

PREA Facility Audit Report: Final

Name of Facility: Green Hill School

Facility Type: Juvenile

Date Interim Report Submitted: 11/23/2022

Date Final Report Submitted: 06/22/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Kyle David Barrington	Date of Signature: 06/22/ 2023

AUDITOR INFORMATION	
Auditor name:	Barrington, Kyle
Email:	Kyle.Barrington@Zajonc-Corp.com
Start Date of On-Site Audit:	10/10/2022
End Date of On-Site Audit:	10/12/2022

FACILITY INFORMATION	
Facility name:	Green Hill School
Facility physical address:	375 SW 11th Street, Chehalis, Washington - 98532
Facility mailing address:	

Primary Contact	
Name:	Ian Hurley
Email Address:	ian.hurley@dcyf.wa.gov
Telephone Number:	3607403425

Superintendent/Director/Administrator	
Name:	Jennifer Redman
Email Address:	jennifer.redman@dcyf.wa.gov
Telephone Number:	3607403433

Facility PREA Compliance Manager	
Name:	Ian Hurley
Email Address:	ian.hurley@dcyf.wa.gov
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Suzanne Taylor
Email Address:	suzanne.taylor@dcyf.wa.gov
Telephone Number:	360-740-3448

Facility Characteristics	
Designed facility capacity:	150
Current population of facility:	148
Average daily population for the past 12 months:	136
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	17-24
Facility security levels/resident custody levels:	Minimum to Maximum
Number of staff currently employed at the facility who may have contact with residents:	254
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	51
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15

AGENCY INFORMATION

Name of agency:	Washington Department of Children, Youth, and Families
Governing authority or parent agency (if applicable):	Washington Department of Social and Health Services
Physical Address:	1115 Washington St. SE, Olympia, Washington - 98504
Mailing Address:	
Telephone number:	3609028499

Agency Chief Executive Officer Information:

Name:	Felice Upton
Email Address:	Felice.upton@dcyf.wa.gov
Telephone Number:	360-338-2300

Agency-Wide PREA Coordinator Information

Name:	Cary Bloom	Email Address:	cary.bloom@dcyf.wa.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

2

- 115.313 - Supervision and monitoring
- 115.341 - Obtaining information from residents

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-10
2. End date of the onsite portion of the audit:	2022-10-12

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I talked to a nurse at Providence St. Peter Hospital and a program staff member at the Sexual Assault Clinic.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	150
15. Average daily population for the past 12 months:	136
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	150
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	35
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	5
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	5

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The population is older than in a "traditional" juvenile facility, and many of the residents spent time in the adult system, thus the resident dynamics are a bit different. Further, the time period for the "12 months prior to onsite audit" was October 1, 2021, through September 30, 2022. The time period for the onsite was October 10, 2022, through October 12, 2022. Thus, the numbers reported do not precisely match.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>207</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>15</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>51</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The pandemic still impacts the number of volunteers allowed on campus.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>32</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Divided the residents up by living unit and then utilized a random number generator to select the residents for interviews.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None noted.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviewed staff, interviewed residents, and reviewed client files.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviewed staff, interviewed residents, and reviewed client files.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviewed staff, interviewed residents, and reviewed client files.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviewed staff, interviewed residents, and reviewed client files.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviewed staff, interviewed residents, and reviewed client files.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on the records submitted, no residents met these criteria.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviewed staff, interviewed residents, and reviewed client files.</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviewed staff, interviewed residents, and reviewed client files.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>None noted.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

15

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

None noted.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

32

76. Were you able to interview the Agency Head?

- Yes
- No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Interviewed teachers and medical staff as they work at the facility under contract.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>None noted.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Reviewed resident, staff, volunteer, and contractor records.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	17	6	17	6
Total	17	6	17	6

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	0	1	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

18

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>17</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were 17 investigations of staff-on-resident sexual abuse. One case of resident-on-resident sexual abuse happened more than 12 months before the audit; however, it occurred in a timeframe that permitted me to review it.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.311: This standard has three components and 12 subcomponents. The three components are (a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct; (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities; and (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. For each component, there are one or more subcomponents. The following are the subcomponents for each component.</p> <p>Component: 115.311 (a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct.</p>

Subcomponent 115.311 (a)-1: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

Subcomponent 115.311 (a)-2: The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Subcomponent 115.311 (a)-3: The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

Subcomponent 115.311 (a)-4: The policy includes sanctions for those found to have participated in prohibited behaviors.

Subcomponent 115.311 (a)-5: The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Component: 115.311 (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Subcomponent 115.311 (b)-1: The agency employs or designates an upper-level, agency-wide PREA Coordinator

Subcomponent 115.311 (b)-2: The agency employs or designates an upper-level, agency-wide PREA Coordinator

Subcomponent 115.311 (b)-3: The position of the PREA Coordinator in the agency's organizational structure

Component: 115.311 (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. For each component, there are one or more subcomponents.

Subcomponent 115.311 (c)-1: The facility has designated a PREA Compliance Manager.

Subcomponent 115.311 (c)-2: The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Subcomponent 115.311 (c)-3: The position of the PREA Compliance Manager in the agency's organizational structure.

Subcomponent 115.311 (c)-4: The person to whom the PREA Compliance Manager reports.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, this Auditor reviewed the following: 1) J.R. Policy number 5.90 [Signed 02/27/2015]; 2)

Interviews with the Agency Head, 3) Interview notes with the PREA Coordinator [entitled the PREA Administrator within the agency], 4) Interview with the Facility Superintendent, 5) Interview with the Facility PREA Compliance Manager, 6) the Pre-Audit Questionnaire; 7) J.R.'s Organizational Chart; 8) The Facility's Organizational Chart, and 9) Interviews with staff.

OBSERVATIONS: The Agency's 5.90 Policy covers all required elements of 115.311. The Agency employs a PREA coordinator, entitled the PREA Administrator, with sufficient time to develop, implement, and oversee the efforts to comply with the PREA standards in all its facilities. Based on interviews with the Agency Head and the PREA Coordinator (called the PREA Administrator), the PREA Administrator does appear to be "upper level," and it appears the PREA Coordinator is an "agency-wide" position. The Agency Head noted that the PREA Administrator has access anytime if there is a PREA-related need. In addition, the facility does have a designated PREA Compliance Manager, and the PREA Compliance Manager does believe they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Further, the agency employs an Agency PREA Compliance Manager who assists the PREA Administrator with PREA-related investigations and with helping facilities comply with J.R. Policy 5.90.

DETERMINATION: The facility does not meet this standard.

RATIONALE: The following details the rationale for the finding of "does not meet the standard."

First, the policy presented by the GHS PCM had expired in 2019, and a more updated 5.90 policy was in effect. Thus, the facility is operating from an expired 5.90 policy.

Second, the facility did not provide evidence that complies with 115.311 (a)-2: The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Because the facility is operating under an expired 5.90 policy, and because the facility did not provide a policy that complies with 115.311 (a)-2, the facility does not meet this standard.

CORRECTIVE ACTION PLAN (CAP): The following is the CAP for Subcomponent 115.311 (a)-1:

1. The PREA Administrator will provide the PCM at Green Hill School with a copy of the most current 5.90 Policy.
2. The PREA Administrator will provide training to the PCM at Green Hill School regarding the differences between the 5.90 Policy with a Sunset Review date of 02/27/2019 and the most current 5.90 Policy.
3. The PREA Administrator will provide to this Auditor a signed statement that the PCM at Green Hill School attended and understood this training.
4. In addition, the GHS PCM will submit an attestation letter to this Auditor

stipulating that only current and enforced policies and procedures are being used at GHS.

The following is the CAP for Subcomponent 115.311 (a)-2:

1. The PCM at Green Hill School, working with the Green Hill School Superintendent or their designee, will craft a facility policy that meets the requirements of 115.311 (a)-2.
2. Once the facility policy is written and approved by the Green Hill School Superintendent and the PCM, the PCM will forward a copy of this document to this Auditor for review.
3. Once this Auditor approves a facility policy, appropriate staff will need to be trained in the new facility policy.
4. GHS staff will attend the training related to the facility policy and acknowledge that they attended and understood the training. Evidence that the staff attended and understood this training will be submitted to this Auditor by the GHS PCM.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency and facility staff worked to complete all elements of the corrective action plan. The final determination was made on May 9, 2023, when the PREA Auditor completed a second onsite visit. During this visit, the PREA Auditor randomly selected staff training files. The auditor found that all selected staff had completed the required training and signed a document noting they had attended and understood the training. It was determined that the facility met this standard. [NOTE: Additional information about this CAPP can be found in the attached document titled GHS_JR_2022_Corrective_Action_Plan_16.15]

FINAL DETERMINATION: The agency and facility are determined to meet this standard.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.312: This standard has two components and six subcomponents. The two components are that: (a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards; (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. For each component,</p>

there are one or more subcomponents. The following are the subcomponents for each component.

Component: 115.312 (a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

- Subcomponent 115.312 (a)-1: The agency has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later.
- Subcomponent 115.312 (a)-2: All of the above contracts require contractors to adopt and comply with PREA standards.
- Subcomponent 115.312 (a)-3: The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later.
- Subcomponent 115.312 (a)-4: The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards.

Component: 115.312 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor complies with the PREA standards.

- Subcomponent 115.112 (b)-1: All of the above contracts require the agency to monitor the contractor's compliance with PREA standards.
- Subcomponent 115.312 (b)-2: On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor the contractor's compliance with PREA Standards.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this standard, the facility (GHS) and JR submitted or provided to this Auditor the Pre-Audit Questionnaire and provided interviews with staff (specifically, the DSHS Contract Manager) and copies of a contract with Pioneer Human Services.

OBSERVATIONS: Interviews with the DCFY Contract Manager reinforced that DCYF only contracts with one facility, Pioneer Human Services. However, this facility is not used to house or confine residents, thus, it was determined that DCYF and JR do not have contacts for the confinement of residents.

DETERMINATION: Based on the agency and facility policies and procedures, the Pre-Audit Questionnaire, the Onsite Audit, and interviews with contract staff, it was determined that GHS, in all material ways, meets this standard.

Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

REQUIREMENTS: 115.313: This standard has four components and 14 subcomponents. The four components are: (a) a staffing plan has been created; (b) deviations from the staffing plan are documented; (c) the staffing plan is reviewed annually; and (d) for secure facilities, where unannounced rounds occur, staff are prohibited from alerting other staff that such rounds are occurring. For each component, there are one or more subcomponents. The following are the subcomponents for each component.

Component: 115.313 (a) A staffing plan has been created.

- Subcomponent 115.313 (a)-1: The agency requires each facility 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.
- Subcomponent 115.313 (a)-2: Since August 20, 2012, or the last PREA audit, whichever is later, the average daily number of residents.
- Subcomponent 115.313 (a)-3: Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated.

Component 115.313 (b) Deviations from the staffing plan are documented.

- Subcomponent 115.313 (b)-1: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Check N/A if no deviations from plan).
- Subcomponent 115.313 (b)-2: If documented, the six most common reasons for deviating from the staffing plan in the past 12 months

Component: 115.313 (c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

- Subcomponent 115.313 (c)-1: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.
- Subcomponent 115.313 (c)-2: The facility maintains staff ratios of a minimum of 1:8 during resident waking hours.
- Subcomponent 115.313 (c)-3: The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

- Subcomponent 115.313 (c)-4: In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours.
- Subcomponent 115.313 (c)-5: In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours

Component: 115.313 (d) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

- Subcomponent 115.313 (d)-1: At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Component: 115.313 (e) Each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

- Subcomponent 115.313 (e)-1: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.
- Subcomponent 115.313 (e)-2: If YES, the facility documents unannounced rounds.
- Subcomponent 115.313 (e)-3: If YES, over time the unannounced rounds cover all shifts.

Subcomponent 115.313 (e)-4: If YES, the facility prohibits staff from alerting other staff of the conduct of such rounds.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this standard, the facility (GHS) submitted or provided to this Auditor the following: 1) the Washington State Juvenile Rehabilitation (JR) Policy 5.90; 2) the Pre-Audit Questionnaire; 3) GHS's Facility Staffing Plan (effective 09/09/2022); 4) GHS's PREA Policy (GHS Policy

#34); 5) video evidence of unannounced checks; and 6) interviews with staff (specifically, the Superintendent, the PREA Compliance Manager, and staff who conduct unannounced rounds).

OBSERVATIONS: Interviews and paperwork documented that a staffing plan was developed, implemented, and reviewed annually (the last review was in September 2022). GHS reported zero staffing plan deviations. In addition, a review of over 30 unannounced round check forms and a view of seven unannounced rounds videos. During the tour, this Auditor found residents unsupervised by staff, the use of video monitoring to substitute for staff, yet zero Staffing Plan deviations. In a review of seven unannounced rounds check videos, three were found to meet the requirements of an announced rounds check. In three instances, staff failed to check all areas, specifically the bathrooms, and in one instance, the staff member who reported completing the unannounced rounds check was not seen on video.

