

PREA Facility Audit Report: Final

Name of Facility: Chelan County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/18/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert Palmquist	Date of Signature: 10/18/2022

AUDITOR INFORMATION	
Auditor name:	Palmquist, Robert
Email:	robobem@gmail.com
Start Date of On-Site Audit:	09/19/2022
End Date of On-Site Audit:	09/21/2022

FACILITY INFORMATION	
Facility name:	Chelan County Juvenile Detention Center
Facility physical address:	316 Washington Street, Wenatchee, Washington - 98801
Facility mailing address:	

Primary Contact	
Name:	Emilio Iniguez
Email Address:	emilio.iniguez@co.chelan.wa.us
Telephone Number:	5096676553

Superintendent/Director/Administrator	
Name:	Corey Stephens
Email Address:	corey.stephens@co.chelan.wa.us
Telephone Number:	509-667-6647

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Billye Tollackson
Email Address:	billye.tollackson@co.chelan.wa.us
Telephone Number:	509-667-6922

Facility Characteristics	
Designed facility capacity:	50
Current population of facility:	2
Average daily population for the past 12 months:	5
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	11-17
Facility security levels/resident custody levels:	Minimum to Maximum
Number of staff currently employed at the facility who may have contact with residents:	40
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION	
Name of agency:	Chelan County Juvenile Court
Governing authority or parent agency (if applicable):	
Physical Address:	316 Washington Street, Suite 202, Wenatchee, Washington - 98801
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Emilio Iniguez	Email Address:	emilio.iniguez@co.chelan.wa.us

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-09-19
2. End date of the onsite portion of the audit:	2022-09-21

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	SAGE Safety, Advocacy, Growth, Empowerment, Sexual Assault Victim Advocate, Nonna Reed 710 N Chelan Ave. Wenatchee, WA 98801

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	50
15. Average daily population for the past 12 months:	5
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	11
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	At 8:00 am, on the first day of the Audit, the Chelan Juvenile Detention Facility Count was 11. Three residents were released from custody at 9:00 am. At 1:00 pm, one resident was transferred to the local hospital for an appointment. The Auditor interviewed 100% of the residents at the facility.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	18
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	7
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The Chelan County Juvenile Detention Center has two shifts. 6:00 am to 6:00 pm (Day Shift), and 6:00 pm to 6:00 am (Morning Shift).
INTERVIEWS	

Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
If "None," explain:	At 8:00 am, the Chelan Juvenile Detention Facility Count was 11. Three residents were released from custody at 9:00 am. At 1:00 pm, one resident was transferred to the local hospital for an appointment. The Auditor interviewed 100% of the residents at the facility.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Auditor interviewed 100% of the residents at the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor interviewed 100% of the residents at the facility.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor interviewed 100% of the residents at the facility. No resident had a physical disability.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor interviewed 100% of the residents at the facility. No resident had a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability).
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor interviewed 100% of the residents at the facility. No resident was blind or had low vision (i.e., visually impaired)

63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor interviewed 100% of the residents at the facility. No resident was Deaf or hard-of-hearing.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor interviewed 100% of the residents at the facility. No resident was Limited English Proficient (LEP).
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor interviewed 100% of the residents at the facility. No resident identified as lesbian, gay or bisexual.

66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor interviewed 100% of the residents at the facility. No resident identified as transgender.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor interviewed 100% of the residents at the facility. No resident had reported sexual abuse in the facility.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor interviewed 100% of the residents at the facility. No resident disclosed prior sexual victimization during risk screening.

69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor interviewed 100% of the residents at the facility. The Chelan Juvenile Detention Center does not have a segregated housing isolation unit.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The Auditor interviewed 100% of the residents at the facility.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	13
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The Auditor interviewed all staff on each shift. Two Day Shift Teams and Two Morning Shift Teams.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>

b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The Chelan County Juvenile Detention Center is a small facility. The Juvenile Detention Manager is responsible for several key areas concerning the PREA Standards, including Retaliation Monitoring, Incident Reviews, and Investigations. Juvenile Custody Officers and Supervisors conduct both intake screening and Risk Assessments.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

