PREA standards. In particular, the concern is GHS, where staffing ratios are out of compliance on every shift, every day, and founded incidents have occurred, making that facility highly vulnerable for additional sexual abuse incidents. The investigation, tracking, and skill of a PREA administrative investigator is even more vital in this circumstance than any other.

Fully utilize the results of both criminal and administrative investigations to make any necessary changes in the facility operations to better improve sexual safety. Comprehensive, detailed investigations can be one of the most important tools a facility has to correct or adjust practices, facility physical plant issues, training practices or policy directives that need enhancement or modification. Investigations and the information uncovered can form a basis for requests to agency leadership or governing entities for additional staff, technology, or needed facility physical plant improvements. Review the results of investigations carefully and use the findings to support appropriation requests as appropriate. Review of facility incident reviews was incomplete, involving Yes and no answers, and did not document a thorough review and report that included assessments of needed changes, plans to implement those changes, and documenting when those changes were made or if not, why not. The form and assessment process are underutilized, and the information documented inadequate and does not comply with this standard.

Every allegation that is true may not be caught the first time; however, a strong administrative investigative policy and procedure, trained and experienced "investigators" who have additional training in interviewing sexual abuse in juvenile confinement, and a rigorous investigation and tracking of criminal investigations by these trained individuals will certainly have a better chance of stopping any abuse occurring.

PREA Investigators shall have the required investigative background and experience 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). Investigators must have the required staff training as well so they are well versed in how the facility or staff operate in a facility.

Train facility staff to follow new investigative policy, protocol, or standard operating procedures when an allegation of sexual abuse or sexual harassment is alleged. The JR Investigator should work with CPS and law enforcement to ensure all parts of the investigation are timely, objective, and coordinated.

Investigators shall to stay in contact with law enforcement and CPS regarding their investigations and document this with the investigative file. The law enforcement investigative report needs to be retained in the investigative file that the agency keeps confidentially, for the required amount of time. Criminal investigations must also be documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. Copies of all documentary evidence should accompany the report. It is vital to maintain, complete, comprehensive, and well-organized investigation files and documentation.

Investigative files are kept at the facility and facility staff track CPS involvement and Law Enforcement progress in investigations. This process and tracking should be at the agency level and completed by the PREA Administrative Investigator to ensure all investigative procedures, tracking, and coordination for investigations are above reproach and not completed in the facility where the allegation is made.

During Corrective Action:

This was a very difficult corrective action process for the facility and the agency. They are transitioning into another agency and are waiting for that process to complete before addressing the investigative process. Many meetings, phone calls, policy review, and changes have been reviewed for this process ahead of this move. At this time GHS is not compliant with this standard at the end of the corrective action period.

The Washington Juvenile Rehabilitation policies that cover investigation are:

JR Policy 1.22, Conducting Investigations in JR. JR Policy 1.22 states: "The policy outlines a fair and equitable process for investigations conducted in Juvenile Rehabilitation (JR). All investigations will be timely and will include due process requirements. Juvenile Rehabilitation will maintain a team of trained investigators available to conduct investigations across the administration."

JR policy 5.90 Applying the PREA Juvenile Standards in JR Page 5: "JR will ensure all allegations of sexual abuse and sexual harassment, regardless of source, are investigated" PREA Policy 5.90 section 22, 23, 25, and 52: states that "an administrative or criminal investigation must be completed for all allegations of sexual abuse and sexual harassment. PREA investigations in JR will be completed in accordance with the PREA Investigation Protocol and PREA Investigation Flow Chart."

PREA Policy 5.90 section 25: "JR must conduct administrative investigations of allegations of sexual abuse or sexual harassment that are not investigated by CPS or Law Enforcement."

PREA Policy 5.90, section 25.1 This standard lays out the required JR/GHS training for PREA

administrative Investigators that includes core investigative training through DSHS Human Resources, Specialized training specific to conducting PREA and investigations in confinement; 25.2: spells out the PREA investigator duties that include gathering direct and circumstantial evidence, including electronic monitoring data, interviews, and review of prior complaints and reports;

5.90, 25.3 Administrative Investigators must: include an effort to determine if staff actions or failures to act contributed to the abuse and document in written reports the physical and testimonial evidence, reasoning behind credibility assessments and investigative fact and findings.

5.90, 25.4 describes preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

PREA Policy 5.90. 26: Following the law enforcement and child protective services review or investigation of the allegation, JR will investigate to address possible policy violation and resulting discipline.