DETERMINATION: Based on the agency and facility policies and procedures, Pre-Audit Questionnaire, and the Onsite Audit (including the facility tour and the staff and resident interviews), it was determined that GHS does not meet this standard.

RATIONALE: The facility operates under an approved staffing plan; however, the Staff Plan is not being complied with due to a shortage of security staff. Further, the facility is not documenting that the Staffing Plan is not being complied with, which violates Subcomponent 115.313 (b)-1. In addition, while conducting the facility tour, this Auditor found residents not being supervised by staff but rather by video monitoring systems, violating Subcomponent 115.313 (c)-2. When interviewing staff, it was found that the facility is not operating at night with a security staff-to-resident ratio of 1 to 16, which violates Subcomponent 115.313 (c)-3. Finally, in a review of unannounced rounds checks, it was found that these checks did not operate according to the policy, as the staff conducting them did not routinely check bathrooms. In another example, no evidence of the unannounced rounds checks being completed was found. This violates Subcomponent 115.313 (e)-1.

CORRECTIVE ACTION PLAN: The following is the CAP for Subcomponent 115.313 (b)-1:

1. The GHS PCM, working with the GHS Superintendent, will update their Facility Staffing Plan.
2. Once a revised Staffing Plan is approved, the facility will train staff on how to document deviations from the Staffing Plan.
3. Evidence of this training will be submitted to this Auditor, documenting that staff attended and understood the training.
4. **DESK AUDIT:** Once the auditor receives and approves the training documentation, the facility will begin a desk audit. The Auditor will wait eight to ten weeks and then ask for all staffing plan deviation reports to ensure that the facility is adequately documenting when it is not complying with its established and approved Staff Plan.

The following is the CAP for Subcomponent 115.313 (c)-2 and Subcomponent 115.313(c)-3:

1. Every six weeks during the CAP, this Auditor will request that the PCM from GHS provide the number of funded security staff at GHS compared to the number of hired and trained security staff at GHS.
2. Once the facility documents at least two weeks of meeting the mandated ratios of 1:8 during the day and 1:16 at night, the PCM at GHS will notify this Auditor.
3. **DESK AUDIT:** Upon confirmation that the facility is at or exceeding the minimum staff-to-resident ratios for both day and night, the Auditor will begin a DESK AUDIT. The DESK AUDIT will last six to eight weeks. Once the six to eight weeks have passed, the auditor will conduct a Desk Audit using Zoom or an equivalent video conferencing system to ascertain if the facility is operating per the minimum staffing level. If the Auditor can not adequately determine that minimum staffing levels are being met, the Auditor will conduct another onsite visit in May of 2023.

The following is the CAP for Subcomponent 115.313 (e)-1:

1. The PCM at GHS will ensure that all staff responsible for conducting unannounced rounds checks will be retrained on conducting such checks.
2. Evidence of this training will be submitted to this Auditor, documenting that staff attended and understood the training.
3. **DESK AUDIT:** Once the auditor receives and approves the training documentation, the facility will begin a desk audit. The Auditor will wait 12-16 weeks and then ask for documentation of the unannounced rounds checks. Then the Auditor will randomly select up to 10 unannounced rounds checks and confirm, via a conference call with video, that these rounds were completed per policy.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency and facility staff worked to complete all elements of the corrective action plan. On February 10, 2023, a revised and signed Staffing Plan was presented. However, the final determination was made on May 9, 2023, when the PREA Auditor completed a second onsite visit. During this visit, the PREA Auditor reviewed deviation reports and found that the graveyard shift rarely complies with the required ratio established via 115.313(c-3). Further, a review of the education center, kitchen area, and vocational education area found that security staff did not appropriately supervise residents. In the education center, three residents were in a classroom alone with a non-security staff member while the security staff were in the main office. In the kitchen area, kitchen staff, who noted they were not security staff per PREA requirements, regularly supervised residents with no security staff present. The staff noted that the security staff were in another building. In the vocational building, teachers, who are not considered security staff for PREA purposes, supervised residents without any security staff in the rooms. In a tour of the housing

	<p>units, one unit with two residents allowed these residents to walk around while staff were in an all-staff meeting. In other housing units, residents were left with no staff in the living unit with the residents. Thus, it was determined that the facility did not meet this standard. [NOTE: Additional information about this CAPP can be found in the attached document titled <u>GHS_JR_2022_Corrective_Action_Plan_16.15</u>]</p> <p>FINAL DETERMINATION: The facility is determined NOT to meet this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>REQUIREMENTS: 115.315: This standard has six components and 12 subcomponents. The six components are: (a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners; (b) The agency shall not conduct cross-gender pat-down searches except in exigent circumstances; (c) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates; (d) The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit; (e) The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner; and (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. For each component, there are one or more subcomponents. The following are the subcomponents for each component.</p> <p>Component: 115.315 (a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>Subcomponent 115.315 (a)-1: The facility conducts cross-gender strip or cross-</p>

gender visual body cavity searches of residents.

Subcomponent 115.315 (a)-2: In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents.

Subcomponent 115.315 (a)-3: In the past 12 months, number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff.

Component: 115.315 (b) The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

Subcomponent 115.315 (b)-1: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

Subcomponent 115.315 (b)-2: In the past 12 months, the number of cross-gender pat-down searches of residents.

Subcomponent 115.315 (b)-3: In the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s).

Component: 115.315 (c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches..

Subcomponent 115.315 (c)-1: The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Component: 115.315 (d) The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

Subcomponent 115.315 (d)-1: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

Subcomponent 115.315 (d)-2: Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/area

where residents are likely to be showering, performing bodily functions, or changing clothing.

Component: 115.315 (e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Subcomponent 115.315 (e)-1: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Subcomponent 115.315 (e)-2: Such searches (described in 115.315(e)-1) occurred in the past 12 months.

Component: 115.315 (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Subcomponent 115.315 (f)-1: The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: (The percentage given does not necessarily indicate compliance or non-compliance with the standard.)

EVIDENCE OF COMPLIANCE: JR 5.90 was presented as evidence of compliance along with JR Policy 42 (Conducting Searches), JR Policy 5.70, GHS Frisk/Pat Search procedure, a tour of the facility, and the Pre-Audit Questionnaire. In addition, interviews with 30 staff (employees, contractors, or volunteers) and 15 residents, video evidence, and reviews of facility forms helped form the basis of the determination for this standard.

OBSERVATIONS: The Pre-Audit Questionnaire and the information gathered from the Onsite Audit indicate that cross-gender pat-downs are prohibited unless there is an exigent circumstance and that there had not been exigent circumstances in the past 12-month period. All staff (100.0%) noted that they announce their presence when entering resident housing if they are the only representative of their gender in the unit. Residents noted that staff generally announce themselves when entering the unit, but most youths stated they always assume a staff member of the opposite gender is always in a common area. All residents noted that they felt they could shower, perform bodily functions, and change clothes without being viewed by an opposite-gender staff member. All staff and youth reported that cross-gender strip searches were not performed, nor were cross-gender visual body cavity searches. There were no reports or evidence of cross-gender pat-searches. All staff reported being trained in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully, and

in the least intrusive manner possible, consistent with security needs. However, during the onsite tour, this Auditor found that 16 bedrooms, some with bathrooms, had security cameras. Further, some of the bathrooms had windows that allowed the staff of the opposite gender to view into them.

DETERMINATION: Since residents were not permitted to change clothes, perform bodily functions, or take a shower without being viewed by the staff of the opposite gender, the facility did not meet this standard.

CORRECTIVE ACTION PLAN: The following is the CAP for Subcomponent 115.315 (d)-1, specifically the 16 video cameras in residents' rooms:

1. The GHS PCM will work with the facility management team to determine how to ensure that the video cameras in rooms used by residents are turned OFF and non-operational unless documented explicitly by an authorized facility administrator. Thus, the video cameras should be turned off and not recording UNLESS approved explicitly by the facility administration.
2. Once the GHS PCM and the facility management team determine the best method to ensure that these cameras are always off unless specifically approved to be on, the GHS PCM will create a facility policy that outlines the procedures for turning on these cameras. This facility policy will need to be approved by the GHS Superintendent.
3. Once the GHS Superintendent approves the policy, GHS staff and residents will need to be trained in the new policy. Staff must sign that they attended and understood this training, and residents will be asked to sign off that they attended and understood the use of the cameras.
4. DESK AUDIT: Once staff and residents are trained in the new policy, this Auditor will wait ten to twelve weeks and then request a Zoom Video Conference call. During this call, the Auditor will request to review all approved instances of when the cameras were turned on. Then, the Auditor will request to review the archives to ensure that the cameras in the rooms are off. If the Auditor can not ensure that the cameras are being operated per the approved policy, the Auditor will conduct another onsite visit.

CORRECTIVE ACTION PLAN: The following is the CAP for Subcomponent 115.315 (d)-1, specifically the windows in housing unit bathrooms:

1. The GHS PCM will develop a written plan to ensure that the windows in the housing units' bathrooms include a barrier to ensure that residents can shower, change clothes, and perform bodily functions without being viewed by staff of the opposite gender.
2. Once a plan is approved by the GHS PCM and the GHS Superintendent, the plan will be submitted to this Auditor for review and approval.
3. Once the Auditor approves, the plan to place a barrier over the bathroom windows will be implemented.
4. Once the plan is completed and all identified windows are covered, the GHS PCM will submit photographic evidence to this Auditor showing the

completed coverings on all bathroom windows.

5. DESK AUDIT: The Auditor will wait 10 to 14 weeks and then request updated photos to ensure the coverings are still in place and provide the necessary privacy required by 115.315.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency, and facility staff worked to complete all elements of the corrective action plan related to this standard. The final determination was made on May 9, 2023, when the PREA Auditor completed a second onsite visit. During this visit the PREA Auditor randomly selected six unannounced round checks and reviewed it via digital recordings. It was that all six rounds did occur and in one instance the staff completed the unannounced rounds check as trained, meaning they checked every room in the units. In five of the six other cases the staff did not appear to check the bathrooms. However, as the standard only requires that the facility implements a policy and practice of conducting unannounced rounds to identify and deter staff sexual abuse and since this has been occurring, this component of the standard is considered to be met. In addition, it was found that the policy and procedures related to cameras were being implemented as designed, and only a supervisor could approve viewing those camera feeds. As the PREA standards do not disallow cameras in cells, the facility is determined to complete this corrective action item even if the cell is where a resident can change or perform bodily functions. [**NOTE:** Additional information about this CAPP can be found in the attached document titled *GHS_JR_2022_Corrective_Action_Plan_16.15*]

FINAL DETERMINATION: The agency and facility are determined to meet this standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	REQUIREMENTS: 115.316: This standard has three components and five subcomponents. The three components are: (a) The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment; (b) The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively,

using any necessary specialized vocabulary; and (c) The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. For each component, there are one or more subcomponents. The following are the subcomponents for each component.

Component: 115.316 (a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Subcomponent 115.316 (a)-1: The agency has established procedures to provide disabled residents 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.

Component: 115.316 (b) The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Subcomponent 115.316 (b)-1: The agency has established procedures to provide residents with limited English proficiency 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.

Component: 115.316 (c) The agency shall not rely 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.

Subcomponent 115.316 (c)-1: Agency policy prohibits use of 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.

Subcomponent 115.316 (c)-2: If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. (Absence of such documentation does not result in noncompliance with the standard.)

Subcomponent 115.316 (c)-3: In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this Auditor the following: 1) J.R. policies; 2) the Pre-Audit Questionnaire; 3) Interviews with 15 security staff; 3) Review of staff training files; 4) Review of the training materials used by staff to inform residents about their rights to be free from sexual abuse and sexual harassment; and 5) Interviews with residents.

OBSERVATIONS: The facility has used training tailored to identify youth with disabilities and to identify the best means to communicate with these youth. The agency maintains a contract for Interpreter Services with an outside service that is utilized as needed. This auditor called this number, and interpreter services were immediately available. Further, the facility had access to certified interpreters. In interviews with security staff, all 15 reported that they would access the translation services or secure approval from the supervisor. Further, all the staff reported that they would NOT allow residents to interpret for other residents unless it was an exigent circumstance. Additionally, all residents interviewed noted they received and understood the information they were provided.

DETERMINATION: The facility meets this standard.

RATIONALE: The facility provides each resident, even those with disabilities (including residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), with equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency provides for and the facility staff take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. This is accomplished by having access to trained and certified translators in the predominant languages at the facility. Further, all staff and residents affirmed that staff does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited exigent circumstances.

115.317	Hiring and promotion decisions
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1477 1671"> REQUIREMENTS: 115.317: This standard has eight components and eight subcomponents. The eight components are: (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— [(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section]; (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates; (c) Before hiring new employees who may have contact with inmates, the agency shall: [(1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse]; (d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates; (e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees; (f) The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct; and (g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. For each component, there are one or more subcomponents. The following are the subcomponents for each component. </p> <p data-bbox="280 1783 1465 2065"> Component: 115.317 (a) The agency shall not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with residents who (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to </p>

consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Subcomponent 115.317 (a)-1: Agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the 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); • Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or • Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Component: 115.317 (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Subcomponent 115.317 (b)-1: Agency policy requires the consideration of 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.