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

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>There are posters informing residents about zero Tolerance. Specifically, Sexual assault is prohibited. Speak up, get help, report the incident, tell someone you trust, and tell the facts. These posters are located throughout the facility, Intake, Housing units, Medical, Education and the staff break room. Each poster has the phone number for End Harm 1-866-363-4276. There was information on SAGE, the Sexual Abuse crisis line. SAGE is committed to ending violence through Education, advocacy and empowerment. The audit notification signs were visible. The bulletin boards also contained information on mental health organizations. Reporting methods and Sage information were available as you entered the Unit on the bulletin boards and at the Officer's station.</p> <p>Residents are informed about how to make reports. The information is available in the handbook; all residents are provided a copy of the handbook. Residents are informed that third-party reports from attorneys, family or probation officers will all be investigated. There is a confidential, anonymous reporting mechanism available to residents.</p> <p>Showers are always conducted one resident at a time. There were no issues with the cross-gender announcement. Staff announced their presence and rang a bell. There is video monitoring in all general areas. Video camera placement does not observe residents in their cells. Video cameras do not show residents utilizing the toilet, changing clothes or taking a shower.</p> <p>Mail is received in the Probation Department. Delivered to the Control room in a mailbag. Mail is checked to ensure the resident can receive mail from the sending party. Mail is delivered to the resident, opened by Staff to check for contraband and given to the resident. Residents can send sealed mail to attorneys.</p> <p>The Auditor observed a mock intake. All appropriate information was provided. Staff explained Zero Tolerance, reviewed reporting methods, reviewed SAGE information, and informed residents how to make a confidential phone call. Residents are informed that attorney calls and Sage calls are not recorded. Family members can be called in the Unit on the Officer station phone. A staff member dials the phone number.</p> <p>Comprehensive Education is provided in the evening when the resident arrives at the facility. A video is shown, and the resident is provided the opportunity to ask questions. Upon completion, the resident signs a form indicating they had received the Education. CHELAN County Juvenile Detention relies on Juvenile Court services for interpretation services. If an interpreter is needed, Court services are contacted, and within 30 minutes, an interpreter is provided. This service provides for many different languages, including American Sign Language. This service is not extensively utilized as there is bilingual Staff available in both the Detention Center and Probation services.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The Auditor reviewed the relevant policies, procedures, reports, and accreditations. The Auditor was provided a sampling of relevant documents for the most recent one-year period. The Auditor was permitted access to and observed all the Juvenile Detention Center areas. The Auditor was permitted to request and receive copies of all relevant documents. 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.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility has not had an alleged case of sexual abuse or sexual harassment in the past two years.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0

a. Explain why you were unable to review any sexual harassment investigation files:	The facility has not had an alleged case of sexual abuse or sexual harassment in the past two years.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility has not had an alleged case of sexual abuse or sexual harassment in the past two years.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>AUDITING ARRANGEMENTS AND COMPENSATION</p>	
<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents</p> <ol style="list-style-type: none"> 1. Policy 1.3 Zero Tolerance Sexual Abuse 2. Policy 3.4 Staff Misconduct and Corrective Action 3. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 4. Chelan County Juvenile Detention Center Organizational Chart <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Juvenile Court Administrator 2. PREA Coordinator/Compliance Manager (Juvenile Detention Manager) <p>The following policies were reviewed: Policy 2.1 Preventing Sexual Abuse of Youth in Detention, pages 3 and 4 Section III, A, B, C and D, Policy 3.4 Staff Misconduct and Corrective Action, Page 1, Section III, A1 and Policy 1.3 Zero Tolerance Sexual. The Organization Chart for the Chelan County Juvenile Detention Center was also reviewed.</p> <p>Interviews were conducted with the PREA Coordinator (Juvenile Detention Manager) and the Juvenile Court Administrator. The PREA Coordinator indicated he had enough time to coordinate the facilities' PREA compliance efforts. The PREA Coordinator and the Juvenile Court Administrator were knowledgeable concerning PREA and articulated the vision of zero tolerance at the Chelan County Juvenile Detention Center.</p> <p>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 homes to provide immediate assistance after a trauma.</p> <p>The Chelan County Juvenile Detention Center has a zero-tolerance policy and training program that meets the requirements for this standard. The policy provides the facility'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 agency has one facility and one PREA Coordinator/Compliance manager. The PREA Coordinator indicated he had enough time to manage and oversee the implementation of PREA standards.</p> <p>The Chelan County Juvenile Detention Center Policy 2.1, 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.</p> <p>The overriding approach of the Chelan County Juvenile Detention Center 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 sexual harassment. In the event of an allegation of sexual abuse or sexual harassment, the Chelan County Juvenile Detention Center 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.</p> <p>The policy applies to all Chelan County Juvenile Detention Center staff, including employees (full-time, part-time, temporary and on-call), volunteers and contractors, and residents at the Chelan County Juvenile Detention Center.</p> <p>Chelan County Juvenile Detention Center utilizes the following strategies to reduce and prevent sexual abuse and sexual harassment at the facility:</p> <ol style="list-style-type: none"> 1. Designating a staff member as the Chelan County Juvenile Detention Center PREA Coordinator who will ensure that Chelan County Juvenile Detention Center 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 report all reported or suspected sexual abuse, sexual harassment, and retaliation incidents promptly.
5. Respond 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. Administer 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 Chelan County Juvenile Detention Center can improve its zero-tolerance policy and procedures.
9. Ensuring that Chelan County Juvenile Detention Center is audited for PREA compliance.