PREA policy 5.90, section 27 states that JR must not terminate an investigation solely because the source of the allegation recants the allegation.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.372 Evidentiary standard for administrative investigations</p> <p>Certification of Compliance: This auditor certifies compliance with standard 115.372 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review</p> <p>Requirements: The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Reviewed: Investigations, interviews with staff and residents, PREA policy 5.90 section 25.4, PREA-Audit questionnaire</p> <p>Assessment: PREA Policy 5.90, section 25.4 complies with the policy requirement that JR will use no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Interviews: Investigator confirmed that preponderance of the evidence is the standard used for investigations at GHS.</p> <p>Investigations: Review of investigations conducted at GHS confirm that the preponderance of the evidence is the standards used for investigations.</p> <p>Determination: Review of investigations, interviews, policy, pre-audit questionnaire, site visit, and documentation, and observations confirm that the preponderance of the evidence is the standard used for investigations at GHS.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.373 Reporting to Residents</p> <p>Requirements:</p> <p>(a) Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded; (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident; (c) Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever [(1) The staff member is no longer posted within the resident’s unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility]; (d) Following a resident’s allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: [(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility]; (e) All such notifications or attempted notifications shall be documented; and (f) An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p>Assessment:</p> <p>PREA Policy 5.90, section 31: complies in policy with the requirement to inform the victim of circumstances surrounding an allegation of sexual abuse. All notification categories are covered by this policy. The Youth Notification Form is a part of this audit documentation and is compliant in format and use. In addition, section 31.3-.7 contains the requirements for youth notifications.</p> <p>If a resident alleges a staff member has committed sexual abuse, required notifications to residents are completed, at GHS, 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>

Eight investigations, reported by the PRE-audit Questionnaire, of allegations made by residents at GHS, have notification forms that comply with this standard using the Youth Notification Form.

Interviews confirm that notifications are made, and they cover the required areas named in this standard.

Determination:

Review of policy, PREA Youth Notification form, investigations, interviews, site observations, and follow-up questions and documents find GHS substantially compliant with this standard.

Reviewed:

A 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 Notification For."

Certification of Compliance: This auditor certifies compliance with standard 115.373 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376: Disciplinary Sanctions for Staff</p> <p>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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review</p> <p>Requirements:</p> <p>(a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies; (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse; (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories; (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Reviewed: PREA Policy 5.90 section 7, 8, 9; resignation email, interviews, site observation, additional observations, questions, and documentation,</p> <p>Assessment:</p> <p>PREA policy 5.90, section 6-9: This policy section outlines the sanctions that GHS institutes for staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Section 7: states that appointing authorities must immediately institute proceedings to terminate staff who have been found through DSHS or law enforcement investigation, guilty plea or conviction to have engaged in sexual intercourse or sexual contact with a JR youth in accordance with RCW 13.40.570. (PREA Standard 115.376 (b))</p> <p>Section 8: Disciplinary sanctions for violations of DSHS or JR policies relating to sexual abuse or sexual harassment (other than 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. (PREA Standard 115.376 (c))</p> <p>In the last 12 months, there has been 2 staff who violated agency sexual abuse or harassment policies. Both were terminated. (1 resigned in lieu of termination).</p> <p>Determination:</p> <p>Review of policy, site observation, interviews, and the Pre-audit questionnaire, confirm that</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.377 Corrective Action for Contractors and Volunteers</p> <p>Requirements:</p> <p>(a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies; and b) The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Assessment:</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>JR policy complies with the requirements of this standard.</p> <p>Policy 1.60, section 15: Any contractor or volunteer who engages in sexual abuse must be reported to law enforcement agencies and to relevant licensing bodies. (PREA Standard 115.377)</p> <p>15.1. Reporting will be conducted in accordance with Policy 5.91 (34), Reporting Abuse and Neglect of JR Youth, and Policy 5.90 (49), Applying PREA Juvenile Standards in JR. (PREA Standard 115.377)</p> <p>15.2. 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>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. (PREA Standard 115.377(b))</p> <p>Zero contractors or volunteers, in the last 12 months, have been reported to law enforcement or relevant licensing bodies due to violation of this standard.</p> <p>JR policy complies with the requirements of this standard, and interviews with management and contractors confirm the knowledge and understanding of this standard.</p> <p>Determination:</p> <p>After a review of policy, practice, interviews with management and contractors, site visit, and</p>

the pre-audit questionnaire, GHs is determined compliant with this standard, 115.377.