Component: 115.317 (c) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Subcomponent 115.317 (c)-1: Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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.

Subcomponent 115.317 (c)-2: In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks.

Component: 115.317 (d) The agency shall also perform a criminal background records check, and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents.

Subcomponent 115.317 (d)-1: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

Subcomponent 115.317 (d)-2: In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.

Component: 115.317 (e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

Subcomponent 115.317 (e)-1: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Component: 115.317 (f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Component: 115.317 (g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Subcomponent 115.317 (g)-1: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Component: 115.317 (h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this Auditor the following: 1) J.R. policies (5.90 and 1.23); 2) the Pre-Audit Questionnaire; 3) Interviews with H.R. staff; 4) Administrative Assistant (or their designee), 5) Review of staff files; 6) Review of contractor files, and 7) Review of volunteer files.

OBSERVATIONS: In a review of 41 staff files and interviews with H.R. staff found that background checks were performed on all new hires and for staff employed for more than four years. Child abuse registries were checked prior to staff being employed. Further, former institutional employers were contacted. The agency does not hire but has promoted staff who may have contact with residents who— [(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section].

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

institutional employer for whom such employee has applied to work.

In a review of 41 staff files of staff who have recently been promoted, three, or 7.3%, were found to have been promoted before they were asked the required questions related to 115.317 (a)-1. Further, two of the eight contractor files reviewed found that contractors were onsite and working with residents without a cleared background check.

DETERMINATION: The agency does not meet this standard.

RATIONALE: Staff members were promoted before ascertaining the information required in 115.317 (a)-1.

CORRECTIVE ACTION PLAN: The following is the CAP for Subcomponent 115.317 (a)-1, specifically staff being promoted before consideration of the misconduct questions:

1. The PCM at GHS will train staff responsible for approving promotions in the requirements of 115.317, specifically 115.317 (a)-1.
2. Once this training is completed, the staff will sign off stating that they attended and understood the training.
3. These training forms and the training curriculum will be submitted to this Auditor for review and approval.
4. **DESK AUDIT:** Once the training curriculum and documents are approved, the Auditor will wait ten to twelve weeks. Then the Auditor will email the PCM at GHS for a list of all staff who were promoted since the training date. This Auditor will randomly select promoted staff and request the documents showing that the subcomponents of this standard were met before the promotion was approved.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency, and facility staff worked to complete all elements of the corrective action plan related to this standard. The final determination was made on April 20, 2023, when the PREA Auditor received information about recently promoted staff. This auditor randomly selected staff members and requested information from their personnel files. In all cases, it was found that the staff were asked all required questions before their promotion. [**NOTE:** Additional information about this CAPP can be found in the attached document titled *GHS_JR_2022_Corrective_Action_Plan_16.15*]

FINAL DETERMINATION: The agency and facility are determined to meet this

	standard.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.318: This standard has two components and two subcomponents. The components are: (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse; and (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse. For each component, there are one or more subcomponents. The following are the subcomponents for each component.</p> <p>Component: 115.318 (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <ul style="list-style-type: none"> • Subcomponent 115.318 (a)-1: The agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. <p>Component: 115.318 (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <ul style="list-style-type: none"> • Subcomponent 115.318 (b)-1: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this standard, the facility (GHS) submitted or provided to this Auditor the Pre-Audit Questionnaire, a facility tour, and interviews with staff (specifically, the GHS Superintendent and the facility’s staff and residents).</p> <p>OBSERVATIONS: The facility is constructing a new recreational building. Based on interviews with staff and administrators, the construction of the building included intentional decisions on how best to ensure the safety and security of staff and</p>

	<p>residents. Further, the facility has upgraded some of its camera systems to better protect staff and residents by having better quality cameras and placement of cameras to eliminate blind spots.</p> <p>DETERMINATION: Based on the agency and facility policies and procedures, Pre-Audit Questionnaire, and the Onsite Audit (including the facility tour and the staff and resident interviews), it was determined that GHS, in all material ways, meets this standard.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>REQUIREMENTS: 115.321: This standard has eight components and 21 subcomponents. The following are the components and subcomponents of this standard.</p> <p>Component 115.321 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>Subcomponent 115.321 (a)-1: The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>Subcomponent 115.321 (a)-2: The agency/facility is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>Subcomponent 115.321 (a)-3: If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility (if another agency has responsibility for conducting both administrative and criminal sexual abuse investigations, skip to 115.321(c)-1)</p> <p>Subcomponent 115.321 (a)-4: When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p>Component 115.321 (b): The protocol shall be developmentally appropriate for youth and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>Subcomponent 115.321 (b)-1: The protocol is developmentally appropriate for</p>

youth.

Subcomponent 115.321 (b)-2: The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

Component 115.321 (c): The agency shall offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Subcomponent 115.321 (c)-1: The facility offers all residents who experience sexual abuse access to forensic medical examinations.

Subcomponent 115.321 (c)-2: The facility offers all residents who experience sexual abuse access to forensic medical examinations onsite.

Subcomponent 115.321 (c)-3: The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility.

Subcomponent 115.321 (c)-4: Forensic medical examinations are offered without financial cost to the victim

Subcomponent 115.321 (c)-5: Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If "Sometimes", please describe situations when SAFEs or SANEs are not used in the comments section.

Subcomponent 115.321 (c)-6: When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations

Subcomponent 115.321 (c)-7: The facility documents efforts to provide SANEs or SAFEs

Subcomponent 115.321 (c)-8: The number of forensic medical exams conducted during the past 12 months.

Subcomponent 115.321 (c)-9: The number of exams performed by SANEs/SAFEs during the past 12 months.

Subcomponent 115.321 (c)-10: The number of exams performed by a qualified medical practitioner during the past 12 months.

Component 115.321 (d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these

services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers.

Subcomponent 115.321 (d)-1: The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.

Subcomponent 115.321 (d)-2: These efforts are documented.

Subcomponent 115.321 (d)-3: If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Component 115.321(e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Subcomponent 115.321 (e)-1: If requested by the victim, a victim advocate, or qualified agency staff member, or a qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Component 115.321 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Subcomponent 115.321 (f)-1: If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

Component 115.321 (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: [(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.]

Component 115.321 (h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) J.R. policies and procedures, (3) Interviews with the PREA Administrator, (4) Interviews

with the J.R. Investigator, (5) Interviews with the PREA Compliance Manager (P.C.M.); (6) Interviews with the local hospital staff that employs SAFE or SANE nurses; and (7) Interviews with local area victim services programs.

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

However, during a review of investigations related to sexual abuse reported at the facility, this Auditor found that a staff-on-resident sexual abuse investigation, with an investigation finding of "substantiated," did not involve the resident being offered a victim advocate as required by Subcomponent 115.321 (d)-1. In another allegation involving resident-on-resident sexual abuse determined to be substantiated, the resident was not offered the services of a SAFE/SANE nurse, nor was the resident provided access to a victim advocate.

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

CORRECTIVE ACTION PLAN: The following is the CAP for this Standard:

	<p>1. The GHS PCM, working with the State PREA Administrator, will work to create training related to the requirements of this standard expressly that any allegation of sexual abuse should necessitate that the alleged victim be provided with access to a SAFE/SANE nurse and that the alleged victim be provided with access to a victim advocate.</p> <p>2. Once this training is created and approved by facility and agency administrators, the training will be submitted to this Auditor for review and approval.</p> <p>3. Once this Auditor approves the training materials, all security staff should be trained in these new procedures.</p> <p>4. Once all staff is trained, the documents showing that staff attended and understood this training will be submitted to this Auditor.</p> <p>5. DESK REVIEW: Once this Auditor approves the training forms, this Auditor will wait 12 to 16 weeks and request a list of all sexual abuse allegations. This Auditor will select several from this list to ensure that the new procedures are being followed. If there have been no allegations of sexual abuse made during the Desk Review period, this Auditor will interview security staff to ensure they understand the procedures related to 115.321.</p> <p>CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency and facility staff worked to complete all elements of the corrective action plan related to this standard. The final determination was made on May 9, 2023, when the PREA Auditor completed a second onsite visit. During this visit, the PREA Auditor interviewed unit staff and the PCM. It was found that this exam and access to a victim advocate would be provided. [NOTE: Additional information about this CAPP can be found in the attached document titled <u>GHS_JR_2022_Corrective_Action_Plan_16.15</u>]</p> <p>FINAL DETERMINATION: The agency and facility are determined to meet this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.322: This standard has five components and eight subcomponents. The following are the components and subcomponents of this standard.</p> <p>Component 115.322 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual</p>

harassment.

- Subcomponent 115.322 (a)-1: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
- Subcomponent 115.322 (a)-2: In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received
- Subcomponent 115.322 (a)-3: In the past 12 months, the number of allegations resulting in an administrative investigation
- Subcomponent 115.322 (a)-4: In the past 12 months, the number of allegations referred for criminal investigation.
- Subcomponent 115.322 (a)-5: Referring to allegations received during the past 12 months, all administrative and/or criminal investigations were completed.

Component 115.322 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

- Subcomponent 115.322 (b)-1: The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations unless the allegation does not involve potentially criminal behavior.
- Subcomponent 115.322 (b)-2: The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means.
- Subcomponent 115.322 (b)-3: The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation

Component 115.322 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Component 115.322 (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

Component 115.322 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the (1) Pre-Audit Questionnaire, (2) J.R. Policies and Procedures (5.90 and 1.22), (3) Review of the Coordinated Response Plan; (4) Interviews with staff (specifically, the Facility Superintendent and the Agency investigator); (5) Copies of completed investigations, and (6) the Agency's Conducting PREA Criminal Investigations narrative off the DCYF website.

OBSERVATIONS: The Agency and Facility do have policies that all allegations of sexual abuse and sexual harassment would be investigated. It is the policy and procedure of the agency and facility to refer all allegations of sexual abuse and sexual harassment to an agency with the legal authority to conduct criminal investigations (e.g., law enforcement and Child Protective Services). If these agencies determine that the allegation does not involve potentially criminal behavior, then the J.R. investigation staff would be responsible for conducting an administrative investigation. The facility does document all referrals of sexual abuse and sexual harassment allegations to the appropriate agency. The agency's policies describe the responsibilities of the agency and the investigating entity. However, it was determined that the facility received 24 allegations of sexual abuse or sexual harassment in the past 12 months. Of those, 20 were referred for an administrative investigation, and two were referred for criminal investigation. Thus, two referrals were not investigated.

DETERMINATION: The facility does not meet this standard.

RATIONALE: Though the facility and agency have the appropriate policies and procedures, two referrals were not investigated by the facility's own accounting. Thus, the facility did not meet this standard.

CORRECTIVE ACTION PLAN (CAP): The following is the CAP for this standard.

1. The GHS PCM will investigate to determine which two referrals were not investigated.
2. The GHS PCM will ensure these referrals are immediately referred for investigation.
3. A full report into why these allegations of sexual abuse or sexual harassment were not investigated will be completed by the PREA Administrator and submitted to this auditor.
4. The PREA Administrator will work on updating policies and procedures to ensure all allegations are investigated per the PREA requirements.
5. The PREA Administrator will conduct training with the GHS PCM and other staff, as needed, to ensure that all allegations are investigated.
6. Training forms will be submitted to this auditor and will note who attended and that the attendees understood the training.
7. **DESK AUDIT:** Once items 1 thru 6 are completed, this Auditor will wait eight to ten weeks. After these weeks, the Auditor will request the number of allegations of sexual abuse or sexual harassment that GHS received during that time. Then this Auditor will request a copy of all investigations to ensure

	<p>each was investigated per the requirements of PREA standard 115.322.</p> <p>CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency and facility staff worked to complete all elements of the corrective action plan related to this standard. The final determination was made on April 14, 2023, when this auditor received an email from the PCM that explained the discrepancy. The original report of 24 allegations included two allegations for sexual harassment that ultimately did not rise to the level of sexual abuse. Thus, there should have been only 22 reported by the facility. Thus, it was determined that the facility meets this standard. [NOTE: Additional information about this CAPP can be found in the attached document titled <u><i>GHS_JR_2022_Corrective_Action_Plan_16.15</i></u>]</p> <p>FINAL DETERMINATION: The agency and facility are determined to meet this standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.331: This standard has four components and sixteen subcomponents. The following are the components and subcomponents of this standard.</p> <p>Component 115.331 (a): The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.;</p> <p>Subcomponent 115.331 (a)-1: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.</p>

Subcomponent 115.331 (a)-2: The agency trains 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.

Subcomponent 115.331 (a)-3: The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment.

Subcomponent 115.331 (a)-4: The agency trains 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.

Subcomponent 115.331 (a)-5: The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities.

Subcomponent 115.331 (a)-6: The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment.

Subcomponent 115.331 (a)-7: The agency trains 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.

Subcomponent 115.331 (a)-8: The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents.

Subcomponent 115.331 (a)-9: The agency trains 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.

Subcomponent 115.331 (a)-10: The agency trains 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.

Subcomponent 115.331 (a)-11: The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent.

