

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report November 20, 2019

Auditor Information

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Company Name: CCCS	
Mailing Address: P.O. Box 324	City, State, Zip: Loon Lake, WA. 99148
Telephone: 509-464-9736	Date of Facility Visit: October 15-17, 2019

Agency Information

Name of Agency Chelan County Juvenile Court	Governing Authority or Parent Agency (If Applicable) Chelan County Juvenile Court
Physical Address: 316 Washington Street, Suite 202	City, State, Zip: Wenatchee, WA 98801
Mailing Address: 316 Washington Street, Suite 202	City, State, Zip: Wenatchee, WA 98801
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
Agency Website with PREA Information:	www.co.chelan.wa.us (your government>Juvenile Justice Center>Detention Facility)

Agency Chief Executive Officer

Name: Phil Jans	
Email: Phil.Jans@co.chelan.wa.us	Telephone: 509-667-6553

Agency-Wide PREA Coordinator

Name: Corey G. Stephens	
Email: Corey.Stephens@co.chelan.wa.us	Telephone: 509-667-6647

PREA Coordinator Reports to: Phil Jans, Juvenile Court Administrator	Number of Compliance Managers who report to the PREA Coordinator: Zero (0)
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Facility Information

Name of Facility: Chelan County Juvenile Detention Facility

Physical Address: 300 Washington Street **City, State, Zip:** Wenatchee, WA 98801

Mailing Address (if different from above):
316 Washington Street, Suite 202 **City, State, Zip:** Wenatchee, WA 98801

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Website with PREA Information: www.co.chelan.wa.us (your government>Juvenile Justice Center>Detention Facility)

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA
 NCCHC
 CALEA
 Other (please name or describe: [Click or tap here to enter text.](#))
 N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Facility Administrator/Superintendent/Director

Name: Corey Stephens

Email: Corey.Stephens@co.chelan.wa.us **Telephone:** 509-667-6647

Facility PREA Compliance Manager

Name: Corey Stephens

Email: Corey.Stephens@co.chelan.wa.us **Telephone:** 509-667-6647

Facility Health Service Administrator N/A

Name: Billye Tollackson	
Email: Billye.Tollackson@co.chelan.wa.us	Telephone: 509-667-6647
Facility Characteristics	
Designated Facility Capacity:	50 beds
Current Population of Facility:	9
Average daily population for the past 12 months:	8
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	12-17
Average length of stay or time under supervision	7.7 days
Facility security levels/resident custody levels	Minimum to Maximum
Number of residents admitted to facility during the past 12 months	428
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	88
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	88
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A

Number of staff currently employed by the facility who may have contact with residents:	40
Number of staff hired by the facility during the past 12 months who may have contact with residents:	11
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	39
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
Number of single resident cells, rooms, or other enclosures:	48
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	2

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police

- | | |
|--|---|
| | <input type="checkbox"/> A U.S. Department of Justice component
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
<input checked="" type="checkbox"/> N/A |
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Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) on-site audit of the Chelan County Juvenile Detention Center (CCJDC) was conducted on October 15-16, 2019, by Robert Palmquist, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities.

Six weeks in advance of the audit, several 8.5 X 11-inch documents were posted throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided residents, resident's families, residents' attorneys, and staff with the auditor's contact information. The auditor verified the placement of these posters, and the posters are consistent with DOJ auditing expectations.

Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility, along with the data contained in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures, and other PREA related documents that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were reduced to writing and submitted to the PREA Coordinator for review one week before the actual on-site visit.

The onsite visit was scheduled and completed on October 15-16, 2019. The auditor was provided office space in the facility from which to work and conduct confidential staff and resident interviews. Formal personal interviews were conducted with facility staff and residents. The auditor interviewed eight (8) residents, four (4) females, four (4) males, and this represented 88% of the population. On the first day of the audit, there were nine (9) residents at CCJDC. Thirty-nine (39) interviews were conducted with facility staff. Specialized interviews included Incident review committee members, designated staff members in charge of retaliation, investigation staff, mental health staff, and medical staff. The Agency Head, the Detention Manager, and the PREA Coordinator were also interviewed. Ten (10) random staff interviews were conducted, six (6) day shift, and four (4) night Shift. There are two 12 hours shifts at CCDJC in 24 hours. A total of seven (7) intake staff were interviewed, and three (3) intermediate or higher-level supervisors were interviewed. Three (3) volunteers, one (1) contract Mental Health staff, one (1) Community Advocate from Support, Advocacy, Growth, Empowerment (SAGE), and one (1) SANE Coordinator from Central Washington Hospital.

Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff members were interviewed using the DOJ protocols that allow the auditor to determine their PREA training and overall knowledge of the agency's zero-tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident

alleges abuse, and first responder duties. In total, the auditor conducted forty-seven (47) interviews involving eight residents (8) residents, sixteen (16) staff, three (3) volunteers, and two (2) representatives from Community agencies.

The auditor reviewed training files for twelve (12) staff members to determine compliance with training mandates and twenty-six (26) personnel files to determine compliance with background check procedures. Twenty (20) resident records were reviewed to evaluate screening/intake procedures and resident education requirements.

The auditor toured the facility escorted by the PREA Coordinator and observed among other things the facility configuration, location of cameras and mirrors, staff supervision of residents, Unit layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor noted that shower areas allow residents to shower separately. Toilets are in each cell, and residents are permitted privacy when utilizing their toilets. Notices of the PREA audit were posted throughout the facility. The auditor was given access to the entire facility.

An interview was conducted with a Sexual Assault Advocate at SAGE to obtain information about the rape crisis and advocacy services provided at the facility. This organization offers support toward healing through advocacy and therapy for those affected by sexual assault and abuse. Through education and collaboration, SAGE improves the community's response to sexual assault and abuse victims and challenges the behaviors and beliefs that promote sexual violence.

Thirty-five days following the on-site portion of the audit, a final audit report was submitted to the Juvenile Court Administrator and Detention Manager (PREA Coordinator).

The auditor met with the Juvenile Detention Manager, (PREA Coordinator), and the Juvenile Court Administrator for Chelan County at 8:00 AM on Tuesday, October 15, 2019. The Auditor provided an overview of the audit process and answered questions about the schedule for the audit. Between 10:30 am and 12 noon, the auditor toured the entire facility with the Juvenile Detention Manager. The rated capacity of CCJDC is 50 residents, and the institutional count on October 15, 2019, was nine (9) residents.

According to the Juvenile Detention Manager, there were no resident(s), confined in the facility at the time of the on-site audit, who were Limited English Proficient (LEP), physically handicapped, visual or hearing impaired (inclusive of blind or deaf), residents housed in isolation due to sexual victimization concerns, or who reported a sexual abuse. There was one (1) transgender resident who was interviewed utilizing DOJ questionnaire protocols.

Ten (10) random staff selected by the auditor from a staff roster provided by the Juvenile Detention Manager, were interviewed. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees. Interviewees were questioned regarding PREA training and overall knowledge of the agency's zero-tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges sexual abuse, and First Responder duties.

The following specialty staff questionnaires were utilized during this review including Agency Head, Superintendent, PREA Coordinator, Designated Staff Charged with Monitoring Retaliation, Incident Review Team, Human Resources, Investigator, Intermediate or Higher-Level Staff, SAFE/SANE Community Hospital Staff, Intake, Staff Who Perform Screening for Risk of Victimization and Abusiveness, and Contractors/Volunteers.

Sexual abuse reporting posters and zero tolerance posters are generously displayed throughout the facility. The auditor finds that residents have ample opportunity to be aware of sexual safety protocols.

An On-site Audit Closeout meeting was held on October 16, 2019, with the Juvenile Court Administrator and the Juvenile Detention Manager. The auditor expressed his gratitude for the hospitality displayed at the facility, as well as, staff's responsiveness during interviews and information gathering. The auditor complimented the Juvenile Detention Manager regarding the staff's general knowledge of PREA programs and operations. Additionally, he cited the general resident knowledge of PREA standards as good. CCJDC staff are attentive to resident sexual safety and take PREA responsibilities seriously.

Facility Characteristics

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

CCJDC staff members are tasked with the provision of safe and secure confinement intended to hold juvenile offenders accountable for their unlawful actions. Up to 50 juveniles, 10-17 years of age, can be held at the facility, including those accused of an offense pending an appearance in Court, juveniles adjudicated as guilty of an offense and sentenced to confinement, and other juveniles that can be legally detained by the counties.

CCJDC is located in Wenatchee, WA the facility was initially constructed in 1998.

Educational services are provided, school attendance at CCJDC is mandatory. The core curriculum is comprised of Language Arts, Mathematics, Life Skills/Job Readiness, and History/Geography, with computer technology incorporated into classes. A Special Education Teacher, School Psychologist, and a Student Advocate are on staff to assist students with individual education plans. Students earn credit hours while attending school.

Services provided at CCJDC include the following:

Routine Medical services

Food Services that include the provision of three meals per day, two of which are hot.

Secure detention and placement services

Spiritual Development through Non-Denominational services Recreational and Leisure-Time activities

Telephone access

Access to Juvenile Grievances

The CCJDC Level System has four levels (1-4). Level 1 is the beginning level, while Level 4 is the advanced (Honors) level. Level advancement eligibility is contingent upon an accumulation of points based on behavior. An increase in privileges accompanies each level of advancement.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: N/A

List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 41 standards Standards 115.311 through 115.403

Standards Not Met

Number of Standards Not Met: N/A

List of Standards Not Met: N/A

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.311 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make a determination of compliance, the following policy was reviewed: Chelan County Juvenile Detention Center (CCJDC) Policy 2.1 entitled PREA Detention Standards, Prevention of Sexual Abuse of Youth in Detention, pages 1-13. The policy provides the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual violence. The policy also includes procedural guidelines, such as screening residents upon intake, training (for both staff and residents), reporting procedures (both staff and residents), intervention procedures, and investigative guidelines. Finally, the policy provides for data collection and data reporting. Also, the Organization Chart for CCJDC was reviewed.

In order to determine compliance, interviews were conducted with the PREA Coordinator, who is also the Juvenile Detention Manager and the Juvenile Court Administrator. The PREA Coordinator indicated he had enough time to coordinate the facilities' PREA compliance efforts. Both the PREA Coordinator and the Juvenile Court Administrator were knowledgeable concerning PREA and articulated the vision of zero tolerance at CCJDC.

In order to determine compliance, the following observations were made during the on-site tour of the facility: The housing units (PODS) had signs informing residents of their right to be free of sexual abuse. There were signs in both English and Spanish informing residents about how to report incidents of sexual abuse. Also, there was information available concerning local services provided by Support Advocacy, Growth, and Empowerment (SAGE), a Community Services Sexual Assault and Family Trauma Advocacy Program. This program meets victims of sexual trauma in hospitals, police stations, or their own homes to provide immediate assistance after a trauma.

The following describes how the evidence above was used to determine compliance. CCJDC has a zero-tolerance policy and training program that meets the requirements for this standard. The policy provides the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The agency has one facility and, therefore, one PREA Coordinator/Compliance manager. The PREA Coordinator indicated he had enough time to manage and oversee the implementation of PREA standards.

The CCJDC has a zero-tolerance policy and training program that meets the requirements for this standard. The CCJDC Policy 2.1, entitled PREA Detention Standards, Prevention of Sexual Abuse of Youth in Detention, provides the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The policy also includes procedural guidelines, such as screening residents upon intake, training (for both staff and residents), reporting procedures (both staff and residents), intervention procedures, and investigative guidelines. Finally, the policy provides for data collection and data reporting.

The overriding approach taken by CCJDC to eliminate or prevent sexual abuse and sexual harassment of its residents is to ensure uniformity of implementation of the agency's zero-tolerance policy in all areas of the facility. Including providing definitions of prohibited behaviors regarding sexual abuse and sexual harassment and prescribing sanctions against staff and residents who engage in sexual abuse

or sexual harassment. In the event of an allegation of sexual abuse or sexual harassment, CCJDC has developed a coordinated response plan that ensures the safety and security of the alleged victim while providing for a comprehensive and systematic investigation into the allegation.

The policy applies to all CCJDC staff, to include employees (including full-time, part-time, temporary and on-call), volunteers and contractors, as well as residents at CCJDC.

CCJDC utilizes the following strategies to reduce and prevent sexual abuse and sexual harassment at the facility:

1. Designating a staff member as the CCJDC PREA Coordinator who will ensure that CCJDC is in full compliance with all PREA standards.
2. Training staff (including contractors and volunteers) to detect sexual abuse and sexual harassment.
3. Screening for risk of sexual victimization and abusiveness.
4. Requiring all staff (including contractors and volunteers) to promptly report all reported or suspected incidents of sexual abuse, sexual harassment, and retaliation.
5. Responding promptly and effectively to all reports of sexual abuse, sexual harassment, and retaliation by ensuring that staff (including contractors and volunteers) cooperates fully with any investigation.
6. Administering sanctions for those found to have participated in prohibited behavior.
7. Providing medical and mental health care to victims and abusers.
8. Performing an annual evaluation to assess how CCJDC can improve its zero-tolerance policy and procedures.
9. Ensuring that CCJDC is audited for PREA compliance.

The auditor reviewed the PREA Policy and the CCJDC Organizational Chart. Also, interviews were conducted with the PREA Coordinator and the Juvenile Court Administrator. The Juvenile Court Administrator supported the efforts of the PREA Coordinator, and the PREA Coordinator indicated he had enough time to coordinate the facility's PREA compliance efforts.

Chelan County Juvenile Detention Center (CCJDC) Policy 2.1 entitled PREA Detention Standards, Prevention of Sexual Abuse of Youth in Detention, pages 1-13 address 115.311.