The auditor reviewed the PREA Policy and the Chelan County Juvenile Detention Center 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 Policy 2.1 Preventing Sexual Abuse of Youth in Detention, pages 3 and 4 Section III, A, B, C and D, Policy 3.4 Staff Misconduct and Corrective Action, Page 1, Section III, A1 and the Chelan County Juvenile Detention Center Organizational Chart addresses 115.311 (a) (b) and (c).

The Chelan County Juvenile Detention Center complies with Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This standard is not applicable. CCJDC is a County Juvenile Detention Facility; CCJDC does not contract with other agencies for confinement services.

115.313	Supervision and monitoring
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 359 300">Documents</p> <ol data-bbox="279 349 882 510" style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. 2020 Staffing Plan 3. 2021 Staffing Plan 4. 2022 Staffing Plan 5. Unannounced Round Logs January - August 2022 <p data-bbox="244 539 502 568">Interviews conducted with</p> <ol data-bbox="279 618 663 680" style="list-style-type: none"> 1. Juvenile Detention Manager 2. Intermediate and Higher Level Staff <p data-bbox="244 710 1444 801">The following policy and documents were reviewed: Policy 2.1 entitled PREA Detention Standards, Prevention of Sexual Abuse of Youth in Detention pages 1-13, Staffing plans 2020-2022, and the Unannounced Round logs January – August 2022.</p> <p data-bbox="244 831 1479 960">The Juvenile Detention Manager reports that Chelan County Juvenile Detention Center supervisors and lead staff develop, document, and regularly comply with a staffing plan that provides adequate staffing levels. The Juvenile Detention Manager further reports; the average daily number of offenders is five. The staffing plan is predicated upon an average daily number of 25 offenders.</p> <p data-bbox="244 990 1465 1050">The auditor notes each of the eleven (11) factors identified for consideration in staffing plan development are identified and addressed.</p> <p data-bbox="244 1079 1445 1142">An interview was conducted with the PREA Coordinator concerning staffing levels, staffing reports, and annual reports to determine compliance.</p> <p data-bbox="244 1171 1469 1534">The auditor observed appropriate staffing levels throughout the facility. The Chelan County Juvenile Detention Center implements a staffing plan that provides adequate staffing levels. In addition to staff members, there is video monitoring available to protect residents from sexual abuse. During the facility tour, the auditor observed direct supervision in housing pods. The auditor observed staff members moving from room to room in program areas. The Auditor observed adequate staffing patterns during every shift (Day shift 6:00 am -6:00 pm and Night Shift 6:00 pm – 6:00 am). There was adequate staffing in the housing units and programming/education areas. The Auditor observed the staff's line of sight and assessed whether there were blind spots. There were no issues with line of sight or blind spots. The Auditor observed camera placement and future camera placement. The Control Center Officer monitors cameras; the Control Center is staffed 24/365. The Auditor did not observe any understaffing, overcrowding, or poor line of sight. Informal discussions with Supervisors did not indicate any issues with staffing, overcrowding or poor line of sight. The Chelan County Juvenile Detention Center maintains a staffing ratio of 1:8 during waking hours and 1:16 during sleeping hours.</p> <p data-bbox="244 1563 1484 1760">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. 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 the population statistics for the previous year and an analysis of the population for the day the review took place.</p> <p data-bbox="244 1789 1457 1850">Supervisors monitor the staffing roster daily. The Juvenile Detention Manager receives daily information regarding staffing and population changes.</p> <p data-bbox="244 1879 1477 1973">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 Chelan County Juvenile Detention Center always complies with the staffing plan. If any deviations from the staffing plan arise, explanations for deviations are documented.</p> <p data-bbox="244 2002 1425 2096">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).</p> <p data-bbox="244 2125 1476 2154">The Juvenile Detention Manager states that PREA standards obligate Chelan County Juvenile Detention Center to maintain</p>

the aforementioned security staffing ratios. Supervisors ensure proper ratios are maintained with spot-checking by the Juvenile Detention Manager.

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. 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.

Staffing Plan 2020, 2021 and 2022, addresses 115.313(a) (b) (c) and (d).

Policy 2.1, PREA Detention Standards, Prevention of Sexual Abuse of Youth in Detention, pages 6-7, paragraph 5 (a) and (b) and the Unannounced Round Logs addresses 115.313(e).