Reviewed:

Policy 1.60, section 15, 14; interviews with management and contractors; pre-audit questionnaire; interview with PREA staff: site observation

Certification of Compliance: This auditor certifies compliance with standard 115.377 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.381 Medical and Mental Health Screenings: a history of sexual abuse</p> <p>Requirements:</p> <p>(a) If the screening pursuant to 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening;</p> <p>(b) If the screening pursuant to 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening;</p> <p>(c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law; and</p> <p>(d) Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.</p> <p>Reviewed:</p> <p>PREA Policy 3.20 SAVY; 14-day follow-up documentation of mental health; interviews—mental health and medical, risk screening staff; targeted residents:</p> <p>Assessment:</p> <p>Policy 3.20: 5. A meeting with a medical or mental health practitioner must be offered to youth within 14 days of staff learning that the youth has experienced prior sexual victimization or has perpetrated sexual abuse. (PREA Standard 115.381(a)(b))</p> <p>Assessment: This policy complies with the requirement of 115.381a—offering medical and/or mental health to youth who disclose prior sexual victimization, at intake.</p> <p>Interviews with mental health and medical staff, as well as intake staff confirm that this occurs. Review of progress notes for residents offered a follow-up is consistent with this policy and interviews. Review of progress notes reveals that residents who perpetrated abuse are offered a follow-up meeting. Risk screening staff interviewed confirmed that residents who have experienced prior sexual abuse and residents who perpetrate sexual abuse are offered follow-up services within 14 days of disclosure. Progress notes confirm the timeline. Interviews with medical and mental health staff confirm that information regarding previous sexual abuse or perpetration is limited to staff who do treatment planning, or assignments of housing, education, or programming.</p> <p>Policy 4.3, section 21; When residents indicate on the Sexually Aggressive-Vulnerable Youth (SAVY) assessment (in accordance with to Policy 3.20, Assessing Sexually Aggressive or Vulnerable Youth) that they have experienced prior sexual victimization or prior perpetration of sexual abuse, JR staff shall ensure that the resident is offered an appointment with a medical</p>

or mental health practitioner within 14 days of completion of the SAVY. (PREA Standard 115.381 (a-b))

Policy 4.3, section 21.2: Medical and mental health practitioners must obtain informed consent from youth over the age of 18 before reporting information about prior sexual victimization that did not

Assessment: This policy complies with 115.381d requirements to obtain informed consent from residents before reporting prior sexual victimization (unless the resident is under age 18). Interview with mental health and medical staff confirmed the practice of always telling residents what they have to report and what is confidential.

Determination:

After a review of policies, interviews, site observations, pre-audit questionnaire, and progress notes, GHS is compliant with this standard 115.381.

Certification of Compliance: This auditor certifies compliance with standard 115.381 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

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.381 Medical and Mental Health Screenings: a history of sexual abuse</p> <p>Certification of Compliance: This auditor certifies compliance with standard 115.381 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review</p> <p>Requirements:</p> <p>(a) If the screening pursuant to 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening;</p> <p>(b) If the screening pursuant to 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening;</p> <p>(c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law; and</p> <p>(d) Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.</p> <p>Reviewed: PREA Policy 3.20 SAVY; 14-day follow-up documentation of mental health; interviews—mental health and medical, risk screening staff; targeted residents:</p> <p>Assessment:</p> <p>Policy 3.20: 5. A meeting with a medical or mental health practitioner must be offered to youth within 14 days of staff learning that the youth has experienced prior sexual victimization or has perpetrated sexual abuse. (PREA Standard 115.381(a)(b))</p> <p>Assessment: This policy complies with the requirement of 115.381a—offering medical and/or mental health to youth who disclose prior sexual victimization, at intake. Interviews with mental health and medical staff, as well as intake staff confirm that this occurs. Review of progress</p>

notes for residents offered a follow-up is consistent with this policy and interviews. Review of progress notes reveals that residents who perpetrated abuse are offered a follow-up meeting. Risk screening staff interviewed confirmed that residents who have experienced prior sexual abuse and residents who perpetrate sexual abuse are offered follow-up services within 14 days of disclosure. Progress notes confirm the timeline. Interviews with medical and mental health staff confirm that information regarding previous sexual abuse or perpetration is limited to staff who do treatment planning, or assignments of housing, education, or programming.