Given the above, the auditor finds CCJDC substantially compliant with 115.311

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- 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 No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to both the Juvenile Court Administrator and the Juvenile Detention Manager, there are no CCJDC contracts with other agencies or providers for the confinement of CCJDC offenders.

Given the above, the auditor finds CCJDC substantially compliant with 115.312.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 - Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- 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 No
- 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 No
- 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 No
- 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 No

115.313 (e)

- 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 No NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policy and supporting documentation were reviewed to determine compliance, CCJDC Policy 2.1 entitled PREA Detention Standards, Prevention of Sexual Abuse of Youth in Detention pages 1-13. The Juvenile Detention Manager reports CCJDF supervisors and lead staff, develop, document, and make efforts to comply regularly with a staffing plan that provides for adequate levels of staffing. Also, video monitoring is utilized to protect offenders against sexual abuse. The Juvenile Detention Manager further reports; the average daily number of offenders is 8. The staffing plan is predicated upon an average daily number of 25 offenders.

The auditor notes each of the eleven (11) factors, identified for consideration in staffing plan development, are identified and addressed.

An interview was conducted with the PREA Coordinator concerning staffing levels, staffing reports, and annual reports to determine compliance.

The auditor observed appropriate staffing levels throughout the facility to determine compliance.

The following describes how the evidence above was used to conclude compliance. CCJDC implements a staffing plan that provides adequate levels of staffing. In addition to staff members, there is video monitoring available to protect residents from sexual abuse. The staffing plan is reviewed every year by both the Coordinator and the Juvenile Court Administrator. There have been no deviations from the staffing plan in the past 12 months. The facility staffing plan is reviewed yearly, and this review includes a vulnerability analysis that looks at the physical plant, video monitoring systems, and the overall allocation of resources.

The Staffing plan review includes a review of any judicial findings (none), or inadequacies from federal investigative or internal/external oversight agencies (none). The plan reviews the facility's architectural weaknesses. The review includes a review of the population statistics for the previous year and an analysis of the population for the day in which the review took place.

The CCJDC staff plan indicates a staff member of the same sex as the residents shall be on duty. This staff member shall be directly responsible for supervision, which involves physical contact (pat searches) or activities commonly afforded reasonable protection against opposite sex observation or supervision (use of toilet/shower facilities).

Concerning staffing plan monitoring, supervisors monitor the staffing roster daily. The Juvenile Detention Manager receives daily information regarding staffing and population changes.

The Juvenile Detention Manager reports the facility does document and justify all deviations from the staffing plan each time there is non-compliance. The Juvenile Detention Manager asserts that CCJDC is always compliant with the staffing plan. If any deviations from the staffing plan arise, explanations for deviations are documented.

The Juvenile Detention Manager states that during the last twelve (12) months, there were zero (0) instances wherein staffing ratios deviated from the established staffing plan (one staff to eight residents waking hours, one staff to sixteen residents sleeping hours).

The Juvenile Detention Manager states that CCJDC is obligated by PREA standards to maintain the afore-mentioned security staffing ratios. Supervisors ensure proper ratios are maintained with spot-checking by the Juvenile Detention Manager.

During the facility tour, the auditor observed direct supervision in housing pods. The auditor observed a staff member moving from room to room in program areas.

The PREA Coordinator, in collaboration with the Juvenile Court Administrator, reviews the staffing plan to determine whether adjustments are needed; prevailing staffing patterns are considered; the deployment of monitoring technology is considered, and requests for video surveillance upgrades are made. It is noted that the annual staffing plan is reviewed by the PREA Coordinator, the Juvenile Detention Manager, and the Juvenile Court Administrator.

Intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.

CCJDC Policy 2.1 entitled PREA Detention Standards, Prevention of Sexual Abuse of Youth in Detention, page 7, addresses 115.313(e).

The auditor's review of Supervisor Unannounced Rounds logs covering the time frames between October 2016 and October 2019 reveals substantial compliance with 115.313(e). Rounds cover each of the three shifts, and the logs include the supervisor's initials and corresponding dates. The intermediate or higher-level staff interviewees indicate they have conducted unannounced PREA rounds. To prevent staff from alerting other staff, all three supervisors interviewed reported the random checks are always random and staggered, and never predictable.

During the facility tour, the auditor quired Pod Staff concerning a supervisor's presence in the Pod. The Pod Officer indicated a Supervisor generally makes rounds several times during a shift.

Given the above, the auditor finds CCJDC substantially compliant with 115.313

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies 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 No
- Does the facility have 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- 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 No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PRE-Audit Questionnaire indicates cross-gender strip or cross-gender visual body cavity searches of residents are not conducted at CCJDC. Accordingly, no cross-gender strip or cross-gender body cavity searches of residents were conducted at CCJDC during the audit period.

CCJDC Policy 9.9a, Security and Control, Body Searches addresses 115.315(a). Of note, the policy does not allow for cross-gender strip searches and stipulates cross-gender body cavity searches shall only be conducted by medical practitioners.

CCJDC Policy 9.9a, Security and Control, Body Searches, page 9, states a search warrant is required before conducting a body cavity search. Authorization from the Administrator is required, and the search must be performed by medical staff.

Strip searches, if warranted according to the strip search criteria, are conducted upon admission, (9.9a, Page 6). The use of strip searches within the admission process is restricted by Washington State law, and such searches are conducted by staff of the same sex as the resident.

Strip searches are conducted by same-sex staff. There is no instance at the CCJDC in which a cross-gender strip search has been undertaken. Additionally, there has been no body cavity searches during the audit period.

The PRE-Audit Questionnaire indicates the facility does not permit cross-gender pat-down searches of female residents. The Juvenile Detention Manager further asserts zero (0) cross-gender pat-down searches were conducted within the last 12 months.

CCJDC Policy 9.9a, Security and Control, Body Searches, page 3 addresses 115.315(b).

All ten (10) random staff interviewees assert they are restricted from conducting cross-gender pat-down searches. None of the staff interviewed could provide an example of an emergency that would allow for a cross-gender search. Cross-Gender pat searches and strip searches are not allowed, and even in an emergency, a same-sex staff member would conduct the search, there are no exceptions to this policy as stipulated by both the Juvenile Detention Manager and the Juvenile Court Administrator. All eight (8) random resident interview participants indicated they were always searched by a staff member of the same sex.

The PRE-Audit Questionnaire indicates that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches are documented and justified.

CCJDC Policy 9.9a, Security and Control, Body Searches pages 6-9, addresses 115.315(c). The policy notes the Revised Code of Washington 10.79.080. This RCW states a body cavity search may be conducted only when a Superior Court Judge issues a search warrant.

The PRE-Audit Questionnaire indicates, policies and procedures have been implemented at CCJDC 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 (this includes viewing via video camera). The Juvenile Detention Manager further relates policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.

CCJDC Sanitation and Hygiene, Showering Youth, Policy 8.1, page 1-2, addresses 115.315(d). In addition, the auditor was provided a procedural memorandum concerning staff announcements upon entering a housing pod. CCJDC utilizes a bell and verbal announcements. This distinct bell is used in conjunction with an oral declaration, and the bell emits a distinctive sound that is noticeably different from other common noisemakers; residents are adequately educated on the meaning of the bell sound and understand its purpose, and the bell is not used for other events at the facility.

All ten (10) random staff interviewees indicate they use the bell to announce their presence when entering a housing unit that houses residents of the opposite gender. Six (6) of the random staff interviewees stated they use the bell and verbally announce. All random staff interviewees indicated that residents could dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Seven (7) resident interviewees indicated opposite gender staff announce their presence when entering a housing area by using the bell and verbalizing male or female on the pod. All eight (8) resident

interviewees stated they and their peers are never naked or in full view of opposite gender staff when they shower, toilet, or change clothes.

The PRE-Audit Questionnaire indicates there is a CCJDC policy prohibiting staff from searching or physically examining a transgender/intersex resident for the sole purpose of determining the inmate's genital status. According to the Juvenile Detention Manager, no such searches have been conducted during the audit period. CCJDC Policy 9.9a, Security and Control, Body Searches page 8, addresses 115.315(e).

All ten (10) random staff interviewees indicated the facility prohibits staff from searching or physically examining a transgender/intersex resident for the sole purpose of determining the resident's genital status. All interviewees indicated they are well aware of the expectation.

The PRE-Audit Questionnaire indicates, security staff have received training on conducting pat-down searches; however, no specific training has been provided concerning cross-gender searches and searches of transgender and intersex offenders professionally and respectfully, consistent with security needs. The Juvenile Court Administrator indicated that cross-gender searches would never be allowed under any circumstances, and there would always be both Male and Female officers available to conduct appropriate same-sex searches.

The Juvenile Court Administrator and the Auditor discussed and agreed on a plan of action that would provide additional training to staff concerning cross-gender searches and searches of transgender and intersex offenders professionally and respectfully consistent with security needs. This action plan included a thorough training exercise utilizing both a PowerPoint presentation and video instruction concerning cross-gender and transgender search procedures.

Before the completion of the Interim Report, this training class was presented to the staff at the CCJDC. The training involved a PowerPoint Presentation and video presentation on the topic of Guidance in Cross-Gender and Transgender Pat Searches. The instructional video on conducting professional and respectful cross-gender pat searches and pat searches of transgender and intersex inmates was viewed by all custody staff at the CCJDC on or before November 1, 2019. The auditor was provided with copies of all training forms for each member of the Custody staff, indicating they had received and understood the training on conducting professional and respectful cross-gender pat searches and pat searches of transgender and intersex inmates. The action plan was completed before the completion of the interim report. The auditor asserts that CCJDC staff are compliant with 115.315 (f).

CCJDC Policy 9.9a, Security and Control, Body Searches addresses 115.315(a).

CCJDC Policy 9.9a, Security and Control, Body Searches, page 3 addresses 115.315(b).

CCJDC Policy 9.9a, Security and Control, Body Searches pages 6-9, addresses 115.315(c).

CCJDC Sanitation and Hygiene, Showering Youth, Policy 8.1, page 1-2, addresses 115.315(d).

CCJDC Policy 9.9a, Security and Control, Body Searches page 8 addresses 115.315(e).

Given the above, the auditor finds CCJDC substantially compliant with 115.315

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- 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 No

- 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 No
- 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: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policy and documentation were reviewed to determine compliance: CCJDC Policy 7.2a Admissions Process pages 1-6 and 7.11 Admissions PREA Orientation pages 1-2. The policy provides the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Additionally, specific information concerning PREA Education provided to residents with disabilities and

residents who are limited English proficient is described. In addition, the auditor reviewed the available interpretation services.

Interviews were conducted with seven staff members who conduct initial intake interviews to determine compliance. The auditor observed the intake paperwork, the information provided concerning PREA, and had staff explain what procedures would be followed if a resident was experiencing difficulty in understanding the material. Intake information is available in English and Spanish and, if necessary, can be printed in large fonts for individuals who have trouble reading the documents.

The following describes how the evidence above was used to conclude compliance. CCJDC has procedures to provide disabled residents with the opportunity to participate in the center's efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, CCJDC has agreements with interpreters to assist in providing effective communication with residents who do not understand English. The CCJDC does not rely on resident interpreters.

CCJDC staff members have not experienced any incarcerated blind or deaf residents. However, the intake staff members are prepared to provide information in a format that will allow residents with limited reading skills, hearing disabilities, intellectual disabilities or low vision, to know and understand all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. For residents with limited reading skills, staff members will read information to the residents.

The auditor conducted intake staff interviews; in each of the interviews, staff indicated they not only provide PREA information to residents, but they would take the time to ensure the residents understood the material provided. The staff indicated that they had never participated in an intake of either a deaf or blind resident. However, they were prepared to provide information concerning the entire intake process to residents who were either blind or deaf.

The auditor reviewed samples of PREA Posters in both English and Spanish. The PREA information provided to residents is also available in Spanish. Finally, interviews with facility staff indicate a variety of methods are available to ensure residents understand the material as it is presented to them.

The Auditor reviewed the intake procedures, the printed materials for residents, and reporting mechanisms. At the time of the audit, there were no deaf or blind residents present in the population.

Intake staff members are prepared to provide materials to residents who have limited sight. Documents in large print font are available or can be quickly printed.

According to a conversation with the Juvenile Detention Manager, resident education for residents who are deaf or present with hearing disabilities would be accommodated by the written PREA information during orientation, the Resident handbook, and the PREA Brochure. These methods present opportunities for the resident to read procedures. Regarding residents who are blind or present with visual disabilities, the Juvenile Detention Manager advised staff would read relevant information to the affected residents. Regarding those who have intellectual, psychiatric, or speech disabilities, the Juvenile Detention Manager indicated he would utilize one of the Educational staff who have specific special education credentials. The Juvenile Detention Manager provided evidence that deaf residents would have access to American Sign Language interpreters provided by Juvenile Court Services. The interpreter would be used to complete the Intake process.

The Agency Head (Juvenile Court Administrator) indicated during his interview that the agency has established procedures to provide residents with disabilities and residents who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment.

CCJDC does not utilize resident interpreters in any circumstances. However, random staff interviews indicate that resident information provided during an emergent situation (where an extended delay in obtaining a competent interpreter could compromise the resident's safety) brief interpretation of the emergent situation would be allowed. At the same time, the staff indicated that the protection of the victim was the most critical factor.

CCJDC Policy 7.2a Admissions Process pages 1-6 and 7.11 Admissions PREA Orientation pages 1-2 addresses 115.316(a).

CCJDC Policy 7.2A Admissions Process (pg. 5) and Policy 7.11 PREA Orientation, (pg. 1) addresses 115.316(b).

CCJDC Policy 7.11 Admissions page 1, addresses 115.316(c).

Given the above, the auditor finds CCJDC substantially compliant with 115.316.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- 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 No
- 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 No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- 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 No

115.317 (f)

- 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 No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PRE-Audit Questionnaire indicates 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;
- 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 above.