The Chelan County Juvenile Detention Center complies with 115.313 Supervision and monitoring.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 359 293">Documents</p> <ol data-bbox="279 349 783 477" style="list-style-type: none"> 1. Policy 9.9A Body Searches 2. Policy 8.1 Showering Youth 3. Chelan County PREA Information Staff Training 4. Protocol-for-Safe-Affirming-Care <p data-bbox="244 506 502 528">Interviews conducted with</p> <ol data-bbox="279 584 502 645" style="list-style-type: none"> 1. Random Residents 2. Random Staff <p data-bbox="244 674 1492 734">The PRE-Audit Questionnaire indicates that residents' cross-gender strip or cross-gender visual body cavity searches are not conducted at Chelan County Juvenile Detention Center.</p> <p data-bbox="244 763 1492 860">Chelan County Juvenile Detention Center 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 that medical practitioners only conduct cross-gender body cavity searches.</p> <p data-bbox="244 889 1492 983">Chelan County Juvenile Detention Center 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 medical staff must perform the search.</p> <p data-bbox="244 1012 1492 1108">If warranted, according to the strip search criteria, strip searches 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.</p> <p data-bbox="244 1137 1377 1198">There is no instance at the Chelan County Juvenile Detention Center where a cross-gender strip search has been undertaken. Additionally, there have been no body cavity searches during the audit period.</p> <p data-bbox="244 1227 1492 1323">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.</p> <p data-bbox="244 1352 1477 1382">Chelan County Juvenile Detention Center Policy 9.9a, Security and Control, Body Searches, page 3, addresses 115.315(b).</p> <p data-bbox="244 1411 1469 1570">All 13 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.</p> <p data-bbox="244 1599 1420 1628">All 13 random resident interview participants indicated they were always searched by a staff member of the same sex.</p> <p data-bbox="244 1657 1469 1718">The PRE-Audit Questionnaire indicates that all cross-gender strip searches, visual body cavity searches, and cross-gender pat-down searches are documented and justified.</p> <p data-bbox="244 1747 1445 1843">Chelan County Juvenile Detention Center 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.</p> <p data-bbox="244 1872 1492 2036">The PRE-Audit Questionnaire indicates policies and procedures have been implemented at Chelan County Juvenile Detention Center that enables 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. The Juvenile Detention Manager further relates policies and procedures require a staff of the opposite gender to announce their presence when entering a resident housing unit.</p> <p data-bbox="244 2065 1492 2161">Chelan County Juvenile Detention Center Sanitation and Hygiene, Showering Youth, Policy 8.1, pages 1-2, addresses 115.315(d). In addition, the Chelan County Juvenile Detention Center 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</p>

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 seven random staff interviewees indicate they use the bell and make a verbal statement to announce their presence when entering a housing unit that houses residents of the opposite gender. All random staff interviewees indicated that residents could dress, shower, and use the toilet without being viewed by a staff of the opposite gender.

Seven resident interviewees indicated opposite gender staff announces their presence when entering a housing area by using the bell and verbalizing male or female on the pod. All seven 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 staff is prohibited from searching or physically examining a transgender/intersex resident to determine the inmate's genital status. According to the Juvenile Detention Manager, no such searches have been conducted during the audit period. Chelan County Juvenile Detention Center Policy 9.9a, Security and Control, Body Searches page 8, addresses 115.315(e).

All 13 random staff interviewees indicated the facility prohibits staff from searching or physically examining a transgender/intersex resident to determine the resident's genital status. All interviewees indicated they were well aware of the expectation.

The Auditor observed all areas where residents may be undressed, such as showering, using the toilet, and changing their clothes. Specifically the housing units, medical, intake cells, shower areas and recreation areas. Staff members could not view confined persons in a state of undress unless it were a necessary action such as a strip search. The Auditor observed the control room cameras. The video monitoring, including pan, tilt, and zoom capabilities, did not allow staff to see a resident in a state of undress. One camera utilized electronic blurring to ensure a staff member could not observe a resident in a state of undress.

Chelan County Juvenile Detention Center Policy 9.9a, Security and Control, Body Searches, addresses 115.315(a).

Chelan County Juvenile Detention Center Policy 9.9a, Security and Control, Body Searches, page 3, addresses 115.315(b).

Chelan County Juvenile Detention Center Policy 9.9a, Security and Control, Body Searches pages 6-9, addresses 115.315(c).

Chelan County Juvenile Detention Center Sanitation and Hygiene, Showering Youth, Policy 8.1, pages 1-2, addresses 115.315(d).

Chelan County Juvenile Detention Center Policy 9.9a, Security and Control, Body Searches page 8, addresses 115.315(e).

Chelan County PREA Information Staff Training and Protocol-for-Safe-Affirming-Care address 115.315 (f).

The Chelan County Juvenile Detention Center complies with Standard 115.315: Limits to cross-gender viewing and searches.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents

1. Policy 7.7 PREA Orientation
2. Policy 13.1 Harassment and Discrimination Prohibited

Interviews conducted with

1. Intake Staff
2. Juvenile Detention Manager
3. Juvenile Court Administrator

The following policies were reviewed to determine compliance: Policy 7.11 Admissions PREA Orientation, pages 1-2 and Policy 13.1 Harassment and Discrimination Prohibited, page 2 Section II-E and Section III, A thru C.

Interviews were conducted with staff members who conducted initial intake interviews. The auditor observed the intake paperwork and 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 Chelan County Juvenile Detention Center 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, the Chelan County Juvenile Detention Center has agreements with interpreters to assist in effective communication with residents who do not understand English. The Chelan County Juvenile Detention Center does not rely on resident interpreters.