Component 115.331 (b): Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa;

Subcomponent 115.331 (b)-1: Training is tailored to the unique needs and attributes and gender of the residents at the facility.

Subcomponent 115.331 (b)-2: Employees who are reassigned from facilities housing the opposite gender are given additional training.

Component 115.331 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Subcomponent 115.331 (c)-1: Between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.

Subcomponent 115.331 (c)-2: The frequency with which employees who may have contact with residents receive refresher training on PREA requirements.

Component 115.311 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

Subcomponent 115.331 (d)-1: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures, (3) interviews with staff, (4) Training forms, and (5) Training curricula.

OBSERVATIONS: All 15 of the security staff interviewed noted that they did receive all the required PREA training. All staff interviewees noted they felt they received training that was specific to the "unique needs and attributes and gender of the residents at the Facility." In a review of staff files, it was apparent that staff received the required PREA training before contacting residents. Further, interviews with new staff noted that they received the required PREA training before first contacting residents.

J.R. provides two types of training, Instructor-Led Training (I.L.T.) and an online version. In a review of the training files, all 15 security staff files reviewed showed that staff completed an online PREA training in the past 12 months using the agency's online training system. Each staff member is provided a unique name and password for training via the online system. Staff cannot complete the training without attesting that they attended and understood it. As each staff member completing online training must note that they attended and understood the training, it was determined that the agency does document via electronic verification that employees understood the training they received. Further, for some training, the staff are also required to pass a test to ensure that the staff

	<p>understands the training. This was in addition to the required electronic verification that they attended and understood the training.</p> <p>In the past 12 months, PREA training and PREA refresher information was provided to staff. Staff interviews confirmed that these education sessions included the required PREA information.</p> <p>DETERMINATION: It was determined that the agency meets this standard.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.332: This standard has three components and five subcomponents. The following are the components and subcomponents of this standard.</p> <p>Component 115.332 (a): The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>Subcomponent 115.332 (a)-1: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Subcomponent 115.332 (a)-2: The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Component 115.332 (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p>

Subcomponent 115.332 (b)-1: The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents.

Subcomponent 115.332 (b)-2: All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Component 115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Subcomponent 115.332 (c)-1: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures, (3) Interviews with staff, (4) Training forms, (5) Training curricula, (6) Interviews with Contractor, and (7) Interview with a volunteer.

OBSERVATIONS: The agency provides access to training for all volunteers and contractors prior to their first contact with residents. The training included their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level of training and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Further, the agency does maintain documentation confirming that volunteers and contractors understood the training they received. However, in the past year, volunteers and contractors with access to the facility have been reduced due to the COVID-19 pandemic.

DETERMINATION: It was determined that the agency meets this standard.

RATIONALE: First, the agency ensured that all volunteers and contractors who have contact with residents were trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies

	<p>and procedures. Second, based on a review of the training curriculum, the level and type of training provided to volunteers and contractors was based on the services they provide and the level of contact they have with the resident. Third, all volunteers and contractors who have contact with residents were notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Fourth, the agency maintained documentation confirming that volunteers and contractors understand the training they have received.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>REQUIREMENTS: 115.333: This standard has six components and 15 subcomponents. The following are the components and subcomponents of this standard.</p> <p>Component 115.333 (a): During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>Subcomponent 115.333 (a)-1: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>Subcomponent 115.333 (a)-2: The number of residents admitted in past 12 months who were given this information at intake.</p> <p>Subcomponent 115.333 (a)-3: This information is provided in an age-appropriate fashion.</p> <p>Component 115.333 (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p>Subcomponent 115.333 (b)-1: The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake:</p> <p>Component 115.333 (c): Current residents who have not received such education</p>

shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

Subcomponent 115.333 (c)-1: Of those who were NOT educated (as stated in 115.333 (b)-1) within 10 days of intake, all residents have been educated subsequently

Subcomponent 115.333 (c)-2: If YES, by what date were they educated by

Subcomponent 115.333 (c)-3: If NO, the number still not educated

Subcomponent 115.333 (c)-4: Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Component 115.333 (d): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Subcomponent 115.333 (d)-1: Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.

Subcomponent 115.333 (d)-2: Resident PREA education is available in formats accessible to all residents, including those who are deaf.

Subcomponent 115.333 (d)-3: Resident PREA education is available in formats accessible to all residents, including those who are visually impaired.

Subcomponent 115.333 (d)-4: Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled.

Subcomponent 115.333 (d)-5: Resident PREA education is available in formats accessible to all residents, including those who have limited reading skills.

Component 115.333 (e): The agency shall maintain documentation of resident participation in these education sessions.

Subcomponent 115.333 (e)-1: The agency maintains documentation of resident participation in PREA education sessions.

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

Subcomponent 115.333 (f)-1: The agency ensures that key information about the

agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures, (3) Interviews with residents, (4) Training forms, (5) Training curricula, and (6) A review of 20 resident files (both current and former residents).

OBSERVATIONS: In a review of 15 current and 30 former resident files found that all 45 had received PREA Information at the time of intake. However, it was found that three did not receive the required PREA education within the timeframe permitted by this standard. However, residents were provided with education in formats accessible to all, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and residents with limited reading skills. Further, the facility ensured that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

DETERMINATION: The facility does not meet this standard.

RATIONALE: As three of 45 reviewed resident files documented that residents did not receive their PREA education within ten days, the facility is determined not to meet Subcomponent 115.333 (b).

CORRECTIVE ACTION PLAN (CAP): The following is the CAP for this standard.

1. DESK AUDIT: This Auditor will wait six to eight weeks from the date of the onsite (October 10, 2022). After six to eight weeks, this Auditor will email the GHS PCM requesting a list of all resident intakes since October 10, 2022. This Auditor will randomly select up to 10% of the total intakes and request the residents' intake date and the residents' signed PREA Education form.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency and facility staff worked to complete all elements of the corrective action plan related to this standard. The final determination was made on May 9, 2023, when this auditor completed a second onsite visit. During this visit the auditor requested the names of recently arrived residents and then randomly selected ten to review their files. In all cases, the residents received their PREA Information and Education within the required timeframe. **[NOTE:** Additional information about this CAPP can be found in the attached document titled *GHS_JR_2022_Corrective_Action_Plan_16.15*]

FINAL DETERMINATION: The agency and facility are determined to meet this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

REQUIREMENTS: 115.334: This standard has four components and three subcomponents: The following are the components and subcomponents of this standard.

Component 115.334 (a): In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Subcomponent 115.334 (a)-1: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

Component 115.334 (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Component 115.334 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Subcomponent 115.334 (c)-1: The agency maintains documentation showing that investigators have completed the required training.

Subcomponent 115.334 (c)-2: The number of investigators currently employed who have completed the required training.

Component 115.334 (d): Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) PREA Policy 5.90 and J.R. Policy 1.22, (3) interviews with Agency and Facility investigators, and (4) Training forms.

OBSERVATIONS: Agency provided evidence that all investigators had completed the required PREA training related to investigations. Further, the agency provided documentation that the J.R. investigators were trained in techniques for interviewing juvenile sexual abuse victims. Further, each investigator took additional training related to investigations, and each investigator has conducted over a dozen investigations.

DETERMINATION: The agency meets this standard.

RATIONALE: Though it is a best practice to have an independent group of

	<p>investigators available to complete all investigations, it was determined that the agency does meet this standard as the agency has trained and experienced investigators who ensure that all allegations of sexual abuse and sexual harassment are investigated.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>REQUIREMENTS: 115.335: This standard has four components and five subcomponents. The following are the components and subcomponents of this standard.</p> <p>Component 115.335 (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in [(1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment].</p> <p>Subcomponent 115.335 (a)-1: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <p>Subcomponent 115.335 (a)-2: The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy.</p> <p>Subcomponent 115.335 (a)-3: The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy.</p> <p>Component 115.335 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>Subcomponent 115.335 (b)-1: Agency medical staff at this facility conduct forensic medical exams.</p> <p>Component 115.335 (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>Subcomponent 115.335 (c)-1: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p>

Component 115.335 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures (5.90 and 4.30), (3) Interviews with staff, and (4) Interviews with residents.

OBSERVATIONS: The facility employs full- and part-time medical and mental health care practitioners. These staff have been trained as it relates to 115.331, and documentation of this training was reviewed by this Auditor. However, no training records specific to Component 115.335 (a) were provided.

DETERMINATION: The facility does not meet this standard.

RATIONALE: As training records related to full- and part-time medical and mental health care practitioners who regularly work in its facilities related to Subcomponent 115.335 (a) could not be provided, the facility does not meet this standard.

CORRECTIVE ACTION PLAN (CAP): The following CAP is developed.

1. The GHS PCM will identify all full- and part-time medical and mental health care practitioners and submit this list to the auditor.
2. The GHS PCM will identify the training course or materials that will be used to train all GHS full- and part-time medical and mental health care practitioners.
3. All GHS full- and part-time medical and mental health care practitioners will complete the training.
4. Documentation of the completion of this training will be forwarded to this Auditor.

DESK AUDIT: After the first four items of this CAP are completed, this Auditor will wait eight to ten weeks. After the completion of this time, this Auditor will request a list of all current full- and part-time medical and mental health care practitioners working at GHS. If any new full- and part-time medical and mental health care practitioners are on the list, this Auditor will request verification that they completed the required training related to Component 115.335 (a) and that the GHS PCM has documentation of this training as required by Subcomponent 115.335 (c)-1.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency, and facility staff worked to complete all elements of the corrective action plan related to this standard. The final determination was made on May 9, 2023, when this auditor completed a second onsite visit. During this visit the auditor received information that all medical and mental health staff had completed the required training.

[NOTE: Additional information about this CAPP can be found in the attached document titled *GHS_JR_2022_Corrective_Action_Plan_16.15*]

	FINAL DETERMINATION: The agency and facility are determined to meet this standard.
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115.341	Obtaining information from residents
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.341: This standard has five components and four subcomponents. The following are the components and subcomponents for this standard.</p> <p>Component 115.341 (a): Within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, the agency shall obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p>Subcomponent 115.341 (a)-1: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>Subcomponent 115.341 (a)-2: The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>Subcomponent 115.341 (a)-3: The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility</p> <p>Subcomponent 115.341 (a)-4: The policy requires that the resident's risk level be reassessed periodically throughout their confinement</p> <p>Component 115.341 (b): Such assessments shall be conducted using an objective screening instrument;</p> <p>Component 115.341 (c): At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) 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; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate</p>

heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Component 115.341 (d): This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Component 115.341 (e): The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this Auditor the: (1) Pre-Audit Questionnaire, (2) Agency and facility policy and procedures (5.90 and 3.20 [signed 5/20/2019]), (3) interviews with staff (specifically, counseling staff responsible for assessing the risk), (4) the Sexually Aggressive or Vulnerable Youth (SAVY) form; (5) Sexual Orientation Gender Identity Screen (SOGIE), and (6) A review of 22 resident files (both current and former residents).

OBSERVATIONS: This auditor reviewed related policies and procedures, reviewed 22 resident records, including former resident files, interviewed facility staff responsible for risk screening, and interviewed 20 residents during the PREA audit. Based on these efforts, it was determined that the risk assessment used to satisfy this standard consisted of two different screens. The first screen is the SAVY and the second one is the SOGIE. When combined, these two instruments constitute a screen that satisfies this standard's requirements. Staff interviews noted and confirmed that information obtained from the SAVY and the resident's historical files, personal history, and behavior are used to reduce the risk of sexual abuse by or upon a resident. The assessment is conducted using an objective screening instrument that includes 10 of the 11 pieces of required information per this PREA standard. The one piece of information that is not ascertained via the SAVY is the "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." Information on the SAVY comes from conversations with the resident during the intake process, via medical and mental health screenings, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. The facility has implemented appropriate controls on the dissemination of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. The missing element related to completing a risk assessment comes from the SOGIE. Based on staff interviews, the facility does consider whether "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" by utilizing another assessment called the Sexual Orientation Gender Identity Screen (SOGIE).

Staff interviews confirmed that staff uses the results of the SAVY and SOGIE and other methods to place residents in rooms, and these documents are reviewed prior to placement in rooms with other residents.

A review of 22 resident records determined that the facility did not always complete the risk assessment within 72 hours of the resident's arrival at the facility. For example, 11 of the 22 files reviewed did not have a completed risk assessment. Specifically, out of the 11 risk assessments not being conducted within the 72 hours of intake, four had SAVY's completed more than 72 hours after intake, and seven did not have the SOGIE's completed within 72 hours. Further, periodic reassessments were conducted approximately every six months using the SAVY, but the SOGIE was not routinely being updated; thus, the facility was not completing periodic reassessments.

DETERMINATION: The facility does not meet this standard.

RATIONALE: As the facility did not complete a risk assessment within 72 hours of intake for 50.0% of the case files reviewed, and because the reassessments did not routinely include the SOGIE, the facility does not meet this standard.

CORRECTIVE ACTION PLAN (CAP): The following CAP is developed for this standard.