The auditor's review of a CCJDC application reveals the three questions articulated in 115.317(a) are addressed. Additionally, an analysis of the polygraphers questions (a polygraph is required before

employment) reveals the three questions articulated in 115.317(a) and the sexual harassment question articulated at 115.317(b) are asked.

The auditor's review of 26 staff HR files reveals the three questions identified in 115.317(a) were asked pursuant to the application and polygraphers question. The questions were asked before the date of hire. Fourteen (14) employees were hired in the late 1990s and the early 2000s, those employees would have answered questions specifically related to questions of sexual abuse or sexual harassment presented by the polygrapher.

The PRE-Audit Questionnaire indicates, 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.

The auditor's random review of employee HR files reveals no employee hired at CCJDC had prior institutional experience; however, reference checks of previous employers were completed. The auditor finds CCJDC compliant with 115.317(b).

The Human Resources (HR) interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with residents.

The HR interviewee asserts the facility performs criminal background record checks, consults appropriate child registries in the state or locality in which the employee will work, or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees who may have contact with residents, who are considered for promotions. The same procedure applies to contractors who may have contact with residents.

After the initial application, there is an initial interview, and criminal background record checks and child abuse registry checks are completed. Once the initial phase is completed, there is a polygraph exam. The polygraph exam contains questions concerning sexual abuse and sexual harassment. There have been five (5) full time and six (6) part-time employees hired within the past 12 months, all criminal background checks and child registry checks were completed appropriately.

Background checks are completed every five years for current employees. The Auditor reviewed 26 employee files, both initial criminal background checks, and yearly criminal background checks had been completed. Employees who fail to disclose information concerning misconduct can be terminated from employment. The Juvenile Court Administrator and the Juvenile Detention Manager confirmed that background checks are completed every five years and that appropriate sanctions are available for staff members who fail to report misconduct. The Juvenile Court Administrator further indicated that when a former employee applies for work at another institution, upon request from that institution, the facility (in most cases Juvenile Detention Manager) provides information on substantiated allegations of sexual abuse or sexual harassment to the requesting agency. The auditor notes that criminal background checks on employees are required every five years; CCJDC meets this standard.

The Auditor reviewed policies, application materials, personnel review materials, and personnel files. As indicated by the Juvenile Court Administrator, any deception, misinformation, or misinformation by omission of information at any stage during the application and Employment Screening Process shall disqualify the applicant from employment with the Department.

The Background investigation includes a review of the following criteria: Criminal History/Activity: Any applicant with the following criminal/traffic conviction history or criminal/illegal activity shall typically be disqualified from employment. Any Conviction of any crime consisting of engaging or attempting to engage in sexual activity in the community by using force, overt, or implied threats of force or coercion is disqualified from employment. An NCIC/WASIC III criminal history check is completed on every applicant.

CCJDC considers any incidents of sexual harassment during the application process. A polygraph examination is used to determine an applicant's truthfulness and full disclosure. The polygrapher reviews the applicant's driving record, employment history, general background information, military service, arrest information, education, personal habits, criminal activity, financial issues, use of force, honesty, and drug/alcohol history. The examiner may also pursue any lines of questioning as determined by the examiner as effecting the potential employment of the applicant. The polygraph examination includes questions such as; Have you ever been convicted of, knowingly committed, or participated in illegal sexual activity? Have you ever been investigated regarding allegations of sexual harassment in the workplace? Have you ever been found to have sexually assaulted, exploited, or physically abused any minor?

Agency policy prohibits hiring or promoting anyone who may have been previously involved in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. Agency policy requires consideration of sexual harassment issues during hiring. Criminal background checks are required. The Human Resource staff interview (Juvenile Court Administrator) confirmed these efforts. There have been eleven (11) new employees hired within the past 12 months, and all criminal background checks were completed appropriately. Background checks are completed every five years for current employees, and employees who fail to disclose information concerning misconduct can be terminated from employment.

There is substantial compliance with this standard.

CCJDC Policy 3.0 Staff and Contractor Background Investigation, Policy 3.4 Staff Misconduct, and Corrective Action Steps and Policy 3.15 Hiring Practices address 115.317(a).

CCJDC Policy 3.4 Staff Misconduct and Corrective action, page 2, addresses 115.317(b).

CCJDC Policy 3.15 Hiring Practices addresses 115.317(c).

CCJDC Policy 3.15 Hiring Practices and 21.1 Detention Volunteer Program addresses 115.317(d).

CCJDC Policy 3.0 Staff and Contractor Background Checks addresses 115.317(e).

CCJDC Policy 3.15 Hiring Practices and 21.1 Detention Volunteer Program addresses 115.317(f).

CCJDC Policy 3.4 Staff Misconduct and Corrective action, page 2 addresses 115.317(g).

In view of the above, the auditor finds CCJDC substantially compliant with 115.317.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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 No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCJDC was built in 1998. There has been no substantial expansion or modifications to the existing facilities since August 20, 2012. CCJDC has made minor changes to its video monitoring equipment. There have been several attempts to upgrade the current system. The Juvenile Court Administrator continues to work with various contractors to determine the best available alternatives to the current system. The Juvenile Court Administrator and the Juvenile Detention Manager continue to advocate for an upgrade to the video system. Both individuals indicated the importance of utilizing technology to enhance the protection of residents from incidents of sexual abuse.

The auditor notes CCJDC video coverage is minimal; there are substantial blind spots throughout the facility. The Juvenile Detention Manager has taken steps to alleviate areas of concern, such as

prohibiting resident access to specific areas. An upgraded video monitoring system would remove blind spots and provide for enhanced sexual safety throughout the facility.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- 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 No NA

115.321 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make a determination of compliance, the following policy and other documentation were reviewed: CCJDC Policy 2.1 Prevention of Sexual Abuse of Youth in Detention; CCJDC Policy 2.1A, PREA Investigations, SAGE MOU and Wenatchee Police Department Child Abuse Investigation Protocols. These policies, procedures, and MOU's provide the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, provides guidance on evidence protocol, forensic medical examinations, and specialized training. The auditor reviewed the Memorandum of Understanding between CCJDC and SAGE, a community based Sexual Advocacy Center. The auditor reviewed the SAGE information that is provided to residents. Finally, the auditor reviewed the Wenatchee Police Department Child Abuse Investigation Protocols. This document provides detailed information concerning how all incidents of sexual assault are coordinated between various agencies within Chelan County. This document includes information on evidence protocols, forensic medical examinations, and specialized training need for interviewers who work with sexual assault victims.

Interviews were conducted with one of the Sexual Assault Advocates at SAGE, the SANE Coordinator at Central Washington Hospital and the Juvenile Detention Manager (PREA Coordinator) to determine compliance.

The following describes how the evidence above was used to conclude compliance. CCJDC is responsible for conducting administrative sexual abuse investigations. The Wenatchee Police Department conducts criminal investigations. Appropriate protocols are in place to conduct sexual assault investigations in Chelan County. Those protocols are detailed in Wenatchee Police Department Protocols for Child Abuse Investigations.

In the event of an incident, all victims are provided access to forensic medical examinations at a health care facility (Central Washington Hospital). All residents who experience sexual abuse have access to forensic medical examinations at an outside facility, without financial cost, pursuant to RCW 7.68.170. This state law states, "Examination costs of sexual assault victims paid by state. No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault".

Sexual Assault Nurse Examiners perform examinations. However, Central Washington Hospital does not have 24/7/365 coverage of SANE trained nurses. Central Washington Hospital does have Nurses on all shifts in the Emergency Department who have been trained in collecting forensic evidence from a victim of sexual assault, and a SANE will always be available within 120 hours. There have been no incidents at CCJDC that required a forensic medical exam in the past 12 months.

The auditor reviewed the Memorandum of Understanding between CCJDC and SAGE. Additionally, the auditor interviewed a Sexual Assault Advocate from SAGE. Both the agency and the Sexual Assault Center indicated a victim of a sexual assault would be provided an advocate and services for intervention and related assistance. The advocate would support the victim through the forensic

examination and investigatory interviews. The PREA Coordinator established an appropriate Memorandum of Understanding that meets the requirements to provide services to victims of sexual abuse or harassment.

CCJDC is responsible for conducting administrative sexual abuse investigations. The Wenatchee Police Department coordinates criminal investigations. This agency follows a uniform evidence protocol that maximizes the potential for obtaining good physical evidence for both criminal prosecutions and administrative proceedings, which take place after the criminal process is completed. More specifically, the auditor reviewed the Wenatchee Police Department Child Abuse Investigation Protocols. The purpose of these protocols is to provide an effective, coordinated systems response in Chelan County for victims of sexual assault.

CCJDC Policy 2.1 Prevention of Sexual Abuse of Youth in Detention; CCJDC Policy 2.1A, PREA Investigations, addresses 115.321(a).

Wenatchee Police Department, Child Abuse Investigation Protocols, addresses 115.321(b).

CCJDC Policy 2.1A PREA Investigation and RCW 7.68.170 addresses 115.321(c).

SAGE MOU addresses 115.321(d) and 115.321(e).

Wenatchee Police Department Child Abuse Investigation Protocols addresses 115.321(f).

Based on the policy review, a review of the MOU, a review of the brochures provided to residents, a review of the Wenatchee Police Department Child Abuse Investigation Protocols, interviews with the PREA Coordinator a SAGE Sexual Assault Advocate and the SANE Coordinator for Central Washington Hospital, the Auditor has determined the CCJDC substantially complies with this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice 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 No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy 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 No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make a determination of compliance, the following policies were reviewed: CCJDC Policy 2.1 Prevention of Sexual Abuse of Youth in Detention, CCJDC Policy 2.1A, PREA Investigations. Additionally, the auditor reviewed the Wenatchee Police Department Child Abuse Investigation Protocols and the CCJDC Web site <https://www.co.chelan.wa.us/juvenile>.

In order to determine compliance, interviews were conducted with the Juvenile Detention Manager, PREA Coordinator, and the Investigator.

To determine compliance, the auditor observed signs in both English and Spanish, informing residents about how to report an incident of sexual assault or sexual harassment.

The following describes how the evidence above was used to conclude compliance. CCJDC ensures that both administrative and criminal investigations are completed for all allegations of sexual abuse

and sexual harassment. Appropriate procedures are in place to ensure investigation will be completed. CCJDC has systems in place that require investigations by proper Law Enforcement Agencies, and staff at CCJDC have been trained to conduct administrative investigations involving sexual abuse or harassment. If an administrative investigation potentially involves criminal behavior, the investigation is referred to the Wenatchee: Police Department. The Wenatchee Police Department conducts criminal investigations. This agency follows a uniform evidence protocol that maximizes the potential for obtaining good physical evidence for both criminal prosecutions and administrative proceedings, which take place after the criminal process is completed. CCJDC is responsible for conducting administrative sexual abuse investigations.

The agency documents all referrals. The CCJDC Web site provides information concerning PREA, and the PREA Policy is posted on the Web site. The information presented indicates an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All claims of sexual abuse or sexual harassment are referred for investigation to the Wenatchee Police Department.

In the past 12 months, there have been zero administrative investigations for sexual abuse or sexual harassment and no criminal investigations for sexual abuse.

CCJDC Policy 2.1 Prevention of Sexual Abuse of Youth in Detention; CCJDC Policy 2.1A, PREA Investigations, addresses 115.322(a).

CCJDC Policy 2.1A, PREA Investigations, and the Wenatchee Police Department Child Abuse Investigation Protocols address 115.322(b).

Based on a review of the policy, and interviews with the Juvenile Detention Manager, PREA Coordinator, and the Investigator, the Auditor concludes there is substantial compliance with standard 115.322.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
 Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- 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 No
- 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 No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance, the following policy and other documentation were reviewed: CCJDC Policies 2.1 Prevention of Sexual Abuse of Youth in Detention; 3.13 Staff Training;

and 13.1 Harassment and Discrimination Prohibited. The auditor reviewed the initial hire staff training material, the PREA Training Curriculum for all CCJDC Staff, and the standards of employee conduct. The auditor reviewed twelve (12) Employee Training records.

In order to determine compliance, interviews were conducted with ten (10) random staff.

To make a determination of compliance, the auditor observed several informational signs throughout the facility detailing how to make a report of sexual assault or sexual harassment. In addition, the auditor saw staff making announcements when entering a housing unit. Finally, the auditor interviewed staff to determine their knowledge and understanding of the training they had received.

The following describes how the evidence above was used to conclude compliance. CCJDC trains employees on zero tolerance and an employee's responsibilities to prevent, detect, report, and respond to incidents of sexual abuse and harassment. Employees are informed of the residents' right to be free from sexual abuse and to be free from retaliation for reporting incidents of sexual abuse and harassment. Employees are trained on the dynamics of sexual abuse in confinement, the reactions of victims, and how to detect sexual abuse. Employees receive training on standards of conduct, inappropriate relationships with residents, and how to effectively communicate with all residents. In addition, mandatory reporting laws are reviewed. The training is tailored to the residents at CCJDC. CCJDC houses both male and female residents. All employees have been trained, they are trained annually, and the auditor confirmed the training records of the employees. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum.

Employees are aware of CCJDC's current sexual abuse and sexual harassment policies and standard operating procedures. CCJDC documents that employees understand the training they have received. The Auditor reviewed employee training records, and the PREA Coordinator provided copies of training records for the employees.

The auditor reviewed twelve (12) Employee Training records, and each file reviewed contained documentation on the date of hire, PREA Training Dates, and Acknowledgement documents. The training records indicate that PREA training occurred in 2016 and 2017, 2018, and 2019.

Staff members who were interviewed by the Auditor indicated a clear understanding of the Prison Rape Elimination Act. The random staff interviewed were able to recall information from the training, such as the zero tolerance for sexual assault and sexual harassment, professional and gender-specific pat search procedures, how to respond to sexual assaults and duties of the first responder. Staff members recalled how to avoid inappropriate relationships with residents, the dynamics of sexual abuse in prison, and how to detect signs of sexual abuse. All employees have been trained, and the auditor confirmed the training records of the employees. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum.