Chelan County Juvenile Detention Center 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 facility's 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; Intake staff indicated they not only provided PREA information to residents but also 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, resident printed materials, and reporting mechanisms. At the time of the audit, there were no deaf or blind residents in the population.

For residents with intellectual, psychiatric, or speech disabilities, the Juvenile Detention Manager indicated he would utilize one of the Educational staff with 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 Juvenile Court Administrator indicated during his interview that the agency had 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.

The Chelan County Juvenile Detention Center does not utilize resident interpreters. However, random informal 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.

Chelan County Juvenile Detention Center Policy 7.7 Admissions PREA Orientation pages 1-2, Policy 13.1 Harassment and Discrimination Prohibited, page 2 Section II-E and Section III, A thru C., and the interviews conducted with Intake staff, the Juvenile Court Administrator and the Juvenile Detention Manager, addresses 115.316(a) (b) and (c).

The Chelan County Juvenile Detention Center complies with 115.16: Residents with disabilities and residents who are limited English proficient.

115.317	Hiring and promotion decisions
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 359 300">Documents</p> <ol data-bbox="280 349 807 409" style="list-style-type: none"> 1. Policy 3.0 Screening and Background Checks 2. Policy 3.4 Staff Misconduct and Corrective Action <p data-bbox="244 439 502 468">Interviews conducted with</p> <ol data-bbox="280 517 695 546" style="list-style-type: none"> 1. Administrative Staff Human Resources <p data-bbox="244 575 1422 636">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:</p> <ul data-bbox="280 687 1469 848" style="list-style-type: none"> • A. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; • B. 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 • C. Has been civilly or administratively adjudicated to have engaged in the activity described above. <p data-bbox="244 878 1437 1039">The Auditor's review of a Chelan County Juvenile Detention Center 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 in 115.317(b) are asked. The Auditor's review of ten 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.</p> <p data-bbox="244 1068 1453 1162">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.</p> <p data-bbox="244 1191 1485 1285">The Auditor's random review of employee HR files reveals one employee hired at Chelan County Juvenile Detention Center had prior institutional experience; reference checks of previous employers were completed. The Auditor finds Chelan County Juvenile Detention Center compliant with 115.317(b).</p> <p data-bbox="244 1314 1461 1408">The Juvenile Court Administrator (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.</p> <p data-bbox="244 1438 1493 1599">The Juvenile Court Administrator (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.</p> <p data-bbox="244 1628 1422 1724">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.</p> <p data-bbox="244 1753 1493 1814">Four full-time staff members were hired within the past 12 months, and all criminal background and child registry checks were completed appropriately.</p> <p data-bbox="244 1843 1493 2143">Background checks are completed every three years for current employees. The Auditor reviewed ten employee files; initial criminal background checks and three-year 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 three 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 employee criminal background checks are required every five years; Chelan County Juvenile Detention Center meets this standard.</p>

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 omitting information at any stage during the application and Employment Screening Process shall disqualify the applicant from employment with the Department.

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 involving 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.

Chelan County Juvenile Detention Center considers any incidents of sexual harassment during the application process.

A polygraph examination determines 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 affecting 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. Four new employees were hired within the past 12 months, and all criminal background checks were completed appropriately. Background checks are completed every three years for current employees, and employees who fail to disclose information concerning misconduct can be terminated from employment.

Chelan County Juvenile Detention Center Policy 3.0 Screening and Background Checks, Page 2, Section III, C, and interviews with the Juvenile Court Administrator and Juvenile Detention Manager (Administrative Staff) address 115.317(a) and (b).

Chelan County Juvenile Detention Center Policy 3.0 Screening and Background Checks Page 1, Section III, A and interviews with the Juvenile Court Administrator and Juvenile Detention Manager (Administrative Staff) address 115.317(c) and (d).

Chelan County Juvenile Detention Center Policy 3.0 Staff and Contractor Background Checks a Page 2, Section III, B1, and interviews with the Juvenile Court Administrator and Juvenile Detention Manager (Administrative Staff) address 115.317(e).

Chelan County Juvenile Detention Center Policy 3.4 Staff Misconduct and Corrective Action page 2, Section III, A5, and interviews with the Juvenile Court Administrator and Juvenile Detention Manager (Administrative Staff) address 115.317(f) and (g).