1. The GHS PCM will provide training for all staff responsible for completing the risk assessment, including the SAVY and SOGIE. This training should include the need for staff to complete both the SAVY and SOGIE within 72 hours of intake AND that both the SAVY and SOGIE should be used during reassessments.
2. The GHS PCM will submit training forms documenting that staff attended and understood the training related to 115.341 to this Auditor.
3. **DESK AUDIT:** Once this Auditor approves the training forms, the facility will enter into a Desk Audit phase. This Auditor will wait ten to twelve weeks and then request a list of all intakes and reassessments completed during the Desk Audit period. The Auditor will randomly select up to 10.0% of the intake and reassessments and then request evidence that the risk assessment was completed as this standard requires.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency and facility staff worked to complete all elements of the corrective action plan related to this standard. The final determination was made on May 9, 2023, when this auditor completed a second onsite visit. During this visit the auditor received a list of residents who had been at the facility longer than one year. Then the auditor randomly selected residents. In 0.0% of the cases, a resident had a completed risk assessment done periodically. In fact, in one case, the resident did not have a complete risk assessment completed since their intake in 2018 and in another case since 2020. The issue is that the full risk assessment comprises both the SAVY and SOGIE. The SAVY is completed at least every six months but does not contain all the required information mandated in 115.341. The additional information required per

	<p>115.341 is obtained via the SOGIE. [NOTE: Additional information about this CAPP can be found in the attached document titled <u>GHS_JR_2022_Corrective_Action_Plan_16.15</u>]</p> <p>FINAL DETERMINATION: The agency and facility are determined not to meet this standard.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>REQUIREMENTS: 115.342: This standard has nine components and eleven subcomponents. The following are the components and subcomponents of this standard.</p> <p>Component 115.342 (a): The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>Subcomponent 115.342 (a)-1: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse</p> <p>Component 115.342 (b): Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p>Subcomponent 115.342 (b)-1: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p>

Subcomponent 115.342 (b)-2: The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

Subcomponent 115.342 (b)-3: The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months.

Subcomponent 115.342 (b)-4: The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months.

Subcomponent 115.342 (b)-5: The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months.

Component 115.342 (c): The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.

Subcomponent 115.342 (c)-1: The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Subcomponent 115.342 (c)-2: The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

Component 115.342 (d): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis

whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Subcomponent 115.342 (d)-1: The agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis.

Component 115.342 (e): Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Component 115.342 (f): A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Component 115.342 (g): Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Component 115.342 (h): If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: [(1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged].

Subcomponent 115.342 (h)-1: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

- A statement of the basis for facility's concern for the residents safety, and
- The reason or reasons why alternative means of separation cannot be arranged.

Component 115.342 (i): Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

Subcomponent 115.342 (i)-1: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population..

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policy and procedures (5.90, 5.50, 4.60, and 3.20), (3) interviews with staff (specifically, counseling staff responsible for assessing the risk), (4) the Sexually Aggressive or Vulnerable Youth (SAVY) form; (5) Sexual Orientation Gender Identity Screen (SOGIE), and (6) A review of 20 resident files (both current and former residents).

OBSERVATIONS: Interviews with staff and residents affirmed that the agency does use all information obtained pursuant to § 115.341 to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Staff interviews did note that staff would do whatever is required to keep residents' staff, including having never left them alone; all staff affirmed that isolation of a resident would not be done except in an extreme exigent circumstance and that any isolation would last only minutes, if at all. Staff and resident interviews also affirmed that Lesbian, gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive. Interviews with transgender youth and staff confirmed that when making housing and programming assignments, the agency does consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems. It was further determined via case file reviews and interviews that placement and programming assignments for each transgender or intersex resident are reassessed at least twice each year to review any threats to safety experienced by the resident. Further, interviews with residents, including transgender residents, noted that their own views with respect to his or her own safety are given serious consideration. Interviews and a tour of the facility affirmed that each resident in the facility could shower separately from other residents. Though some facility staff did not know if a transgender or intersex resident had been in the facility, each staff interviewed recognized that there were no areas of the facility designated as housing areas for these residents. However, it should be noted that some staff was not fully informed about the importance of using the subjective part of the SOGIE to make housing and programming decisions, which should be addressed in future training.

DETERMINATION: The facility meets this standard.

RATIONALE: The agency and facility utilized the results of assessments to make informed decisions related to programming and housing decisions for each resident. Further, since the SOGIE was completed for each resident and staff completed the

	SOGIE correctly, it was determined that the agency meets this standard.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.351: This standard has five components and eight subcomponents. The following are the components and subcomponents of this standard.</p> <p>Component 115.351 (a): The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Subcomponent 115.351 (a)-1: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND • staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Component 115.351 (b): The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.</p> <p>Subcomponent 115.351 (b)-1: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p>Subcomponent 115.351 (b)-2: The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland</p>

Security.

Component 115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Subcomponent 115.351 (c)-1: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

Subcomponent 115.351 (c)-2: Staff are required to document verbal reports.

Component 115.351 (d): The facility shall provide residents with access to tools necessary to make a written report.

Subcomponent 115.351 (d)-1: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Component 115.351 (e): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Subcomponent 115.351 (e)-1: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Subcomponent 115.351 (e)-2: Staff are informed of these procedures in the following ways.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures (5.90, 2.10, , (3) Interviews with residents, (4) Interviews with staff, (5) Access to the phone system to make a call to an outside agency; (6) Review of allegations and investigations of those allegations;

and (7) Tour of facility.

OBSERVATIONS: All staff and residents were able to identify multiple internal ways for youth to report privately to facility officials about sexual abuse, sexual harassment, retaliation, and staff neglect or violation of responsibilities that may have contributed to any such incidents. All the interviewed residents noted that they would tell a staff member to use the posted phone numbers and/or report to their parent, guardians, and/or lawyer. Posters with the hotline numbers were observed posted in each residential unit at the Facility. A test of the End Harm hotline noted that the call was answered immediately and by a “live” person. Further, it was found that a “live” person answered the phone 24/7 and that the proper authorities in the agency and facility would be immediately notified. Further, it was determined that a resident calling this number could remain anonymous if they so choose. As for residents detained solely for civil immigration purposes, this practice is not allowed per interviews with agency and facility staff. All staff, who were interviewed, acknowledged that they must report all verbal reports, anonymous reports, written reports, and reports from third parties regarding allegations of sexual abuse and sexual harassment.

DETERMINATION: The facility meets the requirements for this standard.

RATIONALE: First, the agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These ways include a complaint box; residents can tell a staff, tell a teacher, go offsite and tell an employer, talk with their parents, and talk with their lawyers. Second, the agency provides access to the END-HARM phone number. The END-HARM component is a public entity that is not part of the agency and can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Third, the agency does not house residents detained solely for civil immigration purposes. Fourth, staff stated they accept reports made in writing, anonymously, and from third parties and would promptly document any verbal reports. Fifth, this Auditor observed and verified that the facility provides residents with access to tools necessary to make a written report. Sixth, the agency provides multiple methods for staff to report sexual abuse and sexual harassment of residents privately.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance; and (g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures (5.90, 6.20, and 2.10), (3) Interviews with Agency Staff, including the Agency Head designee, (4) Interviews with facility staff, and (5) Review of civil lawsuits against the agency.

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

DETERMINATION: The facility meets this standard.

RATIONALE: This standard requires the creation of policies and procedures to ensure compliance. Those policies and procedures exist and are being implemented.

115.353

Resident access to outside confidential support services and legal representation

Auditor Overall Determination: Meets Standard

Auditor Discussion

REQUIREMENTS: 115.353: This standard has four components and 12 subcomponents. The following are the components and subcomponents related to this standard.

Component 115.353 (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.

Subcomponent 115.353 (a)-1: The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse.

Subcomponent 115.353 (a)-2: The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations.

Subcomponent 115.353 (a)-3: The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.

Subcomponent 115.353 (a)-4: The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Component 115.353 (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.

Subcomponent 115.353 (b)-1: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored.

Subcomponent 115.353 (b)-2: The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under

relevant Federal, State, or local law.

Component 115.353 (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Subcomponent 115.353 (c)-1: The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

Subcomponent 115.353 (c)-2: If YES to 115.353(c)-1, the agency or facility maintains copies of those agreements. Skip to 115.354.

Subcomponent 115.353 (c)-3: If NO to 115.353(c)-1, the agency or facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. If "Yes", please explain why these attempts have not been successful in the comments section.

Subcomponent 115.353 (c)-4: If YES to 115.353(c)-3, the agency maintains documentation of attempts to enter into such agreements.

Component 115.353 (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.

Subcomponent 115.353 (d)-1: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation.

Subcomponent 115.353 (d)-2: The facility provides residents with reasonable access to parents or legal guardians.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures (5.90, 6.20, and GHS Standard #28 Intake & Orientation), (3) Interviews with Agency Staff, including the Agency Head designee, (4) Interviews with facility staff, (5) Interviews with community-based hospitals and victim advocate agencies, and (6) Review of MOU.

OBSERVATIONS: The Facility provided contact phone numbers and addresses to the local hospital and a local victim services agency. Interviews with the hospital and victim services agency noted that services are available 24/7 and that a trained victim advocate would be available to assist the resident. Further, it was determined via interviews that communications with these agencies and services would not be monitored. All interviews (staff and residents) confirmed and acknowledged that residents are provided with reasonable access to parents or legal guardians and that all residents are provided reasonable and confidential access to their attorneys or other legal representatives. Further, in an interview with the local hospital, it was found that if a SAFE/SANE nurse was unavailable, they would coordinate with other

	<p>entities in the area to secure those services. Further, a signed MOU provides agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.</p> <p>DETERMINATION: The facility meets this standard.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.354: This standard has one component and two subcomponents. The following is the component and subcomponents for this standard.</p> <p>Component 115.354 (a): The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>Subcomponent 115.354 (a)-1: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>Subcomponent 115.354 (a)-2: The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures (5.90, 5.91, and 2.10), (3) Interviews with Agency Staff, including the Agency Head designee, (4) Interviews with facility staff, (5) Interviews with residents, and (6) JR Public Website Address.</p> <p>OBSERVATIONS: This facility has multiple means of receiving third-party reports, including phone calls to resident’s attorneys and via the End Harm hotline. A test of this system was conducted, and a response was forthcoming. Further, the Facility’s website has a process for families to report sexual abuse and sexual harassment via email. Based on interviews with staff, it was determined that a link on the DCYF website would allow a person to make a third-party report. This auditor found this link and attempted to test the email system. All test emails were successfully received and responded to.</p> <p>However, the link to the website provided by the facility, https://www.dshs.wa.gov/ra/juvenile-rehabilitation, returned an “access denied” warning as did the reported JR Public Website Address at https://www.dshs.wa.gov/node/6449/.</p> <p>DETERMINATION: The facility does not meet this standard.</p>

RATIONALE: As the facility is providing a public website address to satisfy 115.354 (a)-1 and 115.354 (a)-2, and the public cannot access the website being provided by the facility, the standard is not met.

CORRECTIVE ACTION PLAN (CAP): The following is the CAP for this standard.

1. The GHS PCM will verify the correct address of the JR Public Website.
2. The GHS PCM will provide this updated address to this Auditor.
3. This auditor will verify that the website is working and appropriate to meet standard 115.354.
4. Once the GHS PCM receives notification from this Auditor that the website address is functioning, the GHS PCM will update all internal and external communications to ensure the facility is providing accurate information to the public as per the requirements of this standard.
5. The GHS PCM will submit an attestation that all internal and external communication systems have the correct website address.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency and facility staff worked to complete all elements of the corrective action plan related to this standard. The final determination was made on December 19, 2022, when this auditor received an email with the corrected links. This auditor tested the links and determined that they were working. [**NOTE:** Additional information about this CAPP can be found in the attached document titled *GHS_JR_2022_Corrective_Action_Plan_16.15*]

FINAL DETERMINATION: The agency and facility are determined to meet this standard.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion REQUIREMENTS: 115.361: This standard has six components and subcomponents. The following are the components and subcomponents related to this standard. Component 115.361 (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Subcomponent 115.361 (a)-1: The agency requires 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.

Subcomponent 115.361 (a)-2: The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident.

Subcomponent 115.361 (a)-3: The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Component 115.361 (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Subcomponent 115.361 (b)-1: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

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

Subcomponent 115.361 (c)-1: Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Component 115.361 (d): (d)(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.(d)(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Component 115.361 (e): (e)(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified; (e)(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians; (e)(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Component 115.361 (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.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with residents, and (4) Interviews with staff.

OBSERVATIONS: Interviews of 15 staff revealed that staff is required to report immediately and according to agency policy, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Resident interviews affirmed that staff always report any allegations. The policy requires, and staff interviews affirmed that staff report all sexual abuse and sexual harassment allegations, including third-party and anonymous reports, to the designated investigators (law enforcement, Child Protective Services, and agency investigators). All staff noted that they were mandatory reporters. Medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section and to the designated State or local services agency where required by mandatory reporting laws. Further, such practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

DETERMINATION: The facility meets this standard.