CCJDC 2.1 Prevention of Sexual Abuse of Youth in Detention; 3.13 Staff Training; and 13.1 Harassment and Discrimination Prohibited, The PREA Training Curriculum and PowerPoint slides address 115.331(a).

The CCJDC PREA Training Curriculum and PowerPoint slide presentation addresses 115.331(b).

CCJDC 3.13 Staff Training addresses 115.331(c)

Training Records with signatures, including the "I understand caveat," addresses 115.331(d).

Based on the above information, CCJDC complies with this standard.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following documentation was reviewed to determine compliance: CCJDC PREA Training Curriculum and PowerPoint slides for Contractors and Volunteers and the Contractors and Volunteers training form. Additionally, the auditor interviewed three volunteers.

The following describes how the evidence above was used to conclude compliance. The auditor reviewed the training material and the documentation that must be completed by each contractor or

volunteer. CCJDC trains the volunteers and contractors on zero tolerance and responsibilities to prevent, detect, report, and respond to incidents of sexual abuse and harassment. Volunteers and Contractors are informed of the residents' right to be free from sexual abuse and to be free from retaliation for reporting incidents of sexual abuse and harassment. Volunteers and Contractors are trained on the dynamics of sexual abuse in confinement, the reactions of victims, and how to detect sexual abuse. Standards of Conduct are reviewed as well as inappropriate relationships with residents and how to effectively communicate with all residents. The auditor interviewed three volunteers. Each of the volunteers had received training within the past 12 months. Each was able to recall information from the training, such as responsibilities for recognizing potential sexual harassment issues or sexual assault issues, their responsibility to report any concerns, inappropriate relationships, and zero tolerance. All three indicated that the staff at CCJDC never leave them alone with any residents.

CCJDC PREA Training Curriculum and PowerPoint slides for Contractors and Volunteers and the Contractors and Volunteers training form 2 addresses 115.332(a).

The CCJDC's PREA Volunteer Training Curriculum and PowerPoint presentation addresses 115.332(b).

Training Records with signatures, including the "I understand caveat," addresses 115.332(c).

Based on the above information, CCJDC complies with standard 115.332.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- 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 No

- 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 No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- 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 No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance, the following policy and other documentation were reviewed: CCJDC Policies 7.2A, Admission Process and 7.11, PREA Orientation; various informational flyers/brochures concerning the sexual assault center services and zero tolerance, the resident handbook, PREA education acknowledgment forms, and the intake paperwork was reviewed. The auditor also reviewed signed documents by both staff and residents, indicating distribution and receipt of PREA related material. Finally, the auditor reviewed twenty (20) resident files documenting admission date, orientation date, and comprehensive education date.

In order to make a determination of compliance, interviews were conducted with intake staff, staff who conduct Risk Assessments, and residents.

In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: Throughout the facility, there is information posted about PREA, Zero Tolerance, and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available. Additionally, there is information available to all residents concerning SAGE (community sexual assault advocates center).

The following describes how the evidence above was used to conclude compliance. Residents receive information on zero tolerance, how to report incidents of sexual abuse and harassment, their right to be free from sexual abuse and harassment, and to be free from retaliation for reporting incidents. In addition, residents are informed about how CCJDC will respond to such events.

Intake Staff interviews verify that residents receive the appropriate information. In addition to this information, residents are provided a handbook that also includes information concerning Zero Tolerance and how to report sexual abuse and harassment. The auditor confirmed that all residents receive this information. Interviews with residents also confirm that CCJDC Staff provide information on reporting incidents of sexual abuse. The facility documents the receipt of this information. Interpretation services are offered to residents who may not be able to understand the presented material. Resident education is provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills.

Throughout the facility, there is information posted about PREA, Zero Tolerance, and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available. Residents can receive support services from a sexual assault advocate, who is someone from a community sexual assault program that provides confidential information, medical or legal advocacy, counseling, or support to victims of sexual assault. A pre-designated victim advocate will also be available to support victims at the hospital whenever a forensic medical examination is done. The victim advocacy service for CCJDC is SAGE. Resident interviews confirm that this information is available.

The Auditor also reviewed a random sample of resident files, and each file reviewed contained documentation to support a resident's initial intake and the information concerning PREA that was provided during intake and information concerning the resident's participation in the comprehensive PREA education. During the random resident interviews, all residents indicated they had received a handbook and had received information concerning PREA.

The auditor's review of 20 PREA Education forms reveals that residents received PREA Education at CCJDC. The resident signs and dates the form, affirming receipt, and understanding of the training. The auditor's review of the PREA video reveals substantial compliance with requisite PREA education requirements.

The Juvenile Detention Manager reports all residents, received within the last 12 months, have been educated within 10 days of Intake.

CCJDC Policy 7.2A, Admission Process (pg. 5) addresses 115.333(a).

CCJDC Zero Tolerance Acknowledgement form and PREA Education Video addresses 115.333(b).

CCJDC Policy 2.4 entitled PREA, page 9, section 115.333(a) and (b) addresses 115.333(c).

CCJDC Policy 7.2A, Admission Process addresses 115.333(d).

CCJDC PREA Orientation Acknowledgement forms address 115.333(e).

During the facility tour, the auditor observed a significant presence of posters in numerous areas, especially in intake, housing wings, and program/operational areas address 115.333(f).

In view of the above, the auditor finds CCJDC substantially complies with 115.333.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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 No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

- 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 No NA
- 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 No NA
- 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 No NA

115.334 (c)

- 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 No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In order to make a determination of compliance, the following policies and other documentation were reviewed: CCJDC Policy 2.1A, PREA Investigations, and Policy 2.1 Preventing Sexual Abuse of Youth in Detention. The auditor reviewed training certificates for the investigators from the National Institute of Corrections. The auditor notes the curriculum Specialized Training: Investigating Sexual Abuse in Confinement Settings is designed to address the requirements outlined in the Prison Rape Elimination Act (PREA) standard 115.234 requiring specialized training for individuals tasked with investigating

alleged incidents of sexual abuse in confinement settings. Additionally, this curriculum contains the information fundamental to understanding the concepts required by PREA standard 115.334.

In order to determine compliance, interviews were conducted with one investigator for CCJDC.

The following describes how the evidence above was used to conclude compliance. CCJDC conducts administrative investigations involving sexual abuse and sexual harassment. The investigator has received training in conducting investigations in confinement settings. This training was on-line. The title of the training is "Investigating Sexual Abuse in a Confinement Setting." That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral. The auditor reviewed the training certificate and interviewed the Investigator. The Investigator is aware of his responsibilities during an investigation; he indicated that upon notification of an allegation, the investigation would begin immediately. Any allegation that potentially involved criminal behavior would require police involvement. The training he took covered all areas of the investigative process, interviewing techniques, evidence collection, evidence protection, and victim advocacy, securing and processing the scene for evidence, and securing all evidence maintaining the integrity of the evidence and seeing to the needs of the victim, providing advocacy support from the Mental Health Staff. The investigator stated he would review memorandums, collect as much data as possible, and write a report. The training reviewed good interpersonal communication skills with resident victims, assailants, and witnesses, understanding of the dynamics of resident sexual violence establishing good working relationships with outside agencies, hospitals, prosecutors, and other investigators.

The investigator noted that Anonymous or third-party reports would be thoroughly investigated as soon as possible. A third party or an anonymous tip would be treated the same as a direct report. The investigator indicated that if the incident were criminal in nature, he would not collect specific physical and DNA evidence, he would aid the investigating agency by providing victim and perpetrator information such as any pertinent central file information, information concerning prior complaints and reports of previous sexual abuse and he would provide any information on prior investigations involving either the victim or the perpetrator.

The facility Policy 2.1A, page 2, indicates, CCJDC shall provide specialized training to its investigators who conduct PREA investigations. Training shall include participating in the on-line NIC Course "Investigating Sexual Abuse in a Confinement Setting." This course provides techniques for interviewing 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. Documentation shall be maintained, showing that investigating staff has completed the required training in conducting sexual abuse investigations in a confinement setting. In addition to the Investigator interview, the auditor was provided documentation to substantiate the training for the investigators.

CCJDC Policy 2.1A, PREA Investigations, and Policy 2.1 Preventing Sexual Abuse of Youth in Detention addresses 115.334(a).

Training certificates for the investigators from the National Institute of Corrections addresses 115.333(c).

Based on the review of the training records, the investigator interview, and policies 2.1a and 2.1, the Auditor determines there is substantial compliance with this standard.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.)
 Yes No NA

115.335 (c)

- 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 No NA

115.335 (d)

- 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 No NA

- Do medical and mental health care practitioners contracted by or 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policies and other documentation were reviewed: CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 6). Additionally, the auditor reviewed the Job Description for the Health Care Manager and interviewed the Contract Mental Health Specialist.

In order to make a determination of compliance, interviews were conducted with the Mental Health Counselor.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC provides PREA training to the medical and mental health practitioners who work in the facility. The training includes how to detect signs of sexual abuse/harassment, how to prevent the destruction of evidence, how to respond to victims and how to report allegations or suspicions of sexual abuse and sexual harassment. Facility medical staff do not conduct forensic examinations. The auditor confirmed that training was provided to the Medical and Mental Health staff. Interviews with the Mental Health staff confirmed the practice. The contractor (Mental Health) who participated in an interview indicated their respective organization provides training on PREA and, more specifically, responding to incidents of sexual assault. During that interview, the contractor clearly stated an understanding of the CCJDC Zero Tolerance policy and the appropriate protocols for dealing with incidents involving sexual assault and sexual harassment.

Mental Health Staff has received specialized training on detecting signs of sexual abuse and how to respond effectively to victims of sexual abuse. Catholic Charities provide this training. Catholic

Charities provides crisis care in Chelan County and via contract, offers mental health services to residents at CCJDC. Clinical services provided by Catholic Charities include screenings, case management, and individual therapy. Coordination services provided by Catholic Charities include administration and operational supervision of the mental health program and services. Only qualified staff provide clinical services and operate within their professional scope of practice. Specialized training also includes victim identification, interviewing, and interventions.

Medical staff are county employees and receive training through continuing education as required by their licenses. This training includes detecting signs of sexual abuse and how to respond effectively to victims of sexual abuse. Continuing Education requirements for the State of Washington requires 45 hours of training every three years. Courses offered for CEU credits include sexual assault protocols. All Mental Health staff and Medical Staff participate in annual training provided by CCJDC, which covers the PREA in detail.

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 6) addresses 115.335(a).

CCJDC staff do not conduct Forensic Evaluations, Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 9) addresses 115.335(b)

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 6) addresses 115.335(c).

Based on the interviews conducted with medical and mental health staff and the documentation concerning the training they had received from CCJDC and continuing education courses, there is substantial compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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 No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (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? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policies were reviewed: CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process. The auditor also reviewed the admissions documentation which includes Intake and Admission Screening Sheet; Personal Property Record; Advice of Rights Form; Detention Behavior Report; Parent Notification Form; Personal Property Record; Advice of Rights; Parent Notification; MH JDAT Form (Mental Health Juvenile Detention Admission Tool); PREA Zero Tolerance Policy and Acknowledgement; Sexually Aggressive - Vulnerable Youth Screening; Health Screening Form; and the Commercially Sexually Exploited Child (CSEC) Screening form.

In order to determine compliance, interviews were conducted with staff who do screening for risk of victimization and abusiveness. In addition, interviews were conducted with residents.

In order to determine compliance, the auditor observed the intake area and was provided an overview of the intake process by the Juvenile Detention Manager. The auditor also saw residents meeting with the Contract Mental Health staff and with Custody officers during the time of the on-site visit. These meetings were conducted to determine how the resident was adjusting to the Detention Center and to follow up on any issues noted during intake.

The following describes how the evidence above was used to draw a conclusion regarding compliance. All residents are provided; Risk Assessments upon intake these assessments take place within the first 24 hours. The Auditor notes that these assessments are done almost immediately after the initial intake. The assessment includes a determination of the residents mental health and physical health, the age of the resident, the physical build of the resident, previous incarcerations, criminal history, prior sex offenses, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, prior sexual victimization and the resident's perception of his or her vulnerability. Residents are reassessed within 30 days or if additional information is received. However, the auditor notes that the average length of stay at the CCJDC is less than 10 days. Residents are not disciplined for failing to answer any questions. All information gathered during intake is shared with only those staff that need to know. Sensitive information is not shared unnecessarily. Interviews with the Contract Mental Health Specialist and Intake officers confirmed the use of the assessment tools and the confidentiality of the information. In addition, resident interviews indicated the use of the assessment tools.

Interviews with Intake Officers and the Mental Health Specialist confirmed the use of the assessment tool. The Mental Health Specialist indicated his responsibilities included assessing all residents, especially those with special needs or those who may be vulnerable or express feelings of vulnerability. The Intake Officers noted the need to provide safe housing and program resources that ensured a safe environment for all residents. The Auditor reviewed the files of several residents. The files contained the appropriate Intake forms and Assessment forms; they were signed and dated by both staff and residents.

The auditor notes that if a resident identifies as transgender, the intake staff includes information which indicates the residents preferred gender identification, name preference, where they would prefer to be housed (male or female unit), and if they prefer a male or female officer to conduct pat searches. The auditor interviewed four staff members who conduct risk assessments (Custody Officers) and the Mental Health Specialist who conducts a separate risk assessment based on information provided in the intake documentation. Specifically, any indication of mental health issues that requires additional

follow-up to determine what type of services can be provided to the resident both at the facility and upon release. Each of the staff members interviewed was aware of their responsibilities in conducting risk assessments. The Mental Health Specialist indicated he conducts face to face interviews, and he considers all aspects, suicide, mental health, drug issues, sexual assault victim, gang activity, physical build, verbal and social skills, special needs residents, safety. Informal checks with every resident are conducted daily. As noted, the average stay of a resident at CCJDC is less than eight (8) days, staff document daily behavior and encounters on a daily resident log. The Mental Health Specialist documents all encounters and provides follow-up weekly during a resident stay.