The Chelan County Juvenile Detention Center complies with Standard 115.317: Hiring and promotion decisions.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Chelan County Juvenile Detention Center was built in 1998. There has been no substantial expansion or modifications to the existing facilities since August 20, 2012. Chelan County Juvenile Detention Center has made minor changes to its video monitoring equipment. There have been several attempts to upgrade the current system. The Juvenile Detention Manager indicates the facility is currently in the first phase of the video system upgrade, which includes the Sally port and the intake cameras. The second phase is the courtroom and all cameras in the detention facility's north section, including internal cameras in A Pod. The final phase will be all eastside and southern cameras (external and internal). The facility will increase the current 26 cameras to 100 cameras covering all areas of the Detention Center. The camera project is scheduled to be completed by December 2022. The Juvenile Detention Manager is the PREA Coordinator and is involved in the placement of each new camera. Both the Juvenile Detention Manager and the Juvenile Court Administrator indicated the purpose of this project is to provide additional tools to prevent and detect sexual harassment and abuse incidents.</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.318: Upgrades to facilities and technologies.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Sage MOU 2. Policy 2.1A PREA Investigations 3. SANE Contract. 4. Chelan County Child Abuse Investigation Protocols <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Juvenile Detention Manager 2. SAGE Advocate <p>The following policy and other documentation were reviewed: Chelan County Juvenile Detention Center Policy 2.1 Prevention of Sexual Abuse of Youth in Detention; SAGE MOU, SANE documentation and Chelan County Child Abuse Investigation Protocols. These policies, procedures, and the MOU provide the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and provides guidance on evidence protocol, forensic medical examinations, and specialized training. The auditor reviewed the Memorandum of Understanding between Chelan County Juvenile Detention Center and SAGE, a community-based Sexual Advocacy Center. The auditor reviewed the SAGE information that is provided to residents. Finally, the auditor reviewed the Chelan County 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 for interviewers who work with sexual assault victims.</p> <p>Interviews were conducted with one of the Sexual Assault Advocates at SAGE and the Juvenile Detention Manager.</p> <p>The Chelan County Juvenile Detention Center 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 Chelan County Protocols for Child Abuse Investigations.</p> <p>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. No costs incurred by a hospital or other emergency medical facility for examining the victim of a sexual assault, when such examination is performed to gather evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault.</p> <p>Sexual Assault Nurse Examiners perform examinations. The Central Washington Hospital maintains SANE coverage seven days a week. There have been no incidents at Chelan County Juvenile Detention Center that required a forensic medical exam in the past 12 months.</p> <p>The auditor reviewed the Memorandum of Understanding between Chelan County Juvenile Detention Center 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 in the event of a sexual assault at the facility. The advocate would support the victim through a forensic examination and investigatory interviews. The PREA Coordinator established an appropriate Memorandum of Understanding that meets the requirements to provide services to sexual abuse or harassment victims.</p> <p>Chelan County Juvenile Detention Center 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 criminal prosecutions and administrative proceedings, which occur after the criminal process is completed. The auditor reviewed the Chelan County 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.</p> <p>Chelan County Juvenile Detention Center Policy 2.1A PREA Investigations pages 1-3, and the Chelan County Child Abuse Investigation Protocols, address 115.321(a).</p> <p>Chelan County, Child Abuse Investigation Protocols, address 115.321(b).</p> <p>Chelan County Juvenile Detention Center Policy 2.1A PREA Investigation, RCW 7.68.170 and SANE availability at the</p>

Central Washington Hospital, address 115.321(c).

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

Chelan County, Child Abuse Investigation Protocols address 115.321(f).

The Chelan County Juvenile Detention Center complies with Standard 115.321: Evidence protocol and forensic medical examinations.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 359 300">Documents</p> <ol data-bbox="279 347 906 443" style="list-style-type: none"> 1. Policy 2.1A PREA Investigations 2. Policy 2.1 Prevention of Sexual Abuse of Youth in Detention 3. Chelan County Child Abuse Investigation Protocols <p data-bbox="244 472 502 501">Interviews conducted with</p> <ol data-bbox="279 551 726 613" style="list-style-type: none"> 1. Juvenile Court Administrator 2. Juvenile Detention Manager (Investigator) <p data-bbox="244 642 1474 768">The following policies were reviewed: Chelan County Juvenile Detention Center Policy 2.1 Prevention of Sexual Abuse of Youth in Detention, Chelan County Juvenile Detention Center Policy 2.1A, PREA Investigations. Additionally, the auditor reviewed the Chelan County Child Abuse Investigation Protocols and the Chelan County Juvenile Detention Center website https://www.co.chelan.wa.us/juvenile/pages/prison-rape-elimination-act</p> <p data-bbox="244 833 1396 862">Interviews were conducted with the Juvenile Detention Manager (Investigator) and the Juvenile Court Administrator.</p> <p data-bbox="244 891 1417 954">The auditor observed signs in both English and Spanish, informing residents about how to report an incident of sexual assault or sexual harassment during the facility tour.</p> <p data-bbox="244 983 1490 1310">The following describes how the evidence above was used to conclude compliance. Chelan County Juvenile Detention Center ensures that both administrative and criminal investigations are completed for all sexual abuse and sexual harassment allegations. Appropriate procedures are in place to ensure the investigation will be completed. Chelan County Juvenile Detention Center has systems in place that require investigations by proper Law Enforcement Agencies, and staff at Chelan County Juvenile Detention Center 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. This agency follows a uniform evidence protocol that maximizes the potential for obtaining good physical evidence for criminal prosecutions and administrative proceedings, which occur after the criminal process is completed. Chelan County Juvenile Detention Center is responsible for conducting administrative sexual abuse investigations.</p> <p data-bbox="244 1339 1490 1435">The agency documents all referrals. The Chelan County Juvenile Detention Center 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 sexual abuse and sexual harassment allegations.</p> <p data-bbox="244 1464 1444 1527">In the past 12 months, there have been zero administrative investigations for sexual abuse or sexual harassment and no criminal investigations for sexual abuse.</p> <p data-bbox="244 1556 1461 1619">Chelan County Juvenile Detention Center Policy 2.1 Prevention of Sexual Abuse of Youth in Detention; pages 6-7, Chelan County Juvenile Detention Center Policy 2.1A, PREA Investigations, pages 1-3, address 115.322(a).</p> <p data-bbox="244 1648 1474 1744">Chelan County Juvenile Detention Center Policy 2.1A, PREA Investigations, pages 1-3 and the Chelan County Child Abuse Investigation Protocols and the website https://www.co.chelan.wa.us/juvenile/pages/prison-rape-elimination-act, address 115.322(b) and (c).</p> <p data-bbox="244 1774 1484 1836">The Chelan County Juvenile Detention Center complies with Standard 115.322: Policies to ensure referrals of allegations for investigations.</p>