115.362	Agency protection duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1449 456">REQUIREMENTS: 115.362: This standard has one component and four subcomponents. The following are the components and subcomponents related to this standard.</p> <p data-bbox="280 568 1484 725">Component 115.362 (a): When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p data-bbox="280 837 1474 994">Subcomponent 115.362 (a)-1: The agency requires 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.</p> <p data-bbox="280 1106 1474 1223">Subcomponent 115.362 (a)-2: In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="280 1335 1465 1451">Subcomponent 115.362 (a)-3: If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action.</p> <p data-bbox="280 1563 1420 1635">Subcomponent 115.362 (a)-4: The longest time passed (in hours or days) before taking action (please note if response is in hours or days).</p> <p data-bbox="280 1747 1439 1904">EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with residents, and (4) Interviews with staff.</p> <p data-bbox="280 2016 1449 2087">OBSERVATIONS: During interviews, all staff noted that they would act immediately to protect a resident who was subject to a substantial risk of imminent sexual</p>

	<p>abuse. Further, all interviewed residents noted that they would “tell staff” if they felt they were at substantial risk of imminent sexual abuse, and each stated they felt the staff would protect them. Further, each staff member could articulate the steps they would utilize to keep the resident safe, including separating the resident from the alleged abuser or potential abuser and ensuring that a trusted staff member was with the resident until the appropriate authorities were notified and responded.</p> <p>DETERMINATION: The facility, in all material ways, meets this standard.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.363: This standard has four components and eight subcomponents. The following are the components and subcomponents related to this standard.</p> <p>Component 115.363 (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.</p> <p>Subcomponent 115.363 (a)-1: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>Subcomponent 115.363 (a)-2: The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p>Subcomponent 115.363 (a)-3: In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility</p>

Subcomponent 115.363 (a)-4: Please describe the facility's response to these allegations:

Component 115.363 (b): Such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation.

Subcomponent 115.363 (b)-1: Agency policy requires that the facility head provides such notification as soon as possible but no later than 72 hours after receiving the allegation.

Component 115.363 (c): The agency shall document that it has provided such notification.

Subcomponent 115.363 (c)-1: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Component 115.363 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Subcomponent 115.363 (d)-1: The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.

Subcomponent 115.363 (d)-2: In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with residents, (4) Interviews with facility staff, including the Facility Head, and (5) Interviews with the Agency Head's designee.

OBSERVATIONS: Interviews with the Facility Head and staff, specifically intake staff

and security staff, noted that the staff would immediately report an allegation that a resident was sexually abused while confined at another facility. Further, the Facility Head noted they would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. In interviews, it was determined that the Facility Head would make such a report within hours of the allegation but no later than 72 hours after receiving the allegation. Interviews with the Agency Head and the Facility Head noted that the agency would, and does, document that it has provided such notification. This was evidenced by the fact that seven such reports were made in the past 12 months. Further, the Facility Head noted they would ensure that the allegation is investigated in accordance with these standards.

DETERMINATION: The facility and agency meet this standard.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.364: This standard has two components and sixteen subcomponents. The following are the components and subcomponents related to this standard.</p> <p>Component 115.364 (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].</p> <p>Subcomponent 115.364 (a)-1: The agency has a first responder policy for allegations of sexual abuse.</p> <p>Subcomponent 115.364 (a)-2: The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser.</p> <p>Subcomponent 115.364 (a)-3: The policy requires that, upon learning of an</p>

allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

Subcomponent 115.364 (a)-4: The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

Subcomponent 115.364 (a)-5: The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

Subcomponent 115.364 (a)-6: In the past 12 months, the number of allegations that a resident was sexually abused.

Subcomponent 115.364 (a)-7: Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser.

Subcomponent 115.364 (a)-8: In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence.

Subcomponent 115.364 (a)-9: Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence

Subcomponent 115.364 (a)-10: Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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.

Subcomponent 115.364 (a)-11: Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured 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.

Component 115.364 (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.

Subcomponent 115.364 (b)-1: Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

Subcomponent 115.364 (b)-2: Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

Subcomponent 115.364 (b)-3: Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder.

Subcomponent 115.364 (b)-4: Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence.

Subcomponent 115.364 (b)-5: Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Review of training curricula, and (4) Interviews with facility security staff.

OBSERVATIONS: A review of training materials and interviews with staff noted that approximately 66.0% of security staff did not understand their role as it related to being first responders, other than keeping residents separated. Specifically, each some staff were unable to note that they would, upon learning of an allegation that a resident was sexually abused, separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. All staff noted that they would immediately notify the appropriate facility administrative staff to begin securing video evidence.

In addition, in a review of a sexual abuse allegation where there were first responders, the staff stated that they did not follow the training protocol as they assumed the sexual encounter was consensual. Because of this, the alleged victim and alleged perpetrator were allowed to destroy evidence. However, once the staff

fully understood the circumstances, they did attempt to preserve and protect evidence. Thus, based on these interviews, all security staff should be trained to treat all sexual encounters between residents as sexual assaults until an investigation determines otherwise.

DETERMINATION: The facility meets does not meet this standard.

CORRECTIVE ACTION PLAN (CAP): The following is the CAP for this standard.

1. The GHS PCM, working with the State PREA Administrator, will create a training program for security staff who could act as first responders to ensure they understand that only a trained investigator can determine if a sexual encounter between two residents is consensual. Thus, all staff should treat any sexual encounter between residents as a possible sexual assault and immediately begin implementing the requirements of this standard.
2. Once this training is created, the training curriculum will be submitted to this Auditor for review and approval.
3. Once approved by this Auditor, the GHS PCM will train all security staff using the approved curriculum.
4. The GHS PCM will submit documentation to this Auditor showing that all security staff attended and understood the training.
5. DESK AUDIT: Once this Auditor verifies all security staff completed this training, the facility will begin a Desk Audit. This Auditor will wait 12 to 16 weeks and then request from the GHS PCM any instances when a staff acted as a first responder. This Auditor will review these instances to ensure that the requirements of this standard were implemented. If there are no instances of staff acting as first responders, this Auditor will randomly select staff and interview them on how they would react if they were first responders.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency and facility staff worked to complete all elements of the corrective action plan related to this standard. The final determination was made on May 9, 2023, when this auditor completed a second onsite visit. During this visit the auditor interviewed staff and found that they understood their obligations related to this standard and knew the there was a plan to help them if they needed to act as a first responder. **[NOTE:** Additional information about this CAPP can be found in the attached document titled [GHS_JR_2022_Corrective_Action_Plan_16.15](#)]

FINAL DETERMINATION: The agency and facility are determined to meet this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

REQUIREMENTS: 115.365: This standard has one component and one subcomponent. The following is the component and subcomponent related to this standard.

Component 115.365 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Subcomponent 115.365 (a)-1: The facility has developed 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.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Green Hill School's Coordinated Response Plan, (4) Interviews with staff, and (5) Interviews with the Facility Head.

OBSERVATIONS: The facility presented its Coordinated Response Plan, which addressed all areas required by the standard. Specifically, the plan detailed the actions to be taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Further, staff members were able to find and explain the Coordinated Response Plan checkoff sheet that staff could use as step-by-step instructions on responding to an incident of sexual abuse.

However, some of the information related to contact information should be updated. For example, the GHS Coordinated Response Plan has a different PREA Administrator identified than the one identified in the Pre-Audit Questionnaire.

DETERMINATION: The facility meets this standard.

RATIONALE: All the staff knew about the Coordinated Response Plan (CRP), and each

	<p>staff member could locate the CRP when asked to do so by this Auditor. Further, the CRP includes a facility-uniform evidence protocol. The CRP also included a “step by step” checkoff sheet to identify which staff member completed each step for the CRP and when that step was completed. Further, even though the wrong person was identified as the PREA Administrator, that did not affect the requirements of this standard.</p>
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<p>115.366</p>	<p>Preservation of ability to protect residents from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>REQUIREMENTS: 115.366: This standard has two components and one subcomponent. The following are the components and subcomponents related to this standard.</p> <p>Component 115.366 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Subcomponent 115.366 (a)-1: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Component 115.366 (b): Nothing in this standard shall restrict the entering into, or renewal of agreements that govern: [(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.]</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire and (2)</p>

	<p>Interview with the Agency Head’s designee.</p> <p>OBSERVATIONS: An interview with the JR Agency Head noted that the agency/state has a collective bargaining agreement completed after August 2012. However, nothing in the current agreement limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or determination of whether and to what extent discipline is warranted. Further, the agency head designee noted that the agency could reassign staff to another facility or building with no contact with residents pending a sexual abuse or sexual harassment investigation.</p> <p>DETERMINATION: The agency, in all material ways, meets this standard.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.367: This standard has six components and seven subcomponents. The following are the components and subcomponents related to this standard.</p> <p>Component 115.367 (a): The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>Subcomponent 115.367 (a)-1: The agency has 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.</p> <p>Subcomponent 115.367 (a)-2: The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If yes, provide staff name(s), title(s), and department(s) in the comments section.</p> <p>Component 115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Component 115.367 (c): For at least 90 days following a report of sexual abuse, the</p>

agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Subcomponent 115.367 (c)-1: The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

Subcomponent 115.367 (c)-2: If YES, the length of time that the agency/facility monitors the conduct or treatment.

Subcomponent 115.367 (c)-3: The agency/facility acts promptly to remedy any such retaliation.

Subcomponent 115.367 (c)-4: The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Subcomponent 115.367 (c)-5: The number of times an incident of retaliation occurred in the past 12 months:

Component 115.367 (d): In the case of residents, such monitoring shall also include periodic status checks.

Component 115.367 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Component 115.367 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, specifically subsection 28, (3) GHS Coordinated Response Plan; (4) Interviews with staff, (5) Interviews with residents; and (6) Review of reports and investigations of sexual abuse/sexual harassment allegations.

OBSERVATIONS: JR policy 5.90 explicitly addresses this component. Initial interviews with staff responsible for retaliation monitoring resulted in the staff being unaware of all their responsibilities. For example, the identified Retaliation Monitor was unaware that cooperating with investigations staff should be protected from retaliation in the same way as residents are afforded retaliation monitoring. Further, in an interview with staff who acted as first responder and cooperated with the investigation, it was noted that the staff was not offered retaliation monitoring. Further, the staff member reported she felt the alleged perpetrator retaliated

against them, and they felt they had no one to advocate for them.

DETERMINATION: The facility does not meet this standard.

RATIONALE: As the person responsible for retaliation monitoring was unaware that staff who cooperated with an investigation should be provided with retaliation monitoring and because a staff member reported not being offered retaliation monitoring, this violated Component 115.367 (a) which states that “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.”

CORRECTIVE ACTION PLAN (CAP): The following is the CAP for this standard.

1. The PREA Administrator will provide training to the GHS PCM related to 115.367 (a), specifically the inclusion of staff in retaliation monitoring.
2. Once this training is completed, the PREA Administrator will submit a form, signed by the GHS PCM, that the PCM attended and understood this training.
3. DESK AUDIT: The auditor will wait 14 to 18 weeks and then request a copy of all sexual abuse and sexual harassment allegations to ensure staff and residents receive retaliation monitoring as required by this standard.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency and facility staff worked to complete all elements of the corrective action plan related to this standard. The final determination was made on May 9, 2023, when this auditor completed a second onsite visit. During this visit, the auditor interviewed the staff responsible for retaliation monitoring and found they were fully versed on the requirements and could document the current use of retaliation monitoring for residents and staff. [**NOTE:** Additional information about this CAPP can be found in the attached document titled *GHS_JR_2022_Corrective_Action_Plan_16.15*]

FINAL DETERMINATION: The agency and facility are determined to meet this standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	REQUIREMENTS: 115.368: This standard has one component and seven subcomponents. The following is the component and the subcomponents related to this standard.

Component 115.368 (a): Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

Subcomponent 115.368 (a)-1: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

Subcomponent 115.368 (a)-2: The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.

Subcomponent 115.368 (a)-3: The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months.

Subcomponent 115.368 (a)-4: The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months.

Subcomponent 115.368 (a)-5: The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months.

Subcomponent 115.368 (a)-6: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: • A statement of the basis for facility's concern for the residents safety, and • The reason or reasons why alternative means of separation cannot be arranged.

Subcomponent 115.368 (a)-7: If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the

	<p>general population</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, (3) JR Policy 5.50; (4) Interviews with staff, and (5) Interviews with residents.</p> <p>OBSERVATIONS: All staff interviewed supported the contention that the Facility “never” places a resident in isolation for their own protection against sexual victimization. A review of the policy (5.50) stated that the Facility could place a resident in isolation for short periods, not to exceed 15 minutes without reevaluation (subsection 21), and thus is compliant with 115.342.</p> <p>DETERMINATION: The facility meets this standard.</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>REQUIREMENTS: 115.371: This standard has 13 components and five subcomponents. The following are the components and subcomponents related to this standard.</p> <p>Component 115.371 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>Subcomponent 115.371 (a)-1: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Component 115.371 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.</p>

Component 115.371 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

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

Subcomponent 115.371 (d)-1: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Component 115.371 (e): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Component 115.371 (f): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Component 115.371 (g): Administrative investigations: [(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings].