Policy 4.3, section 21; When residents indicate on the Sexually Aggressive-Vulnerable Youth (SAVY) assessment (in accordance with to Policy 3.20, Assessing Sexually Aggressive or Vulnerable Youth) that they have experienced prior sexual victimization or prior perpetration of sexual abuse, JR staff shall ensure that the resident is offered an appointment with a medical or mental health practitioner within 14 days of completion of the SAVY. (PREA Standard 115.381 (a-b))

Policy 4.3, section 21.2: Medical and mental health practitioners must obtain informed consent from youth over the age of 18 before reporting information about prior sexual victimization that did not

Assessment: This policy complies with 115.381d requirements to obtain informed consent from residents before reporting prior sexual victimization (unless the resident is under age 18). Interview with mental health and medical staff confirmed the practice of always telling residents what they have to report and what is confidential.

Determination:

After a review of policies, interviews, site observations, pre-audit questionnaire, and progress notes, GHS is compliant with this standard 115.381.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.382: Access to Emergency Medical and Mental Health Services (Compliant)</p> <p>Certification of Compliance: This auditor certifies compliance with standard 115.382 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review</p> <p>Requirements:</p> <p>(a) Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional</p>

judgment;

(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to 115.362 and shall immediately notify the appropriate medical and mental health practitioners;

(c) Resident victims of sexual abuse, while incarcerated, shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate; and

(d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Purpose: <https://www.prearesourcecenter.org/sites/default/files/library/115.82%20SIF.pdf>

To ensure that a victim of sexual abuse in a facility is provided, at no cost, unimpeded, unconditional, and timely emergency medical treatment and crisis intervention services following a sexual assault. The appropriate medical treatment is determined solely by medical and mental health professionals according to their professional judgment. Additionally, the victim must be provided timely information and access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.

Reviewed: Policy 4.30, section 22; Medical and Mental Health Staff interviews; Targeted Resident interview; Site tour and observations; Policy 4.30, section 24; GHS Coordinated Response Plan:

Assessment:

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. (PREA Standard 115.382 (a)) If no medical or mental health care provider is on duty at the time of the report, first responders must protect the youth and immediately notify the JR Medical Director and the Superintendent, Regional Administrator or designee in accordance with Policy 1.30.

Reporting Serious and Emergent Incidents. (PREA Standard 115.382 (b)) 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. (PREA Standard 115.382 (c))

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. (PREA Standard 115.382 (d), 115.383 (g))

Assessment:

The policy complies with the requirement of 115.382a.

Interviews with medical and mental health staff confirm that they are trained and knowledgeable about the process to ensure residents receive timely and unimpeded access to emergency medical treatment and crisis intervention. They also, without exception, reported that residents at GHS get better than community care—because they are always available. Medical staff interviews confirmed that residents who are victims of sexual abuse are offered timely information about sexually transmitted infections when medically appropriate and that all services victims receive are without cost to them.

Coordinated Response Form:

Assessment: This form has a place to track Assessing medical needs, offering an advocate, calling Safe Place Human Response Network, Crisis Counseling, Forensic Medical Exam at St Peters Hospital and ensuring SANE is available, making all required contacts, monitoring retaliation form,

Determination:

After a review of policy, forms, interviews, the pre-audit questionnaire, and site observations, GHS is determined to be compliant with this standard 115.382.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Certification of Compliance: This auditor certifies compliance with standard 115.383 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 Green Hill School (GHS)), as well as the facility site visit, and auditor pre and post review</p> <p>Requirements:</p> <ul style="list-style-type: none"> (a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility; (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care; (d) Resident victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests; (e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services; (f) Resident victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate; (g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident; and (h) The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. <p>Reviewed:</p> <p>Policy 4.30, section 21, 23; 24; targeted resident interviews; medical and mental health staff interviews, review of case progress notes.</p> <p>Policy 4.30, section 23, 24: 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. (PREA Standard 115.383 (a))</p> <p>23.1. Evaluation and treatment must include follow-up services, treatment plans, and referrals to needed services when transferred or released. (PREA Standard 115.383 (b))</p> <p>23.2. Victims must be offered tests for pregnancy and sexually transmitted infection. (PREA Standard 115.383 (d, f))</p> <p>23.2.1. If a victim is pregnant, she must be provided timely access to comprehensive pregnancy information and medical services. (PREA Standard 115.383 (e))</p>

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. (PREA Standard 115.382 (d), 115.383 (g))

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. (PREA Standard 115.383 (h))

Assessment

This policy complies with the requirement of 115.383 — offer medical and mental health evaluation and as an appropriate treatment to victims of sexual abuse. Section 23 requires resident victims of sexual abuse to be offered tests for sexually transmitted infections as appropriate. Section 21 directs JR to conduct a mental health evaluation on known youth-on-youth abusers within 60 days of learning of such abuse and offer treatment recommended.