115.331	Employee training
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 359 300">Documents</p> <ol data-bbox="279 349 887 544" style="list-style-type: none"> 1. PREA - staff training statement 2. Chelan County PREA Information Staff Training 3. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 4. Protocol-for-Safe-Affirming-Care 5. PREA Training 2021 6. PREA Training 2022 <p data-bbox="244 573 507 602">Interviews Conducted with</p> <ol data-bbox="279 651 448 680" style="list-style-type: none"> 1. Random Staff <p data-bbox="244 710 1457 801">The following policy and other documentation were reviewed: Chelan County Juvenile Detention Center Policies 2.1 Prevention of Sexual Abuse of Youth in Detention, the PREA Training Curriculum and the Training acknowledge forms for PREA Training 2021 and 2022. Interviews were conducted with 13 random staff.</p> <p data-bbox="244 831 1476 1160">The Chelan County Juvenile Detention Center trains employees on zero tolerance and an employee's responsibilities to prevent, detect, report, and respond to sexual abuse and harassment incidents. Employees are informed of the resident's right to be free from sexual abuse and to be free from retaliation for reporting sexual abuse and harassment incidents. 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 communicate effectively with all residents. In addition, mandatory reporting laws are reviewed. The training is tailored to the residents at the Chelan County Juvenile Detention Center. The Chelan County Juvenile Detention Center 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 knowledge of the training curriculum.</p> <p data-bbox="244 1189 1473 1319">Employees know the Chelan County Juvenile Detention Center's current sexual abuse and sexual harassment policies and standard operating procedures. Chelan County Juvenile Detention Center documents that employees understand their training. The Auditor reviewed employee training records, and the PREA Coordinator provided copies of training records for the employees.</p> <p data-bbox="244 1348 1457 1440">The auditor reviewed ten Employee Training records, and each file reviewed contained documentation on the date of hire, PREA Training Dates, and Acknowledgement documents. The training records indicate PREA training occurred in 2020, 2021 and 2022.</p> <p data-bbox="244 1469 1481 1700">Staff members who the Auditor interviewed 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 the first responder's duties. 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 employees' training records. All staff interviewed confirmed their participation in PREA training and knowledge of the training curriculum.</p> <p data-bbox="244 1729 1481 1794">Chelan County Juvenile Detention Center 2.1 Prevention of Sexual Abuse of Youth in Detention page 6, The PREA Training Curriculum and PowerPoint slides address 115.331(a) (b) and (c).</p> <p data-bbox="244 1823 1166 1852">Training Records with signatures, including the "I understand caveat," addresses 115.331(d).</p> <p data-bbox="244 1881 1230 1910">The Chelan County Juvenile Detention Center complies with Standard 115.331: Employee training.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Chelan County PREA Information Volunteer, Service Provider, Contractor Training 3. PREA Volunteer Signed Documents 4. PREA Volunteer Signed Documents <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Volunteer 2. Contractor <p>The Chelan County Juvenile Detention Center PREA Training Curriculum, PowerPoint for Contractors and Volunteers and signed training forms were reviewed. Additionally, the auditor interviewed one volunteer and one contractor.</p> <p>The auditor reviewed the training material and the documentation each contractor or volunteer must complete. The Chelan County Juvenile Detention Center trains the volunteers and contractors on zero tolerance and responsibilities to prevent, detect, report, and respond to sexual abuse and harassment incidents. Volunteers and Contractors are informed of the resident's right to be free from sexual abuse and to be free from retaliation for reporting sexual abuse and harassment incidents. 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, inappropriate relationships with residents, and how to communicate with all residents effectively. The auditor interviewed one volunteer and one contractor. Both individuals 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. Each indicated that the Chelan County Juvenile Detention Center staff never left them alone with any residents.</p> <p>Chelan County Juvenile Detention Center PREA Training Curriculum and PowerPoint for Contractors and Volunteers and the Contractors and Volunteers training forms address 115.332 (a) and (b).</p> <p>Training Records with signatures, including the "I understand caveat," addresses 115.332(c).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.332: Volunteer and contractor training.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 7.7 PREA Orientation 2. Document Review Resident Records <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Risk Assessment Staff 3. Random Residents <p>The following policy and other documentation were reviewed: Chelan County Juvenile Detention Center Policy 7.7, 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 were reviewed. The auditor also reviewed signed documents by staff and residents, indicating the distribution and receipt of PREA-related material. Finally, the auditor reviewed 11 resident files documenting admission, orientation, and comprehensive education dates.</p> <p>Interviews were conducted with intake staff, staff who conduct Risk Assessments, and residents.</p> <p>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).</p> <p>The Auditor participated in a mock demonstration of the Intake Process. During the mock demonstration, the Auditor observed the PREA information/zero-tolerance information provided at the point of intake. The Auditor determined that the facility provides the necessary PREA information to all residents, regardless of ability and language. The information is clear and provided at an appropriate reading level and is accessible for all residents in the facility, including those who are limited English proficient (LEP) (i.e., the facility provides written information in the languages most commonly spoken in the facility and provides translation services on-demand). The Auditor determined the Chelan County Juvenile Detention facility provides interpreters, when needed, to assist Deaf and non-English speaking residents. Intake staff members are prepared to read written information aloud, if applicable, to make accommodations for residents who are Blind or have low vision or limited reading skills. Skilled educators provide the required information to confined persons with cognitive or functional disabilities.</p> <p>Residents receive information on zero tolerance, how to report sexual abuse and harassment incidents, 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 Chelan County Juvenile Detention Center will respond to such events.</p> <p>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 received this information. Interviews with residents also confirm that Chelan County Juvenile Detention Center Staff provide information on reporting incidents of sexual abuse. The facility documents the receipt of this information.</p> <p>Interpretation services are offered to residents who may not understand the presented material. Resident education is accessible to all residents, including those with limited English proficiency, deaf, visually impaired, or otherwise disabled, and residents with limited reading skills. For residents with intellectual, psychiatric, or speech disabilities, the Juvenile Detention Manager indicated he would utilize one of the Educational staff with 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 Chelan County Juvenile Detention Center has agreements with interpreters (Chelan County Juvenile Court) to communicate with residents who do not understand English effectively.</p> <p>Throughout the facility, information is 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</p>