Random resident interviewees assert when they first came to CCJDC, they were asked questions like whether they have ever been sexually abused, whether they identify as being lesbian/gay/bisexual/transgender (LGBTI), whether they have any disabilities, and whether they think they might be in danger of sexual abuse at CCJDC. Interviewees related they were asked these questions during intake.

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process. Page 3 addresses the requirements of 115.341(a).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process. Page 3 addresses the requirements of 115.341(b).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process. Pages 4-5 address the requirements of 115.341(c).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process. Pages 4-5 address the requirements of 115.341(d).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process. Page 6 addresses the requirements of 115.341(e).

Based on a review of the intake process, a review of the risk assessment forms, and interviews with Intake staff, Mental Health Specialist, and residents, there is substantial compliance with this standard.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- 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 No
- 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 No

- 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 No
- 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 No
- 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 No

115.342 (b)

- 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? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- 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 No
- 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 No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

- 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 No
- 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 No

115.342 (e)

- 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 No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- 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? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy was reviewed: CCJDC Policy 2.1 Preventing Sexual Abuse in Detention pages 1-7 provides information on screening information. In order to make a determination of compliance, interviews were conducted with the PREA Coordinator and staff who conduct risk assessments.

In order to make a determination of compliance, the auditor observed residents meeting with the Mental Health Specialist and Custody Officers during the on-site visit.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC utilizes the intake information to make decisions on housing assignments. The needs of each resident are taken into consideration. One transgender offender was currently in the population, and during his interview, he indicated that the staff asked him specifically which Pod he wanted to live in. The auditor notes that the transgender resident choose to be housed in the female POD and choose to wear the male detention uniform. The Juvenile Detention Manager indicated the resident was involved in his housing decision and that all transgender or intersex housing would be determined on a case by case basis. The Juvenile Detention Manager indicated there were appropriate housing opportunities available to ensure the safety of all residents. The PREA Coordinator stated the facility would consider a transgender or intersex resident’s views concerning safety. Transgender or intersex residents would be involved in decisions concerning housing placement.

Interviews with Risk assessment staff, intake staff, Mental Health staff, and the PREA Coordinator indicates the facility's efforts to ensure a safe living environment for all residents; there is substantial compliance with this standard.

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process, addresses the requirements of 115.342(a).

There are no isolation cells at CCJDC. All residents are placed in appropriate housing units 115.342(b) is not applicable.

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process and interviews with both a transgender male resident and PREA Coordinator addresses the requirements of 115.342(c).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process and interviews with both a transgender male resident and PREA Coordinator addresses the requirements of 115.342(d).

No resident has been incarcerated at CCJDC for one year. The applicability of 115.34(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" could not be accurately assessed. However, the average length of stay at CCJDC is 8 days. Resident behavior is documented daily in addition to informal and formal meetings with Custody staff and Mental Health Staff.

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process and interviews with both a transgender resident and PREA Coordinator addresses the requirements of 115.342(f).

Based on the above information CCJDC is compliant with this standard.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- 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 No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- 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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy, and other documentation were reviewed: CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 12.6 Reporting Child abuse and neglect. The auditor reviewed the Intake Brochure provided to each resident. The auditor reviewed the current contract with Specialty Answering Services. The auditor also reviewed the CCJDC web site, which includes information on how to report an act of sexual harassment or sexual abuse.

In order to make a determination of compliance, interviews were conducted with both random staff and residents. The auditor also had informal conversations with the PREA Coordinator concerning the contract with Specialty Answering Services.

In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: The housing units had signs informing residents of their right to be free of sexual abuse. There were signs informing residents about how to report incidents of sexual abuse. The signs were posted in both English and Spanish. In addition, there was information provided concerning local services provided by SAGE, a community services advocacy center.

The following describes how the evidence above was used to draw a conclusion regarding compliance. Residents have multiple ways to report allegations of sexual abuse and sexual harassment. There is an external PREA phone number that is not recorded. Specifically, the external phone number connects the resident to an answering service. CCJDC has entered into a monthly agreement with Specialty Answering Service to meet the requirements of 115.351(b). The current use of SAS, which is a live telephone answering service, is toll-free and allows for any individual to make a report of sexual harassment or sexual abuse at CCJDC. SAS follows a specific script, each phone call is documented, and immediate notification is made to the CCJDC PREA Coordinator and or the Juvenile Court Administrator. Notification is made via email and text. In the event, the individual indicates they are in imminent danger, the caller is placed on hold, and the PREA Coordinator is contacted and patched through to the caller. The PREA Coordinator is, therefore, immediately notified of situations that require immediate action.

Residents can also report verbally or in writing. Third-party reports can be made to any individual whom the resident trusts, and those individuals can report the information to any staff member. Residents may file a grievance.

Third-party reports can be made to any staff, including the Juvenile Detention Manager. The CCJDC web site provides the following information concerning reporting: *Grievance Process: Your child has the right to be treated in a fair, just, and humane manner while in detention. Accordingly, your child has the right to an official review of any complaints regarding their treatment by custody staff, school staff, volunteers, or service providers. The purpose of the grievance process is not merely to resolve ordinary conflict and disagreements, but to protect future residents from misconduct and unfair treatment. Your child will not be punished for filing a grievance so long as there was no bad faith involved. Nothing in the grievance process is intended to limit or eliminate any other relief available to your child under the law.*

A grievance is a formal complaint, reduced to writing, about your child's treatment in the detention facility, or a conflict with another staff or youth. Your child may file a grievance for any reason. If the complaint involves a serious issue, a grievance should be filed. Serious issues are those issues that involve allegations of sexual abuse or harassment, retaliation for such conduct, or staff neglect or violation of responsibilities that may have contributed to such incidents. It also includes any misconduct or treatment that creates a risk of physical harm, is a law violation, or a violation of the constitutional rights of a resident. Your child may file a grievance regarding serious issues even after release from the facility.

In addition, third parties such as parents, guardians, advocates, or fellow detention residents may file a grievance on a resident's behalf for serious issues. Serious third-party grievances will be considered and investigated regardless of whether your child has agreed to have the grievance filed on their behalf. The fact that a third party is grieving does not stop your child from filing their own grievance. In addition to the right to file a grievance for serious issues, third parties may assist youth in filing. Parents and guardians may provide assistance via mail or telephone or in-person during regular visiting sessions. Attorneys and advocates representing youth may arrange special visitation for the purpose of providing assistance.

If your child has a physical, developmental, or learning disability that prevents them from putting their grievance in writing, the juvenile detention manager will assist them, as necessary, in writing the grievance.

To file a grievance, your child may request a grievance form from any custody staff member. Custody staff will promptly provide access to grievance forms and all necessary tools, along with the opportunity to fill out and file a grievance, whenever youth request to do so. Your child should then fill out the grievance form, sign their name, and place it in one of the lockboxes located in each living unit. Only the detention manager has a key to access the lockboxes. The detention manager checks the boxes daily. In addition, your child may choose to submit the grievance through a trusted staff, probation counselor, or give it directly to the detention manager. Parents, guardians, and youth who have been released may send a grievance via USPS to the attention of the detention manager or juvenile court administrator...It is also an option for you or your child to request a meeting with the detention manager in person. This can be facilitated by contacting the Juvenile Detention Manager (name and number removed by the auditor) A grievance for a minor issue must be filed within 10 days of the incident. There are no time limits for filing grievances of serious issues, though as a practical matter, management's ability to provide meaningful relief to a particular grievant becomes more difficult, or

impossible, with the passage of time. However, serious issues that occurred in the past should be reported and will be addressed by management in order to prevent harm to subsequent residents. Emergency grievance process:

If your child believes they are subject to a substantial risk of imminent sexual abuse, they (or a third party on their behalf) may file an emergency grievance. Any grievance that alleges or asserts facts that reasonably indicate the presence of such risk will be expedited. The detention manager or juvenile court administrator will take immediate corrective action on an emergency grievance when a determination is made that the youth is at risk. Emergency grievances require an initial response within 48 hours, and a final agency decision within five calendar days.

These multiple methods of reporting are posted throughout the facility, they are available in the resident brochure, and they are reviewed with the resident during intake. Resident interviews confirm knowledge of the reporting procedures. Staff can privately report to a supervisor, the Juvenile Detention Manager, or Court Administrator, or they can use Specialty Answering Service. Staff interviews confirm knowledge of reporting procedures.

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention pages 7-8 addresses the requirements of 115.351(a).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention pages 7-8 addresses the requirements of 115.351(b).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention pages 7-8 addresses the requirements of 115.351(c).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention 7-8 addresses the requirements of 115.351(d).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention pages 7-8 addresses the requirements of 115.351(e).

Residents and staff at CCJDC have several methods available to make reports concerning sexual abuse or sexual harassment. There is substantial compliance with this standard

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a 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 No NA

115.352 (c)

- 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 No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- 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 No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- 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 No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally

pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- 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 No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy was reviewed: CCJDC Policy 13.3, Youth Grievance Procedure.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC has an administrative procedure to address sexual abuse grievances. CCJDC does not impose a time limit; no informal grievance process is required. If an allegation is made against a staff member, that staff member is not involved in the grievance process. There is an initial response within 48 hours and a final decision within 10 days. Third parties can submit and, if necessary, assist the resident in filing a grievance. There is an established procedure for emergency grievance and an initial response within 48 hours with a final decision within 5 days. If a complaint is filed in bad faith, the resident may be disciplined.

All allegations of abuse or harassment, when received by staff, would immediately result in the implementation of protocols established in the CCJDC Policy 2.1 Preventing Sexual Abuse of Youth in Detention and, if necessary, the CCJDC Coordinated Response Plan. Those protocols require an immediate investigation. If the allegation involves a staff member, the subject of the complaint would not be included in the investigation. Residents are not required to use an informal grievance procedure, and there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

The CCJDC permits residents to submit a grievance regarding an allegation of sexual abuse without any time limits and refrains from requiring a resident to use any informal grievance process. The staff member who is the subject of the complaint is never involved in the resolution of the complaint and has no part in the investigation process. All grievances concerning sexual abuse/harassment are investigated by management staff, and the grievance is never referred to the staff member who is the subject of the grievance. A final decision is made on all grievances within 10 days. The CCJDC has not received a grievance pertaining to sexual abuse or sexual harassment. However, the CCJDC would notify the resident in writing of any such extension and provide a date by which a decision will be

made if that situation occurred. The CCJDC allows third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, access to filing grievances on behalf of residents relating to allegations of sexual abuse/harassment. The CCJDC allows residents to file emergency grievance alleging that he or she is subject to a substantial risk of imminent sexual abuse. Upon receipt of such a grievance, the CCJDC immediately responds with corrective action to provide for the safety of the resident. The resident would be removed from the immediate area placed in a safe environment, and a subsequent investigation would be completed into the grievance. CCJDC would provide an initial response to the resident within 48 hours, and the resident would receive a final decision within 5 calendar days. The final decision and response to the grievance would include how the CCJDC responded to the emergency, what steps were taken to provide for the safety of the resident and what actions were taken to prevent the situation from occurring again. It would also include information concerning the alleged perpetrator and what steps had been taken concerning the alleged perpetrator. The CCJDC would treat an emergency grievance concerning imminent sexual abuse with an immediate investigation. The staff member receiving the grievance would immediately seek to provide safety for the resident. CCJDC does discipline residents for filing a grievance related to alleged sexual abuse in bad faith; however, the Investigator must justify the disciplinary case against the resident within the context of the final report.

In the past 12 months, zero grievances have been filed that alleged sexual abuse or sexual harassment. No third-party claims on behalf of residents have been filed in the last 12 months

CCJDC Policy 13.3, Youth Grievance Procedure, addresses the requirements of 115.352 (b-g).

CCJDC is substantially compliant with this standard.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy and other documentation were reviewed: CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and 20.2 Telephone. The Telephone policy provides information concerning resident access to outside confidential support services. In addition, the auditor reviewed the MOU between SAGE and CCJDC and the Resident Brochure.

In order to determine compliance, interviews were conducted with a sexual assault advocate from SAGE and random residents who had received information and recalled information concerning their participation in SAGE Services.

In order to determine compliance, the auditor observed the information provided concerning local services offered by SAGE that was available to the residents and provided to residents during intake.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC has established a Memorandum of Understanding with SAGE, the community sexual assault advocacy, and family trauma resource center. These advocates provide support related to sexual assault. Advocates are a component of the standard response to a report of sexual abuse/sexual harassment within the facility. They facilitate follow-up, whenever possible, between the resident and an advocate by mail, telephone, or in-person while the victim resides at the CCJDC. CCJDC provides residents with confidential access to SAGE via the phone. CCJDC respects the sensitive nature of communication between the advocates and their clients. Advocates are cleared to enter the CCJDC for meetings and training sessions or to meet with clients. Advocates are provided private meeting space for counseling sessions. SAGE provides advocacy-based counseling and crisis intervention services. Advocates offer follow-up services and crisis intervention contacts to victims of sexual assault at the CCJDC. Advocates maintain confidentiality of communications with clients residing at the CCJDC. Residents have access to the mailing address, telephone numbers, including a toll-free number that provides confidential communication between residents and SAGE.