Component 115.371 (h):) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Component 115.371 (i): Substantiated allegations of conduct that appears to be

criminal shall be referred for prosecution.

Subcomponent 115.371 (i)-1: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Subcomponent 115.371 (i)-2: The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later

Component 115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

Subcomponent 115.371 (j)-1: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Component 115.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Component 115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Component 115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policies and procedures (1.22, 5.90, 5.91, a document called the Conducting PREA Criminal Investigations), (3) Interviews with staff, (4) Interviews with Agency

Investigators, and (5) Review of investigations.

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

for terminating an investigation. The agency has requested that any State entity or Department of Justice component conducting such investigations do so pursuant to the above requirements. When outside agencies investigate sexual abuse, the facility head shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.

When the agency conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency and facility investigators, who conduct only administrative investigations after law enforcement or Child Protective Services has ruled out criminal activity, are experienced. As evidence of this contention, the JR State PREA PCM has been conducting administrative investigations since 2014, and some have been conducting them since 2001. As PREA does not define “experience” in relation to investigators, the fact that each agency and facility investigator has conducted prior investigations unrelated to PREA while employed by the Juvenile Rehabilitation (JR) division makes them experienced investigators as defined by PREA. Further, each trained investigator has completed all the required training specified in 115.334, plus the additional requirement articulated in the variance related to juvenile facilities (i.e., that investigators will receive specialized training that includes techniques for interviewing juvenile sexual abuse victims).

DETERMINATION: The agency meets this standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>REQUIREMENTS: 115.372: This standard has one component and one subcomponent. The following is the component and subcomponent related to this standard.</p> <p>Component 115.372 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Subcomponent 115.372 (a)-1: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of</p>

	<p>sexual abuse or sexual harassment are substantiated.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, 5.91, and 2.10, and (3) Interviews with investigators.</p> <p>OBSERVATIONS: Staff noted that they would only use a Standard of “preponderance of evidence” in determining whether allegations of sexual abuse or sexual harassment are substantiated. Further, Agency policy notes that the agency shall use the standard of preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated</p> <p>DETERMINATION: The agency, in all material ways, meets this standard.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.373: This standard has six components and 13 subcomponents. The following are the components and subcomponents related to this standard.</p> <p>Component 115.373 (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.</p> <p>Subcomponent 115.373 (a)-1: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>Subcomponent 115.373 (a)-2: The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/</p>

facility in the past 12 months

Subcomponent 115.373 (a)-3: Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation.

Component 115.373 (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.

Subcomponent 115.373 (b)-1: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

Subcomponent 115.373 (b)-2: The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months.

Subcomponent 115.373 (b)-3: Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation.

Component 115.373 (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].

Subcomponent 115.373 (c)-1: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns

that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Subcomponent 115.373 (c)-2: There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

Subcomponent 115.373 (c)-3: If YES, in each case the agency subsequently informed the resident whenever: • The staff member was no longer posted within the resident's unit; • The staff member was no longer employed at the facility; • The agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility.

Component 115.373 (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].

Subcomponent 115.373 (d)-1: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

- 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.

Component 115.373 (e): All such notifications or attempted notifications shall be documented.

Subcomponent 115.373 (e)-1: The agency has a policy that all notifications to residents described under this standard are documented.

Subcomponent 115.373 (e)-2: In the past 12 months, the number of notifications to

residents that were provided pursuant to this standard.

Subcomponent 115.373 (e)-3: Of those notifications made in the past 12 months, the number that were documented.

Component 115.373 (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, 5.91 and 2.10, (3) Interviews with facility staff, and (4) Review of sexual abuse and sexual harassment investigations.

OBSERVATIONS: Policy 2.10 addresses this Standard and, in interviews with staff, confirmed they would document these efforts. Further, a review of completed investigations showed that facility staff updated residents about their allegation status.

DETERMINATION: The agency and facility meet this standard.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.376: This standard has four components and seven subcomponents. The following are the components and subcomponents related to this standard:</p> <p>Component 115.376 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Subcomponent 115.376 (a)-1: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Component 115.376 (b): Termination shall be the presumptive disciplinary sanction</p>

for staff who have engaged in sexual abuse.

Subcomponent 115.376 (b)-1: In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies.

Subcomponent 115.376 (b)-2: In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

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

Subcomponent 115.376 (c)-1: The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

Subcomponent 115.376 (c)-2: In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

Component 115.376 (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.

Subcomponent 115.376 (d)-1: 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, are reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies.

Subcomponent 115.376 (d)-2: In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, (3) Interviews with PREA Administrator, (4) Interviews with the Facility's PCM, (5) Interviews with HR staff; and (6) Review of completed sexual abuse investigations.

OBSERVATIONS: In a review of completed sexual abuse investigations, it was found that a substantiated allegation of staff-on-resident sexual abuse did not

include a staff member's termination. The failure to terminate is in conflict with Subcomponent 115.376 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse, and this conflicts with JR's own 5.90 Policy, which states that the presumptive discipline for a staff who engages in sexual abuse is termination.

DETERMINATION: As a staff member who was found to have engaged in sexual abuse is still employed at the facility and still has access to residents, the facility does not meet this standard. In addition, in an event where an employee resigned during a sexual abuse allegation, the agency did not inform the licensing board that certified the staff as a counselor.

CORRECTIVE ACTION PLAN (CAP):

The following is the CAP for Subcomponent 115.376 (b):

1. The GHS PCM and the State PREA Administrator will investigate the staff-on-resident sexual abuse investigation that resulted in a finding of "substantiated." In addition, the GHS PCM and the State PREA Administrator need to determine why JR still employs a staff member who was determined to have violated JR policy related to the sexual abuse of a resident.
2. The State PREA Administrator will review all substantiated allegations of staff-on-resident sexual abuse since January 2019 and determine how many staff were NOT terminated after being found to have violated agency policy related to sexual abuse.
3. For any staff found to have engaged in sexual abuse and is still with the agency, the State PRA Administrator will document why the agency did not terminate the employee per 115.376 and JR Policy 5.90.
4. The findings of the GHS PCM and the State PREA Administrator will be submitted to this Auditor for review.

The following is the CAP for Subcomponent 115.376 (d)-1:

1. The State PREA Administrator will review all substantiated allegations of staff-on-resident sexual abuse that resulted in a staff member being terminated or a staff member resigning since January 1, 2019.
2. The State PREA Administrator will determine how many of these employees were licensed.
3. The State PREA Administrator will determine how many licensing boards were notified that the staff was terminated due to violating the agency's sexual abuse policies.
4. The State PREA Administrator will provide this Auditor with the name of the staff member who was found to violate the agency's sexual abuse policy, specifically having engaged in sexual abuse, and when the licensing board(s) were notified and by whom.
5. The State PREA Administrator will create a training curriculum to ensure that the staff responsible for reporting to the licensing boards are notifying the

licensing boards.

6. The State PREA Administrator will provide this training and ensure that staff in attendance sign off that they attended and understood this training.
7. The State PREA Administrator will submit to this Auditor evidence of staff attending and understanding the training.
8. DESK AUDIT: Once the training is completed, this Auditor will wait 12 to 16 weeks and then request from the State PREA Administrator a list of all substantiated staff-on-resident sexual abuse allegations. The Auditor will request information from this list that licensing boards were notified.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency and facility staff worked to complete all elements of the corrective action plan related to this standard, including the addition of the requirement to include the phrase "...the presumptive discipline will be termination" in the JR policies and procedures for staff found to have engaged in sexual abuse. The timeline of events are as follows:

December 2, 2022: This auditor received an email from the Agency PCM and the PA containing the requested information related to 1 thru 3 of the CAP related to 115.376(b). There is still a question about what justification was made to allow a staff member with a substantiated allegation of sexual abuse to remain in contact with residents when the agency's policy states the presumptive discipline is termination.

- April 14, 2023: This auditor talked with the PA for the State of Washington via Zoom and reported he would follow up to address this CAP item.
- April 18, 2023: I received an email that contained a response from the Facility Administrator related to the incident where the staff was still employed after a substantiated case against him related to sexual abuse. This auditor took time to understand this response.
- May 8, 2023: I asked additional questions related to the circumstance and was informed that if the JR policy specifically noted that "termination was the presumptive discipline," their recommendation for discipline related to this incident might have been different.
- May 9, 2023: Informed the PA that the JR policy needs to be updated to include that the presumptive discipline related to substantiated cases of sexual abuse is termination.
- June 01, 2023: During the report writing phase of this audit, this auditor received confirmation that the agency had changed its policy related to 115.376(b). The new policy, though allowing for case-by-case exceptions, states that the presumptive discipline for substantiated cases of staff sexual abuse is termination.

[NOTE: Additional information about this CAPP can be found in the attached document titled [GHS_JR_2022_Corrective_Action_Plan_16.15](#)]

	FINAL DETERMINATION: The agency and facility are determined to meet this standard.
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>REQUIREMENTS: 115.377: This standard has two components and five subcomponents. The following are the components and subcomponents related to this standard.</p> <p>Component 115.377 (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.</p> <p>Subcomponent 115.377 (a)-1: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Subcomponent 115.377 (a)-2: Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>Subcomponent 115.377 (a)-3: In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Subcomponent 115.377 (a)-4: In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents.</p> <p>Component 115.377 (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>Subcomponent 115.377 (b)-1: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.90, 1.22, 1.60, and 1.61, (3) Interviews with PREA Administrator, (4) Interviews with Facility’s PCM, (5) Interviews with HR staff; and (6) Review of completed sexual abuse investigations.</p> <p>OBSERVATIONS: Policy 1.60 specifically address this standard. Staff interviews noted that “ any service providers who violate this policy are subject to administrative discipline including termination of employment, criminal sanctions, or both.” Further, it was noted that the service providers who violate this policy “shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” Interviews with administrative staff noted that they would prohibit further contact with residents in the case of any violation of agency sexual abuse or sexual harassment policies by a service provider or volunteer. In addition, the staff interviewed noted that HR would contact the appropriate licensing bodies. Further, facility administrative staff noted that they had the authority to remove any volunteer or contractor from their facility and would do so immediately upon an allegation or suspicion of sexual abuse or sexual harassment.</p> <p>DETERMINATION: The facility and agency meet this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.378: This standard has seven components and 17 subcomponents. The following are the components and subcomponents related to this standard.</p> <p>Component 115.378 (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p>

Subcomponent 115.378 (a)-1: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.

Subcomponent 115.378 (a)-2: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

Subcomponent 115.378 (a)-3: In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility.

Subcomponent 115.378 (a)-4: In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility.

Component 115.378 (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Subcomponent 115.378 (b)-1: In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services.

Subcomponent 115.378 (b)-2: In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician.

Subcomponent 115.378 (b)-3: In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

Subcomponent 115.378 (b)-4: In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.

Subcomponent 115.378 (b)-5: In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services.

Subcomponent 115.378 (b)-6: In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities.

Component 115.378 (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Component 115.378 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

Subcomponent 115.378 (d)-1: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

Subcomponent 115.378 (d)-2: If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives.

Subcomponent 115.378 (d)-3: Access to general programming or education is not

conditional on participation in such interventions.

Component 115.378 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Subcomponent 115.378 (e)-1: The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Component 115.378 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Subcomponent 115.378 (f)-1: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Component 115.378 (g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Subcomponent 115.378 (g)-1: The agency prohibits all sexual activity between residents.

Subcomponent 115.378 (g)-2: If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR Policy 5.50, 5.90, and 2.10, (3) Interview with PREA Administrator, (4) Interview with the PCM, (5) Interviews with security staff, (6) Interviews with residents, and (7) Interview with Facility Head.

	<p>OBSERVATIONS: Staff interviews noted that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Factors such as mental illness and other factors are considered. Based on the pre-onsite visit, the Pre-Audit Questionnaire, and onsite interviews, the Facility would not use isolation for resident-on-resident sexual abuse. Interviews with staff noted that they would consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Further, based on the circumstances, a resident who engages in sexual abuse may be referred to programs and interventions designed to address any outlying issues or conditions (e.g., mental health concerns, etc.).</p> <p>DETERMINATION: The facility and agency meet this standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.381: This standard has four components and eleven subcomponents. The following are the components and subcomponents related to this standard.</p> <p>Component 115.381 (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>Subcomponent 115.381 (a)-1: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner.</p> <p>Subcomponent 115.381 (a)-2: If YES, the follow-up meeting was offered within 14 days of the intake screening.</p> <p>Subcomponent 115.381 (a)-3: In the past 12 months, the percent of residents who</p>

disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner.

Subcomponent 115.381 (a)-4: Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

Component 115.381 (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.

Subcomponent 115.381 (b)-1: All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Subcomponent 115.381 (b)-2: If YES, the follow-up meeting was offered within 14 days of the intake screening.

Subcomponent 115.381 (b)-3: In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow-up meeting with a mental health practitioner.

Subcomponent 115.381 (b)-4: Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

Component 115.381 (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.

Subcomponent 115.381 (c)-1: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Subcomponent 115.381 (c)-2: If NO, the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Component 115.381 (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.