Interviews with the amazing medical and mental health personnel of GHS confirmed that all residents who reported or experienced sexual abuse are offered treatment and services, as needed and appropriate. This treatment is a part of their treatment plan and follow-up services provided by GHS. Interviews confirm that services provided by these professionals are not only consistent with community care but exceed that care. Interviews confirmed that treatment was provided at no cost.

Interviews with specialty staff confirmed that within 60 days, a mental health evaluation is completed on resident-on-resident sexual abusers and treatment is incorporated into their treatment plan.

Interview with target residents confirm that they were offered mental health services and medical evaluation after reporting sexual abuse. A risk assessment is updated on both alleged victim and alleged perpetrator to ensure the appropriate level is assigned and programming is appropriate. Appropriate care and services were offered, including sexually transmitted infection tests. Treatment was provided without cost.

Review of progress notes confirm services offered and available.

Determination:

After a review of policy, onsite observations, interviews, and progress notes, GHS is determined to be compliant with standard 115.383.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.386 Sexual Abuse Incident Reviews: (Not Compliant)</p> <p>Requirements:</p> <p>(a) The facility shall conduct a sexual abuse incident review at the end of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded; (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation: (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners; (d) The review team shall:</p> <p>(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</p> <p>(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager]; (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>Reviewed:</p> <p>PREA Policy 5.90 Section 49; Investigation Notification; Incident Review: CPS “risk only” assessment, investigation; Incident Review, interviews.</p> <p>Assessment:</p> <p>Policy 5.90 section 49: Each facility must conduct a sexual abuse incident review at the end of every sexual abuse investigation for allegations that are substantiated and unsubstantiated. (PREA Standard 115.386 (a)) 49.1. No incident review is required if the allegation has been determined to be unfounded. (PREA Standard 115.386 (a))</p> <p>49.2. The review must occur within 30 days of the conclusion of the investigation. (PREA Standard 115.386 (b))</p> <p>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. (PREA Standard 115.386 (c))</p> <p>Assessment: Policy 5.90, section 49 is compliant with the policy requirement of this standard. It contains all the required policy statements for actions required for this standard.</p>

Investigation Notification: Included in the documentation of this audit is a notification of the investigation outcome to a resident that is compliant with the requirement of notification and contains his signature.

Incident Review:

Included in documentation is an incident review that was conducted on a founded incident. It is not compliant as the review did not contain an in-depth review of appropriate staffing ratios, review of the risk assessment process and placement decisions, or room check times appropriate for a double-bunked room.

The criminal investigation completed by law enforcement was not included with the review and so not assessed for additional information nor was the CPS concerns considered in the incident review. The criminal investigation was not included and so it could not be determined if the review was conducted within 30 days of the conclusion of the investigation, and there was no report that described in-depth the review process. No recommendations were made on the incident review.

The team of reviewers were upper-level management and that complies with standard 115.386c

During corrective action, the review form was edited to include assessment of all requirements of this standard. This auditor continues to have concerns about the investigative process that leads to this review, lack of Law Enforcement reports attached to all investigations, and lack of the incident review report that shows an in-depth review, assessment, recommendations, and documentation of follow-up on those recommendations. Until the investigations and documentation requirements are met, this review piece remains out of compliance. An incident review cannot be compliant if all the pieces are not there to review and the investigative process is not compliant.

115.387	Data collection
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.388	Data review for corrective action
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401: Frequency and Scope of Audit</p> <p>I received the utmost assistance with this audit from GHS staff and JR PREA Coordinator.</p> <p>This auditor was given access to and observed all areas of the audited facility. I was permitted to request and receive copies of any relevant documents—including electronically. I conducted private interviews with residents and staff. My phone and address were posted on each unit, so residents could contact me confidentially. (I received no contacts.)</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

Appendix: Provision Findings

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

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

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

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

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan	yes

	that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	
	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?	no
	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	yes

	placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	no
	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.)	no

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

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes

115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

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

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

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

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

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

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all 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?	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 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 through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes

115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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

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

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

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

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

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

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

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

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

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

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

115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

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

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

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

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

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

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

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	no
	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?	no

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?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes

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

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

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

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

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

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

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

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

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

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

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

115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	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

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

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

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

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

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

115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	no

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

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

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

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

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

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

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

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

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	no
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	no

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

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	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

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

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

115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	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?	no

115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no

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

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	no

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

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	no

115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

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

115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

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

115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	no

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no

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

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	no
	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?	no
	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?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	no
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	no
	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?	no

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no

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