The auditor interviewed a staff member from SAGE. During the interview, the SAGE Staff member indicated that an MOU was in place with the CCJDC and that Victim Advocates were available to assist victims and would initially meet any victims at the hospital. Victim Advocates have received Sexual Assault Advocacy Training. The training included: How to detect and assess signs of sexual abuse and sexual harassment; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The staff member from SAGE indicated that at the initiation of services to a resident, Advocates would disclose the limitations of confidentiality. Victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services, and the nature and scope of the services would be determined according to the professional judgment of the hospital staff and Advocacy staff. Finally, follow up services would be provided as necessary and that the level of care was consistent with community standards.

The CCJDC provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Attorney phone calls and Attorney visits are allowed daily. Attorneys are provided with private meeting spaces as needed. Family visitation and phone calls are allowed. Visiting is scheduled on the following days and times: Saturdays 1:30 pm to 4:00 pm; Sundays 1:30 pm to 4:00 pm; Holidays 9:00 am to 10:45 am and 1:30 pm to 4:00 pm; Tuesdays 6:15 pm to 8:15 pm

CCJDC Policy 20.2, Telephone addresses the requirements of 115.353 (a-d).

Based on the interview with the staff member from SAGE, a review of the MOU between the SAGE and the CCJDC, and the interviews with residents, and policy review there is substantial compliance with this standard

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy, and other documentation were reviewed: CCJDC Policy 2.1 Preventing Sexual Abuse in Detention 12.6 Reporting Child abuse and neglect, and 13.3 Youth Grievance Procedure. The auditor reviewed the CCJDC Web site which provides information to the public on how to report resident sexual abuse or sexual harassment on behalf of a resident.

In order to make a determination of compliance, interviews were conducted with random residents who confirmed their knowledge of third-party reporting capabilities.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC has established a method to receive third-party reports of sexual abuse. This information is available on the CCJDC website (<https://www.co.chelan.wa.us/juvenile/pages/juvenile-detention-facility>). Information is available to the public on how to report resident sexual abuse or sexual harassment on behalf of the residents. If necessary, individuals making a report may call the Juvenile Detention Manager directly, this direct line is posted on the web site.

The CCJDC provides a PREA Zero Tolerance pamphlet for residents. This pamphlet includes specific information about PREA, contact information, and reporting information. The auditor examined the pamphlet and website. Resident interviews confirm awareness of the third-party reporting capabilities.

CCJDC Policy 13.3 Youth Grievance Procedure and the CCJDC web site addresses the requirements of 115.354 (a).

In view of the above, the auditor finds CCJDC substantially compliant with 115.354.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- 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 No

115.361 (d)

- 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 No
- 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 No

115.361 (e)

- 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 No

- 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 No

- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No

- 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 No

115.361 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy, and other documentation were reviewed: CCJDC Policy 2.1 Preventing Sexual Abuse in Detention 12.6 Reporting Child abuse and neglect. The auditor also reviewed the CCJDC Coordinated response plan, which provides guidance on responding to a resident report of sexual abuse and facility reporting duties and the Chelan County PREA Information Staff Training PowerPoint (slides 11-13).

In order to make a determination of compliance, the auditor interviewed random staff, the Juvenile Detention Manager, and the PREA Coordinator.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. All staff members are

also required to report any retaliation against residents or staff who has reported an incident of sexual assault or sexual harassment. Regardless of its source, CCJDC employees who receive information concerning resident on resident sexual misconduct at CCJDC, or who observe an incident of resident on resident sexual misconduct or have reasonable cause to suspect a resident is a victim of sexual misconduct, must: Immediately report the information or incident directly to their immediate Supervisor. If necessary, (alleged criminal behavior) Law Enforcement will be notified.

Any CCJDC employee who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report, may face disciplinary action, up to and including termination of employment. Staff members are required to report any violation of responsibilities that may have contributed to an incident or retaliation. All CCJDC staff have a duty to report any allegation of sexual abuse as required by mandatory reporting laws (RCW 26.44.030). Residents are informed of the limitations of confidentiality between residents and staff.

Aside from reporting to the designated supervisors or officials and designated State or local service agencies, CCJDC 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 additional security and management decisions.

Although no complaints have been received from a member of the public, a procedure has been established for third party reports to be sent to the Juvenile Detention Manager, who is also the PREA Coordinator. This reporting will result in an immediate investigation into the allegations.

CCJDC Policy requires that immediate action is taken to protect residents from sexual abuse. Staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the safety of the resident. All 10 random staff interviewees assert they received training regarding reporting sexual abuse/harassment and reporting to comply with applicable mandatory child abuse reporting laws.

The Juvenile Detention Manager indicated notifications would be made to the probation officer and parents/guardian upon a receipt of an allegation of sexual assault or sexual harassment. If the victim is under the guardianship of the child welfare system, the report would be provided to the social worker or guardian. If a juvenile court retains jurisdiction over the victim, the probation officer handles the report.

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention pages 7-8, addresses the requirements of 115.361 (a).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention page 7, and Chelan County PREA Information Staff Training PowerPoint (slides 11-13) addresses the requirements of 115.361 (b).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention Page 3, addresses the requirements of 115.361 (c).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention, addresses the requirements of 115.361 (d).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention page 4, addresses the requirements of 115.361 (e).

CCJDC Policy 2.1 Preventing Sexual Abuse in Detention and CCJDC Web site, addresses the requirements of 115.361 (f).

In view of the above, the auditor finds CCJDC substantially compliant with 115.361.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy was reviewed: CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pgs. 8-9)

In order to make a determination of compliance, the auditor interviewed random staff, the Juvenile Detention Manager/PREA Coordinator.

The following describes how the evidence above was used to draw a conclusion regarding compliance. Review of policy and interviews with the PREA Coordinator and Random Staff demonstrated the appropriate protective measures that would be taken if a resident was at imminent risk of sexual abuse. Additionally, all staff interviewed indicated specific knowledge of the protective measures that should be taken in the event a resident was subject to a substantial risk of imminent sexual abuse.

The auditor reviewed Policy 2.1; The policy outlines how staff members respond to any allegation of sexual misconduct. As stated, in the procedures, upon learning that a resident is subject to a substantial risk of imminent sexual abuse, CCJDC shall take immediate action to protect the resident by separating the victim from the perpetrator and attending the needs of the victim while not impeding in the investigation. Staff who receive an initial report of sexual misconduct are required to promptly intervene on the alleged victim's behalf to ensure the victim gets prompt medical and mental health, as appropriate to his or her needs, and the circumstances of the alleged offense.

Staff interviews revealed that staff members were formally trained on and understand how to ensure residents are kept safe in the event they are at risk for imminent sexual abuse. Upon receipt of information that a resident is subject to a substantial risk of imminent sexual abuse, the CCJDC staff all

indicated immediate action would be taken. Specifically, at a minimum, housing and programming changes would be initiated to separate or limit a threat between residents. All the random staff interviews indicated a similar answer.

CCJDC policy requires that immediate action is taken to protect residents from sexual abuse. Although there have been no incidents in the past 12 months at the CCJDC, staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the safety of the resident.

The Juvenile Detention Manager asserts when it is learned a resident is subject to a substantial risk of imminent sexual abuse, the potential victim is immediately removed from the danger zone and placed in Medical or the Supervisor's Office.

Ten random staff interviewees assert if they learn a resident is at risk of imminent sexual abuse, they immediately remove the resident from the danger zone and place the potential victim under direct staff supervision to ensure safety.

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pgs. 8-9) addresses 115.362(a).

In view of the above, the auditor finds CCJDC substantially compliant with 115.362.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policies were reviewed: CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 12), and CCJDC Policy 2.1A, PREA Investigations (pg. 2). Additionally, the auditor reviewed staff training PowerPoint PREA Training Curriculum, slides 11-13, and 19-20).

In order to make a determination of compliance, interviews were conducted with the Juvenile Detention Manager and the Juvenile Court Administrator.

The following describes how the evidence above was used to draw a conclusion regarding compliance. Upon receiving an allegation that a resident was sexually abused while confined at another facility, CCJDC policy requires notification to the head of the facility and appropriate Law Enforcement authorities within 48 hours. This notification is documented. There have not been any reports from a resident that they were sexually abused at another facility in the past 12 months. Interviews with both the Juvenile Detention Manager and the Juvenile Court Administrator indicate compliance with this procedure.

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 12) and CCJDC Policy 2.1A, PREA Investigations (pg. 2), and staff training PowerPoint PREA Training Curriculum, slides 11-13, and 19-20 address 115.363(a).

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 12) and CCJDC Policy 2.1A, PREA Investigations (pg. 2), and staff training PowerPoint PREA Training Curriculum, slides 11-13, and 19-20 address 115.363(b).

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 12) and CCJDC Policy 2.1A, PREA Investigations (pg. 2), and staff training PowerPoint PREA Training Curriculum, slides 11-13, and 19-20 address 115.363(d).

In view of the above, the auditor finds CCJDC substantially compliant with 115.363.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy, and other documentation were reviewed: CCJDC Policy 2.1 Preventing Sexual Abuse of Youth in Detention (pg. 2) and CCJDC Policy 2.1A, PREA Investigations, (pgs. 10-11). The auditor reviewed the Coordinated Response plan, and the

training PowerPoint PREA Curriculum slides 10-20. Additionally, the auditor reviewed the "Responding to Sexual Abuse" response card each staff member carries on their person throughout their shift.

In order to determine compliance, the auditor interviewed ten (10) random staff.

In order to determine compliance, the following observations were made during the on-site tour of the facility: During the tour, informal discussions were conducted by the auditor with CCJDC custody staff concerning how they would respond to different situations involving allegations of sexual assault or sexual harassment. In each of these informal discussions, staff indicated the most crucial step was to keep the victim safe and believe what the victim had stated and proceed to take action as necessary to ensure the safety of the victim.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC staff members were interviewed concerning first responder responsibilities. Staff members are aware of their duty in this area. The staff members interviewed indicated a need to separate the victim from the abuser, preserve and protect the crime scene, advise the victim not to take any action that would compromise the evidence, and, if possible, ensure the alleged abuser did not take any action that would compromise any evidence. In addition, staff members were aware that they needed to contact their supervisor, who would contact the Juvenile Detention Manager (Investigator).

The staff interviewed indicated they had received training that included the duties of a first responder. A first responder is required to: Separate the alleged victim and abuser; Preserve and protect the crime scene; request the alleged victim not to destroy evidence and ensure the alleged abuser does not destroy evidence. A non-security staff first responder is required to request the victim not to destroy evidence and then notify a detention staff member. The Juvenile Detention Manager indicated Policy 2.1A, PREA Investigations (pg. 2) "staff" are directed to request that the alleged victim will refrain from taking actions that could destroy physical evidence. The Juvenile Detention Manager further indicated: "Staff" refers to custody staff and supervisors as well as probation and detention staff, juvenile court administrator, teachers, institutional education program staff, extra help custody staff, volunteers, and contractors (medical, therapists, and chaplaincy).

Interviews with random staff indicate they understand the duties of a first responder. Additionally, the policy clearly describes the steps to be taken in response to an allegation of sexual abuse, assault, or harassment. Those steps include, separate the parties, cell reassignment, secure the scene, follow evidentiary practices, medical evaluation, notification of Mental Health for follow-up and the need to monitor those who reported the incident for a minimum of 90 days to ensure no retaliation has occurred due to reporting or cooperation. During the past 12 months, CCJDC has not had any incidents of sexual assault.

CCJDC Policy 2.1 Preventing Sexual Abuse of Youth in Detention (pg. 2) and CCJDC Policy 2.1A, PREA Investigations, (pgs. 10-11); Coordinated Response plan and staff training PowerPoint PREA Training Curriculum, slides 10-20, address 115.364(a).

CCJDC Policy 2.1 Preventing Sexual Abuse of Youth in Detention (pg. 2) and CCJDC Policy 2.1A, PREA Investigations, (pgs. 10-11); Coordinated Response plan and staff training PowerPoint PREA Training Curriculum, slides 10-20, address 115.364(b).

Based on the interviews and the availability of information available to staff concerning their duties as first responders, there is substantial compliance with this standard.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy and other documentation were reviewed: CCJDC Policy 2.1 Preventing Sexual Abuse of Youth in Detention. The auditor reviewed the Coordinated Response plan, and the training PowerPoint slides 10-20. Additionally, the auditor reviewed the "Responding to Sexual Abuse" response card each staff member carries on their person throughout their shift. This card provides guidance to staff first responder duties.

In order to make a determination of compliance, the auditor interviewed random staff, the Juvenile Detention Manager/PREA Coordinator.

In order to determine compliance, the following observations were made during the on-site tour of the facility: During the tour, informal discussions were conducted by the auditor with CCJDC Custody staff concerning how they would respond to different situations involving allegations of sexual assault or sexual harassment. In each of these informal discussions, staff indicated the most crucial step was to keep the victim safe and believe what the victim had stated and proceed to take action as necessary to ensure the safety of the victim.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC has a written plan that includes immediate notification to the Juvenile Detention Manager/PREA Coordinator, law enforcement, and sexual assault advocates. The Juvenile Detention Manager stated during his interview that staff are trained to follow the PREA Institutional Response Plan that includes but is not limited to, separating the involved individuals, contacting law enforcement,

maintaining evidence integrity, contacting the PREA Coordinator, Community Partners, and assisting in transport if necessary.

The Coordinated Response plan delineates specific responsibilities for both First Responders and the Supervisors. First Responders are expected to ensure that the alleged victim and abuser are separated. Ensure that supportive staff (of the same sex) remains with the alleged victim. All security staff and potential first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Notify 911 if emergent. Notify Juvenile Detention Manager/PREA Coordinator. Ensure that evidence (crime scene) is preserved and protected for evidence collection. Request that the alleged victim does not take actions that could destroy physical evidence. This may include washing, brushing teeth, changing clothes, urination, and defecation, eat, or drink. Ensure that the alleged perpetrator is monitored. Ensure that the alleged perpetrator does not destroy physical evidence. This may include washing, brushing teeth, changing clothes, urination, and defecation, eat or drink. Offer sexual assault victim advocate services (Call SAGE), communicate pertinent information to Central Washington Hospital, and transport victim if necessary.