Subcomponent 115.381 (d)-1: 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.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR and Facility policies and procedures, specifically 5.90 and 3.20, (3) Interview with the PCM, (4) Interview with Intake Staff, and (5) Interviews with Facility Head.

OBSERVATIONS: Staff interviews acknowledge that staff is aware that medical or mental health practitioners must be offered to youth within 14 days of staff learning that the youth has experienced prior sexual victimization or has perpetrated sexual abuse. Further, in a review of resident files of residents who reported prior sexual victimization or sexual abuse perpetration, it was found that four had been identified as being sexually abused, and all five were offered a follow-up meeting with a medical or mental health practitioner. Further, all four were provided their first mental health session within the 14-day period. During interviews with residents, it was found that residents acknowledged that staff asked them if they wanted those additional services, and the resident stated they declined those services. Further, all staff understood, via interviews, that 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.

	DETERMINATION: The facility meets this standard.
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.382: This standard has four components and five subcomponents. The following are the components and subcomponents related to this standard.</p> <p>Component 115.382 (a): Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>Subcomponent 115.382 (a)-1: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>Subcomponent 115.382 (a)-3: Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>Subcomponent 115.382 (a)-2: The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.</p> <p>Component 115.382 (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;</p> <p>Component 115.382 (c): Resident victims of sexual abuse while incarcerated shall</p>

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.

Subcomponent 115.382 (c)-1: Resident victims of sexual abuse while incarcerated are 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.

Component 115.382 (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.

Subcomponent 115.382 (d)-1: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR and Facility policies and procedures, specifically policies and procedures 5.90, 5.90, and 4.30, and the facility's Coordinated Response Plan, (3) Interview with the PCM, (4) Interviews with medical and mental health staff, and (5) Interviews with security staff.

OBSERVATIONS: The onsite visit interviews noted that resident victims of sexual abuse would be provided with unimpeded access to emergency medical treatment and crisis intervention services. All the interviews with security staff (100%), who are all trained as first responders, confirmed this component and noted that they are trained to protect the victim and to notify a supervisor who will notify the appropriate medical and mental health practitioners. Further, interviews acknowledged that resident victims of sexual abuse, while incarcerated, shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

DETERMINATION: The facility meets this standard.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 315 564 344">Auditor Discussion</p> <p data-bbox="280 389 1445 506">REQUIREMENTS: 115.383: This standard has eight components and six subcomponents. The following are the components and subcomponents related to this standard.</p> <p data-bbox="280 618 1469 734">Component 115.383 (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.</p> <p data-bbox="280 846 1469 963">Subcomponent 115.383 (a)-1: The facility offers 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.</p> <p data-bbox="280 1075 1477 1232">Component 115.383 (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.</p> <p data-bbox="280 1344 1414 1415">Component 115.383 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="280 1527 1433 1599">Component 115.383 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p data-bbox="280 1711 1465 1783">Subcomponent 115.383 (d)-1: Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.</p> <p data-bbox="280 1895 1465 2011">Component 115.383 (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.</p>

Subcomponent 115.383 (e)-1: If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Component 115.383 (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Subcomponent 115.383 (f)-1: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Component 115.383 (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.

Subcomponent 115.383 (g)-1: Treatment services are 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.

Component 115.383 (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.

Subcomponent 115.383 (h)-1: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR and Facility policies and procedures, specifically policies and procedures 5.90, 5.91, and 4.30, and the facility's Coordinated Response Plan, (3) Interview with the PCM, and (4) Interviews with security staff.

	<p>OBSERVATIONS: Interviews confirmed that the facility complies with this standard and each component and subcomponent. Staff indicated that they would refer residents to the appropriate contractors (i.e., medical and mental health providers) for any resident who reported past sexual abuse. These services would include medical and mental health evaluation, follow-up, and transition planning. Further, agency policy 4.30 specifically addresses this standard.</p> <p>DETERMINATION: As the in all material ways meets this standard.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.386: This standard has five components and seven subcomponents. The following are the components and subcomponents related to this standard.</p> <p>Component 115.386 (a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>Subcomponent 115.386 (a)-1: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded.</p> <p>Subcomponent 115.386 (a)-2: In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.</p> <p>Component 115.386 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>Subcomponent 115.386 (b)-1: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p>Subcomponent 115.386 (b)-2: In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.</p> <p>Component 115.386 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental</p>

health practitioners.

Subcomponent 115.386 (c)-1: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Component 115.386 (d): The review team shall: [(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager].

Subcomponent 115.386 (d)-1: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

Component 115.386 (e): The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Subcomponent 115.386 (e)-1: The facility implements the recommendations for improvement or documents its reasons for not doing so.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, specifically 5.90, (3) Interview with the PCM, (4) Interviews with investigators, (5) Interview with Facility Head, and (6) Review of investigations.

OBSERVATIONS: Interviews with staff indicated that the Facility would conduct a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded and that this review would be done within 30-days of the conclusion of the investigation. Policy 5.90 further reinforces the facility's adherence to this PREA standard.

However, in a review of sexual abuse incidents reviews, the policies and procedures do not appear to be followed. For example, Subcomponent 115.386 (c)-1 requires the participation of upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. However, this

was not evident in the PREA Sexual Abuse Review Team report from 06/08/2022.

DETERMINATION: The facility does not meet this standard.

CORRECTIVE ACTION PLAN (CAP): The following is the CAP for this standard.

1. The GHS PCM, working with the State PREA Administrator, will revise the Sexual Abuse Incident Review procedures to ensure that Subcomponent 115.386 (c)-1 is fully implemented. Specifically, the Sexual Abuse Incident Review Team "...allows for input from line supervisors, investigators, and medical or mental health practitioners."
2. Once these new procedures are created, the GHS PCM and the State PREA Administrator will create a training curriculum to ensure that GHS Upper-Level Administration is trained on the new procedures.
3. To this Auditor, the GHS PCM will submit documentation that upper-level staff attended and understood this training.
4. DESK AUDIT: This Auditor will wait 12 to 16 weeks and then request a list of all Sexual Abuse Incident Reviews completed by the agency since this Interim PREA Audit Report issuance.

CORRECTIVE ACTION PLAN PERIOD (CAPP): During the CAPP, agency and facility staff worked to complete all elements of the corrective action plan related to this standard. The final determination was made on May 9, 2023, when this auditor completed a second onsite visit. During this visit, the auditor interviewed the staff responsible for notifying the licensing bodies and they were able to verbally document their process and noted they accepted the responsibility. **[NOTE:** Additional information about this CAPP can be found in the attached document titled [GHS_JR_2022_Corrective_Action_Plan_16.15](#)]

FINAL DETERMINATION: The agency and facility are determined to meet this standard.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	REQUIREMENTS: 115.387: This standard has six components and seven subcomponents. The following are the components and subcomponents related to this standard.

Component 115.387 (a): (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Subcomponent 115.387 (a)-1: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Component 115.387 (b): The agency shall aggregate the incident-based sexual abuse data at least annually

Subcomponent 115.387 (b)-1: The agency aggregates the incident-based sexual abuse data at least annually.

Component 115.387 (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Subcomponent 115.387 (c)-1: The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Component 115.387 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Subcomponent 115.387 (d)-1: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Component 115.387 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

	<p>Subcomponent 115.387 (e)-1: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>Subcomponent 115.387 (e)-2: The data from private facilities complies with SSV reporting regarding content.</p> <p>Component 115.387 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Subcomponent 115.387 (f)-1: The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, specifically 5.90, (3) Survey of Sexual Victimization, (4) Interview with the PCM, (5) Interviews with investigators, (6) Interview with Facility Head, and (7) Interview with the PREA Administrator.</p> <p>OBSERVATIONS: The agency did produce a Standardized instrument to collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The instrument provided was the SSV. However, data from the JR website at https://www.dcyf.wa.gov/practice/practice-improvement/prea notes that aggregated data was not present for 2019 or 2020. An interview with the State of Washington’s PREA Administrator indicated that JR maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Administrator also noted that the agency, upon request, will provide data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>DETERMINATION: The Agency meets this Standard.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard

Auditor Discussion

REQUIREMENTS: 115.388: This standard has four components and eight subcomponents. The following are the components and subcomponents related to this standard.

Component 115.388 (a): The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: [(1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole].

Subcomponent 115.388 (a)-1: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Component 115.388 (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Subcomponent 115.388 (b)-1: The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

Subcomponent 115.388 (b)-2: The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Component 115.388 (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

Subcomponent 115.388 (c)-1: The agency makes its annual report readily available to the public at least annually through its website.

	<p>Subcomponent 115.388 (c)-2: If NO, the agency makes it available through other means.</p> <p>Subcomponent 115.388 (c)-3: The annual reports are approved by the agency head.</p> <p>Component 115.388 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p>Subcomponent 115.388 (d)-1: When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p>Subcomponent 115.388 (d)-2: The agency indicates the nature of the material redacted.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, specifically 5.90, (3) Survey of Sexual Victimization, (4) Interview with the PCM, (5) Interviews with investigators, (6) Interview with Facility Head, (7) Interview with the PREA Administrator, and (8) Review of the 2020 PREA Report.</p> <p>OBSERVATIONS: The last annual report, from 2021, was posted at Prison Rape Elimination Act Compliance Washington State Department of Children, Youth, and Families [https://www.dcyf.wa.gov/practice/practice-improvement/prea].</p> <p>DETERMINATION: The agency meets this standard.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard

Auditor Discussion

REQUIREMENTS: 115.389: This standard has four components and five subcomponents. The following are the components and subcomponents related to this standard.

Component 115.389 (a): The agency shall ensure that data collected pursuant to § 115.387 are securely retained.

Subcomponent 115.389 (a)-1: The agency ensures that incident-based and aggregate data are securely retained.

Component 115.389 (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

Subcomponent 115.389 (b)-1: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Subcomponent 115.389 (b)-2: If NO, the agency makes it available through other means.

Component 115.389 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers; and (d) The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Subcomponent 115.389 (c)-1: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR

	<p>policies and procedures, specifically 5.90, (3) Survey of Sexual Victimization, (4) Interview with the PCM, (5) Interviews with investigators, (6) Interview with Facility Head, (7) Interview with the PREA Administrator, and (8) Review of the 2020 PREA Report.</p> <p>OBSERVATIONS: An interview with the PREA Administrator indicated that incident-based and aggregated data were securely retained. Data from the JR website at Juvenile Rehabilitation 2020 PREA Annual report (wa.gov) reveals that aggregated data is presented, compliant with Agency policy. Further, interviews with the PREA Administrator indicated that sexual abuse data is collected and maintained for at least ten years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>DETERMINATION: The agency meets this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.401: This standard has six components: (a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency or by a private organization on behalf of the agency, is audited at least once.; (b) August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. (c) The auditor shall have access to, and shall observe, all areas of the audited facilities; (d) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information), (e) The auditor shall be permitted to conduct private interviews with residents, residents, and detainees, and (f) Residents, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, specifically 5.90, (3) Interviews with residents, (4) Interview with the PCM, (5) Interview with Facility Head, (6) Interview with the PREA Administrator, and (8) Review of documents.</p> <p>OBSERVATIONS: Based on a published list of all facilities audited by year, and with the PREA Audit linked, it was determined that during the three-year period starting</p>

	<p>on August 20, 2014, and during each three-year period thereafter, the agency has ensured that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least twice. Further, it was determined that since August 20, 2014, the agency has ensured that at least one-third of each facility type operated by the agency or by a private organization on behalf of the agency is audited. During the audit, this auditor did have access to and did observe all areas of the audited facility. This auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). This auditor was permitted to conduct private interviews with residents, residents, and detainees. Interviews with residents confirmed that they were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. It was noted that facilities designated to be audited in the fall of 2021 did not have their audits conducted until 2022. This auditor determined this was an exigent circumstance related to the COVID-19 pandemic. As the agency initiated audits for these facilities in the fall of 2022, the agency was determined to meet this standard requirement.</p> <p>DETERMINATION: It was determined that the agency meets this standard</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>REQUIREMENTS: 115.403: This standard has two components: (a) The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public, and (b) The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by the auditor. The review period is for prior audits completed during the past three years. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) JR policies and procedures, specifically 5.90, (3) Interview with the PCM, (4) Interviews with investigators, (5) Interview with Facility Head, (6) Interview with the PREA Administrator, and (7) Review of the 2021 PREA Report.</p> <p>OBSERVATIONS: Previous audits of all agency facilities were posted at Prison Rape Elimination Act Compliance Washington State Department of Children, Youth, and Families. Previous audit reports, including those pending appeal, are posted.</p>

	DETERMINATION: It was determined that the agency meets this standard.
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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?	no
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	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.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	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	yes

	functions of the facility? (N/A for non-secure facilities)	
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)	na
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	yes

	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?	
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:	yes

	Residents who have speech disabilities?	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	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?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

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	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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 or the agency does not employ medical staff.)	na
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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	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?	no
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	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
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	yes

	entity or office that is not part of the agency?	
	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.	no
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.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
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.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
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.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
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.)	yes
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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
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?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

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

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

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

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