CCJDC's PREA Institutional Response Plan addresses 115.365(a).

Based on the interviews with random staff, the Juvenile Detention Manager/PREA Coordinator, a review of CCJDC Policy 2.1 Preventing Sexual Abuse of Youth in Detention; a review of the PREA Institutional Response plan; staff training PowerPoint PREA Training Curriculum, slides 10-20 and the "Responding to Sexual Abuse" response card each staff member carries on their person throughout their shift, the auditor asserts there is substantial compliance with this standard.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to make a determination of compliance, the auditor interviewed the Juvenile Court Administrator and the Juvenile Detention Manager. Additionally, the Auditor reviewed the Labor agreement between Teamsters Local 760, which represents Supervisors, Professionals, Technical and Clerical employees, respectively, and Chelan County.

CCJDC has no limit on its ability to remove alleged sexual abusers from contact with any residents pending the outcome of an investigation. There is no collective bargaining agreement that would prohibit immediate action for the protection of residents. The Juvenile Court Administrator confirms there is no prohibition against removing alleged staff sexual abusers from contact with residents.

In view of the above, the auditor finds CCJDC substantially compliant with 115.366.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency 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,? Yes No

115.367 (c)

- 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 No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- 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 No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy was reviewed: CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pg. 10.

In order to make a determination of compliance, the auditor interviewed the Juvenile Detention Manager, who is a designated staff member to monitor retaliation.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC prohibits retaliation against both residents and staff who report sexual abuse or sexual harassment or cooperate with investigations. The Juvenile Detention Manager is one of the designated staff members who monitor retaliation. Multiple measures are available that include the removal of alleged staff and alleged resident abusers, housing changes, and advocate support. Monitoring can last for at least 90 days and includes periodic status checks. The Juvenile Detention Manager was aware of his requirements for monitoring.

The Juvenile Detention Manager indicates the facility monitors the conduct and treatment of resident(s) or staff who reported sexual abuse and of resident(s) who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The Juvenile Detention Manager further stated the facility monitors the conduct or treatment for as long as necessary and acts promptly to remedy any such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. There were no incidents of retaliation during the last 12 months

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pg. 10-11 addresses 115.367(a).

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pg. 10-11 addresses 115.367(b).

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pg. 10-11 addresses 115.367(c).

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pg. 10-11 addresses 115.367(d).

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pg. 10-11 addresses 115.367(e).

In view of the above, the auditor finds CCJDC substantially compliant with 115.367.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy was reviewed: CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pg. 9.

The Juvenile Detention Manager asserts there were no circumstances within the last 12 months wherein isolation was used to protect a resident who was alleged to have suffered sexual abuse. He further asserts that CCCJDC policy 2.1 goes further and indicates that "Allegations of sexual abuse or harassment are not adequate justification to place youth in isolation."

The auditor notes there are no isolation cells available to use at CCJDC. All residents are housed in PODs, and segregation cells are not available.

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pg. 9, addresses 115.368 (a). Specifically, the policy states: (c) Isolation- Allegations of sexual abuse or harassment are not adequate justification to place youth in isolation. Identified vulnerability or complaints of sexual abuse or harassment is not justification for placement on room confinement.

In view of the above, the auditor finds CCJDC substantially compliant with 115.368.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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 No

115.371 (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 No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- 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 No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- 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 No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policies were reviewed: CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention and CCJDC Policy 2.1A, PREA Investigations. The auditor reviewed the Wenatchee Police Department Protocols for Child Abuse investigation and the NIC curriculum, Specialized Training: Investigating Sexual Abuse in Confinement Settings.

In order to determine compliance, the auditor interviewed the CCJDC investigator.

The following describes how the evidence above was used to draw a conclusion regarding compliance. The CCJDC conducts administrative investigation allegations of sexual abuse and sexual harassment. The investigations begin upon staff notification. Third-party reports, if received, are investigated in the same manner as a direct report. Any report of sexual abuse that appears to be criminal is referred to the Wenatchee Police Department. Both of the investigators for CCJDC have received training by the NIC, specifically, "Investigating Sexual Abuse in a Confinement Setting."

Investigators gather and preserve direct and circumstantial evidence; however, crime scenes are secured to prevent any contamination, and the lead Law Enforcement agency collects physical and DNA evidence. The CCJDC investigator collects all electronic monitoring data, records, resident files, staff memorandums, and provides that information to the lead Law Enforcement agency. CCJDC Investigators would interview alleged victims, suspected perpetrators, and witnesses for administrative investigations. Under normal circumstances, the lead Law Enforcement agency will conduct their own interviews during a criminal investigation.

CCJDC Investigators do not conduct compelled interviews; if necessary, those interviews would be conducted by the lead Law Enforcement agency in consultation with the lead Prosecutors office.

During his interview, the CCJDC Investigator stated that the credibility of an alleged victim, suspect, or witness was based on the individual and not on his status as a resident or staff.

Residents are not subject to a polygraph examination or other truth-telling devices.

Administrative investigations are thorough and provide information detailing staff actions in response to an incident and whether staff actions in any manner contributed to the abuse. All administrative investigations are documented in written reports and include investigative findings based on information provided by the evidence collected.

Criminal investigations are documented and maintained by the lead Law Enforcement agency. The CCJDC Investigator would be provided a summary of the case and the case disposition. The lead Law Enforcement agency maintains all evidence collected during a criminal investigation. The lead Law Enforcement agency will refer cases for criminal prosecution based on their investigations. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

CCJDC retains all written investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. An investigation is never terminated due to the departure of the alleged abuser or victim. If a staff member is terminated or resigns, the investigation continues until resolution.

The CCJDC Investigator works with the lead Law Enforcement agency and fully cooperates with that agency during the investigation.

The CCJDC has two (2) individuals who have received the specialized training for conducting sexual abuse investigations as required by PREA standard 115.234. Upon the completion of an administrative or criminal investigation, CCJDC will do a follow-up investigation for Human Resource action as necessary.

The CCJDC Investigator indicated during his interviews that the training he received included good interpersonal communication skills with resident victims, assailants, and witnesses. Understanding of the dynamics of resident sexual violence. Establishing good working relationships with outside agencies, hospitals, prosecutors, and investigators and establishing procedures for evidence collection. He indicated the training also included information on the proper use of the Miranda and Garrity warnings.

The Auditor reviewed the NIC curriculum, Specialized Training: Investigating Sexual Abuse in Confinement Settings. This training is designed to address the requirements outlined in the Prison Rape Elimination Act (PREA) standard 115.234, requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings. Additionally, this curriculum contains the information fundamental to understanding the concepts required by PREA standard 115.234 and best practice in investigating incidents of sexual abuse. The course provides training on legal issues and liability, trauma and victim response, medical and mental health care, first response and evidence collection, adult and juvenile interviewing, and report writing.

The auditor notes that the above information is based on interviews and policy review as there were no criminal or administrative investigations to review. No incidents of sexual assault or sexual harassment have occurred at CCJDC in the past 12 months.

Based on the review of policy and the interview with the CCJDC Investigator, there is substantial compliance with this standard.

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention and CCJDC Policy 2.1A, PREA Investigations, the Wenatchee Police Department Protocols for Child Abuse investigation, the NIC curriculum, Specialized Training: Investigating Sexual Abuse in Confinement Settings and the interview with the investigator addresses 115.371(a-m).

In view of the above, the auditor finds CCJDC substantially compliant with 115.371.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In order to determine compliance, the following policy was reviewed: CCJDC Policy 3.4, Staff Misconduct and Corrective Action (pgs. 4-5)

In order to determine compliance, the auditor interviewed one of the CCJDC investigators.

The following describes how the evidence above was used to draw a conclusion regarding compliance. The Investigative Officer was interviewed concerning the evidential standard for administrative investigation. His response to the question of the evidential standard for an administrative investigation was, "The evidence standard for administrative investigation is a "preponderance of the evidence." The Investigative Officers received specialized training relevant to PREA. Specifically, "Investigating Sexual Abuse in a Confinement Setting." The Investigative Officer was interviewed and explained to the

auditor in detail the steps to be taken during a PREA related investigation. Additionally, policy 3.4, Staff Misconduct, and Corrective Action indicates explicitly on page 4, “The agency will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment of a juvenile are substantiated. Staff will be subject to disciplinary sanctions up to and including termination if it has been found that they have engaged in sexual abuse or harassment of a juvenile.”

CCJDC Policy 3.4, Staff Misconduct, and Corrective Action (pgs. 4-5) address 115.372.

In view of the above, the auditor finds CCJDC substantially compliant with 115.372.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in the agency’s 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 No NA

115.373 (c)

- 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 No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- 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 No
- 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 No

115.373 (d)

- 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 No
- 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 No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In order to determine compliance, the following policy was reviewed: CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 12)

The following describes how the evidence above was used to draw a conclusion regarding compliance. Residents are informed of the results of the investigation. That information includes whether the staff member is or is not allowed to work in the resident's unit; the staff member is or is not employed; the staff member has been indicted, or the staff member has been convicted. In addition, if the alleged

abuser is a resident, the resident victim would be informed if the alleged abuser was indicted and or convicted. All notifications are documented.

The CCJDC Policy specifically states page 12:

(f) Resident Notification- Following an investigation of sexual abuse, the resident making the allegation will be informed of the outcome if he or she is still being held in the facility. If the matter was investigated by another agency, the JDM would request information from that agency in order to provide this notification.

- (i) All allegations: Whenever sexual abuse is alleged to have occurred at CCJC, the JDM or designee will inform the resident whether the allegation has been determined to be:
 - (1) Substantiated- meaning the allegation was determined to have occurred;
 - (2) Unsubstantiated- meaning there was insufficient evidence to make a final determination as to whether or not the event occurred, or
 - (3) Unfounded- meaning the allegation was determined not to have occurred.
- (ii) Allegation against a CCJC staff: When an allegation is made against a CCJC staff, the JDM or designee will notify the resident of the following developments (unless the allegation is determined to be unfounded):
 - (1) The staff member is no longer posted in the resident's unit.
 - (2) The staff member is no longer employed at the facility.
 - (3) The staff member has been criminally charged for conduct related to sexual abuse within the facility.
 - (4) The staff member has been convicted of such charges.
- (iii) Allegation against another resident: Anytime a resident has alleged that they have been sexually abused by another resident, the JDM or designee will notify the resident of the following developments:
 - (1) The other resident has been criminally charged for conduct related to sexual abuse within the facility.

The auditor notes that no incidents of sexual assault or sexual harassment have occurred at the CCJDC in the past 12 months. As a result, there was no resident notification to review.

CCJDC PREA Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 12) addresses 115.373(a-f).

In view of the above, the auditor finds CCJDC substantially compliant with 115.373.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- 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 No

115.376 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy was reviewed: CCJDC Policy 3.4, Staff Misconduct, and Corrective Action (pgs. 4-5). In addition, the auditor interviewed the Juvenile Detention Manager and the Juvenile Court Administrator.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Staff shall be subject to disciplinary action, up to and including termination, for violating CCJDC PREA policies. Disciplinary sanctions for violations of CCJDC 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. All terminations for violations of the PREA policy, 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 not criminal, and to any relevant licensing bodies. CCJDC will track all staff terminations, as well as licensing notifications. The Juvenile Court Administrator indicated there had been no staff terminations for violations of agency sexual abuse or sexual harassment policies at CCJDC in the past 12 months. The Juvenile Court Administrator stated appropriate notifications would be made to licensing boards or other agencies.

CCJDC Policy 3.4, Staff Misconduct and Corrective Action (pgs. 4-5) addresses 115.376 (a-d)

The Auditor reviewed the CCJDC Policy 3.4, Staff Misconduct, and Corrective Action. The auditor also interviewed the Juvenile Detention Manager and the Juvenile Court Administrator.

Based on the CCJDC Policy concerning Staff Misconduct and Corrective Action, and the interview with the Juvenile Court Administrator and the Juvenile Detention Manager, there is substantial compliance with standard 115.376.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy was reviewed: CCJDC Policy 2.1, Prevention Sexual Abuse of Youth in Detention (pg. 3)

The following describes how the evidence above was used to draw a conclusion regarding compliance. The CCJDC policy 2.1, pg. 3 states:

1. **Sexual Activity Prohibited-** All forms of sexual activity between youths or between any youth and staff, contractor, or volunteer are strictly prohibited, regardless of whether the participant's consent. Such conduct is subject to disciplinary sanctions up to and including termination and may result in criminal prosecution.
2. **Sexual Abuse by Contractors/Volunteers-** Any contractor or volunteer who is alleged to have engaged in sexual abuse or harassment is immediately prohibited from contact with residents and will be reported to law enforcement for investigation unless the facts indicate no crime occurred. Any conclusion to the effect that a crime did not occur will be submitted to the prosecutor's office for review. These matters will also be reported to all relevant licensing bodies.
3. **Retaliation Prohibited-** Retaliation against a resident, staff, contractor, or volunteer who reports or cooperates in the investigation of sexual abuse is prohibited and will not be tolerated.

CCJDC Policy 2.1, Prevention Sexual Abuse of Youth in Detention (pg. 3) addresses 115.377(a-b).

There have been no incidents of contractors or volunteers violating CCJDC PREA policies within the past 12 months.

In view of the above, the auditor finds CCJDC substantially compliant with 115.377

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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 No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- 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 No
- 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 No
- 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 No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- 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 No
- 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 No

115.378 (e)

- 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 No

115.378 (f)

- 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 No

115.378 (g)

- If the agency prohibits all sexual activity between 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policies, and other documentation were reviewed: The CCJDC Policy 14.2, Rule Violations and Accountability (pg. 3), CCJDC Policy 2.1, Prevention of Sexual Abuse in Detention, and the CCJDC Resident Handbook which contains information concerning disciplinary actions. Additionally, the auditor interviewed the contract Mental Health Specialist who indicated during his interview that residents would be provided the opportunity to meet with a Mental Health Specialist to correct underlying reasons or motivations for abuse.

The following describes how the evidence above was used to draw a conclusion regarding compliance. Residents are subject to disciplinary sanctions following an administrative finding that the resident engaged in resident on resident sexual abuse or following a criminal finding of resident on resident sexual abuse. The penalties are commensurate with the circumstances of the abuse committed. Appropriate rights and responsibilities are afforded to the resident during the disciplinary hearing process. Residents could be disciplined for sexual contact with staff if the staff member did not consent

to such contact. CCJDC prohibits all sexual activity between residents and disciplines residents for such action.

In the past 12 months, there have been zero administrative findings of resident-on-resident sexual abuse, and there have been zero criminal findings of guilt for resident-on-resident sexual abuse at the CCJDC.

CCJDC Policy 14.2, Rule Violations and Accountability (pg. 3), CCJDC Policy 2.1, Prevention of Sexual Abuse in Detention, the CCJDC Resident Handbook, and an interview with the Mental Health Specialist addresses 115.378(a-g).

In view of the above, the auditor finds CCJDC substantially compliant with 115.378.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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, 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 No

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, 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 No

115.381 (c)

- 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 No

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy was reviewed: The CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pgs. 9 -10). The auditor also reviewed the following Intake forms: MH JDAT Form (Mental Health Juvenile Detention Admission Tool); Sexually Aggressive - Vulnerable Youth Screening form; Health Screening Form; and the Commercially Sexually Exploited Child (CSEC) Screening form. In addition, the auditor interviewed the contract Mental Health Specialist who indicated during his interview that residents who experienced prior sexual victimization would be provided the opportunity to meet with a Mental Health Specialist within 14 days of intake screening.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC staff (Intake Officers) make arrangements for a follow-up meeting with a mental health practitioner for residents who disclose any prior sexual victimization during screening. Residents who have previously perpetrated sexual abuse are also offered a follow-up meeting with a mental health practitioner.

The Mental Health staff member indicated during his interview that sexual predators are offered treatment both at the facility and, if necessary, appropriate arrangements are made for assistance in the community. Treatment plans and information related to sexual victimization or abusiveness are limited to mental health practitioners as necessary. Applicable rules concerning private medical information is strictly enforced. Residents are made aware of the reporting requirements and what is considered protected information.

CCJDC staff (Intake Officers) and Mental Health staff members work together to collect and monitor information that indicates prior sexual victimization. In addition, if the resident reports being a predator, that information is appropriately documented. Follow-up by Mental Health staff and re-assessment would be provided as needed. This follow-up occurs within 14 days of intake. Any information pertaining to victimization or predatory behavior is limited to a need to know basis. Custodial staff members are informed of the information for housing placement. Interviews with staff confirm compliance with this standard.

Appropriate Child Protective Agencies would be notified about prior sexual victimization that did not occur at CCJDC. The relevant information is used to inform mental health treatment plans, and security decisions, such as housing and education. Mental Health clinical notes are maintained separately from the resident files.

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pgs. 9 -10), Intake forms: MH JDAT Form (Mental Health Juvenile Detention Admission Tool); Sexually Aggressive - Vulnerable Youth Screening form; Health Screening Form; and the Commercially Sexually Exploited Child (CSEC) Screening form and an interview with the Mental Health Specialist addresses 115.381 (a-d).

Based on the interview with the Mental Health professional, a review of CCJDC Policy, 2.1, Preventing Sexual Abuse of Youth in Detention (pgs. 9 -10) and a review the following Intake forms: MH JDAT Form (Mental Health Juvenile Detention Admission Tool); Sexually Aggressive - Vulnerable Youth

Screening form; Health Screening Form; and the Commercially Sexually Exploited Child (CSEC) Screening form. There is substantial compliance with standard 115.381.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- 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 No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy and other documentation were reviewed: CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pgs. 9-10). Additionally, the auditor reviewed the information provided by SAGE and the RCW 7.68.170.

In order to make a determination of compliance, the auditor interviewed the Juvenile Detention Manager/PREA Coordinator, a sexual assault advocate from SAGE, and the SANE coordinator at Central Washington Hospital.

In order to determine compliance, the following observations were made during the on-site tour of the facility: The auditor observed the information provided to the residents concerning SAGE and the phone number to contact SAGE.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC procedure states that residents would be taken or referred to Central Washington Hospital for unimpeded access to emergency medical treatment and crisis intervention services. Central Washington Hospital sexual assault protocol makes it possible for victims of sexual assault to receive prompt and compassionate emergency care from medical professionals who understand victimization and streamline the examination time and the medical evidence-gathering process.

The Medical Staff would provide access to information about emergency contraception and sexually transmitted infections prophylaxis at the hospital. Pursuant to RCW 7.68.170 Examination costs of sexual assault victims paid by state: "No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault. Such costs shall be paid by the state pursuant to this chapter".

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pgs. 9 -10), and RCW 7.68.170 addresses 115.382(a-d).

Based on interviews with the Juvenile Detention Manager/PREA Coordinator, the sexual assault advocate from SAGE and the SANE coordinator at Central Washington Hospital, and the RCW 7.68.170, there is substantial compliance with standard 115.382.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy was reviewed: CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 9 and 13). Additionally, the auditor interviewed the Juvenile Detention Manager/PREA Coordinator, the contact Mental Health specialist, a sexual assault advocate from SAGE, and the SANE coordinator from Central Washington Hospital.

In order to determine compliance, the following observations were made during the on-site tour of the facility: The auditor observed the information provided to the residents concerning SAGE and the phone number to contact SAGE.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC provides ongoing medical and mental health care for sexual abuse victims and abusers through community providers, specifically Central Washington Hospital, SAGE, and Catholic Social Services (Mental Health contract). Appropriate follow-up services, treatment plans, and continuing care upon release from custody are available. All treatment is provided by community providers, if necessary, pregnancy tests and follow-up care would be provided. Appropriate STD tests as medically indicated would be provided. There would be no cost to the resident for this care. The CCJDC policy and applicable MOU's are in place to meet the needs of the victim.

CCJDC does offer information concerning mental health evaluation for abusers and treatment by a mental health practitioner. These services are provided both in the facility and in the community upon the resident's release.

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 9 and 13) and interviews with Mental Health Staff and SAGE Staff address 115.383(a-h).

The auditor reviewed the PREA policy and interviewed the Juvenile Detention Manager/PREA Coordinator, a sexual assault advocate from SAGE, the SANE Coordinator from Central Washington Hospital, and the contract Mental Health Specialist from Catholic Social Services. Based on the information provided in the policy and the interviews, the auditor finds sufficient services are available for both victims and abusers.

CCJDC is substantially compliant with standard 115.383

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- 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 No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy was reviewed: CCJDC Policy 12.7, Critical Incident Review (pg. 2) and the PREA Sexual Abuse Incident Review Form

The following describes how the evidence above was used to draw a conclusion regarding compliance. At the completion of the investigative process, CCJDC staff would review the incident regardless of the outcome of the investigation. The review would be scheduled within 30 days of the conclusion of the investigation. The review team consists of the Juvenile Detention Manager/PREA Coordinator, the Juvenile Probation Manager, the Juvenile Court Administrator, and input from line supervisors, investigators, and medical or mental health practitioners. The review team would determine if a change in procedure was necessary if the incident was motivated by any class affiliation, sexual orientation, or other group dynamics. A review of the monitoring technology would be conducted to assess its effectiveness. The physical barriers of the facility and the staffing pattern would also be evaluated. There would be a final report of the incident with appropriate recommendations.

Policy 12.7, Critical Incident Review states:

- E. Sexual Abuse Incident Review: Whenever there is an allegation of sexual abuse, whether substantiated or not, a sexual abuse incident review must be held within 30 days of the conclusion of the investigation. The only exception is for allegations that have been determined to be unfounded. The review team will consist of the JDM, JPM, and JCA, with input from line supervisors, investigators, and medical or mental health practitioners. Specifically, the review team will consider the following:
 1. Whether the allegation or investigation indicates a need to change policy or practice to prevent, detect, or respond to sexual abuse.
 2. 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 by other group dynamics.

3. Whether physical barriers in the area in the facility where the incident allegedly occurred may enable abuse.
 4. Whether staffing levels in the area of the facility are adequate during different shifts.
 5. Whether monitoring technology should be deployed or augmented to supplement staff supervision.
- F. Special Report for Sexual Abuse Incident Review-At the conclusion of every sexual abuse incident review, a report will be prepared to address investigation findings using the PREA Sexual Abuse Incident Review form. The report must include determinations made pursuant to Subsections E.1 through E.5 above, as well as any recommendations for improvement. The report will be submitted to the JCA and JDM or PREA compliance manager. If recommendations for improvement are not followed, the report must be amended within 30 days to document the reasons for not doing so.

The CCJDC reports that in the past 12 months, there have been zero investigations conducted for sexual abuse staff on a resident.

CCJDC Policy 12.7, Critical Incident Review (pg. 2), and the PREA Sexual Abuse Incident Review Form address 115.386(a-e).

In view of the above, the auditor finds CCJDC substantially compliant with 115.386.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- 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 No

115.387 (d)

- 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 No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following policy was reviewed: CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 13). In addition, the auditor reviewed the data collection instrument, the CCJDC PREA definitions, and the CCJDC annual PREA review for the past several years.

The following describes how the evidence above was used to draw a conclusion regarding compliance. Uniform data is collected, which accurately tracks allegations of sexual abuse. The information is aggregated annually. The PREA Coordinator is responsible for collecting the data necessary to answer all questions from the U.S. Department of Justice Bureau of Justice Statistics Survey of Sexual Violence. The annual review is posted online and was reviewed by the Auditor.

CCJDC provides access to their annual reviews on the web at <https://www.co.chelan.wa.us/juvenile>. The annual reports from 2015 through 2018 are available on the web site. A snapshot of the data reveals the following.

Data Snapshot:

Year	Allegations	Substantiated	Unsubstantiated	Unfounded
2015	0	0	0	0
2016	2	0	1	1
2017	0	0	0	0
2018	1	0	1	0

Based on the Auditor's review of the uniform data collected and reported, there is substantial compliance with this standard.

CCJDC Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 13), addresses 115.387(a-d).

CCJDC does not contract with any other private facilities for the confinement of any residents designated to their care, custody, and control. Accordingly, the auditor finds 115.387(e) not applicable to CCJDC.

The Juvenile Detention Manager indicated the agency did not provide the Department of Justice with data from the previous calendar year upon request. Accordingly, the auditor finds 115.387(f) not applicable to CCJDC.

In view of the above, the auditor finds CCJDC substantially compliant with 115.387.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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 No
- 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 No
- 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 No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- 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 No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following documentation was reviewed: the data collection instrument, and the CCJDC annual PREA review for the past several years.

The following describes how the evidence above was used to draw a conclusion regarding compliance. CCJDC reviews the data and identifies problem areas, takes corrective action, and prepares a final report. The report provides an assessment of the agency's progress in addressing sexual abuse. The Agency Head reviews the report, and it is available online at <https://www.co.chelan.wa.us/juvenile>.

The Auditor did review the CCJDC 2015, 2016, 2017, and 2018 Annual Reports. The CCJDC Annual Reports are posted on the CCJDC website. The reports are reviewed and signed by the Juvenile Court Administrator and the PREA Coordinator/Juvenile Detention Manager before publishing online. The overall reports capture CCJDC strategies in terms of establishing a healthy staff and resident sexual safety culture, inclusive of zero tolerance for sexual abuse and sexual harassment. Reports capture the requirements of 115.388.

The Juvenile Court Administrator indicated that incident-based sexual abuse data statistics are evaluated to identify and assess any patterns. Adjustments to staff training, resident education, the staffing plan, policies, and programming/ operations routines are considered for implementation based on the assessments.

The Juvenile Detention Manager reports that demographics are maintained regarding allegations and investigations. The documentation is securely maintained in the Juvenile Detention Manager's Office. The documentation and data are used to compile the CCJDC Annual Report.

The Juvenile Detention Manager reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Juvenile Detention Manager further reports that the annual report provides an assessment of the facility's progress in addressing sexual abuse.

The Juvenile Detention Manager reports 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. It is noted that the annual reports previously referenced contain no redactions.

In view of the above, the auditor finds CCJDC substantially compliant with 115.388.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance, the following documentation was reviewed: the data collection instrument, and the CCDJC annual PREA review for the past several years.

The following describes how the evidence above was used to draw a conclusion regarding compliance. Required data is collected, maintained, and is available online. CCJDC maintains this data for 10 years after the date of the initial collection. The data collected includes incident reports, investigation reports, electronic evidence, law enforcement referrals, criminal investigation reports, administrative investigation reports, PREA review committee reports, and retaliation monitoring reports. Personal identifiers are removed before any publication of data. The data collected is securely retained in the Juvenile Detention Manager's locked and secure office.

The auditor did not observe any personal identifiers in the statistics reflected on the website.

The auditor finds CCJDC is substantially compliant with 115.389.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is CCJDC's initial PREA audit. The Chelan County Juvenile Court only operates one facility.

The auditor was provided access to and was permitted to observe all areas of the facility. The auditor was allowed to request and receive copies of all relevant documents (including electronically stored information). The auditor reviewed a sampling of documents and records from the previous three years. The auditor interviewed staff, supervisors, and administrators. The auditor was permitted to conduct private interviews with residents. Residents were allowed to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to interview community-based victim advocates.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.403 is not applicable.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert J. Palmquist

November 20, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.