victim advocate will also be available to support victims at the hospital whenever a forensic medical examination is done. The victim advocacy service for the Chelan County Juvenile Detention Center is SAGE. Resident interviews confirm that this information is available.

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

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

Chelan County Juvenile Detention Center Policy 7.7, PREA Orientation page 1-2, the Zero Tolerance Acknowledgement form and the PREA Education Video addresses 115.333(a) (b) (c) and (d).

The Chelan County Juvenile Detention Center PREA Orientation Acknowledgement forms, the Mock Intake Process and the Site Review, address 115.333(e) and (f).

The Chelan County Juvenile Detention Center complies with Standard 115.333: Resident education.

115.334	Specialized training: Investigations
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 359 300">Documents</p> <ol data-bbox="279 349 780 445" style="list-style-type: none"> 1. Policy 2.1A PREA Investigations 2. Chelan County Child Abuse Evidence Protocol 3. Investigator Training Certificates <p data-bbox="244 472 502 501">Interviews conducted with</p> <ol data-bbox="279 551 727 580" style="list-style-type: none"> 1. Investigator (Juvenile Detention Manager) <p data-bbox="244 607 1485 804">The following policies and other documentation were reviewed: Chelan County Juvenile Detention Center Policy 2.1A, PREA Investigations and 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 115.334, 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.</p> <p data-bbox="244 831 1182 860">Interviews were conducted with one investigator for Chelan County Juvenile Detention Center.</p> <p data-bbox="244 887 1485 1352">The Chelan County Juvenile Detention Center conducts administrative investigations involving sexual abuse and sexual harassment. The investigator has received training in conducting investigations in confinement settings. This training was online. The training title 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 the investigation would begin immediately upon notification of an allegation. 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, victim advocacy, securing and processing the scene for evidence, 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 the dynamics of resident sexual violence, and establishing good working relationships with outside agencies, hospitals, prosecutors, and other investigators.</p> <p data-bbox="244 1379 1485 1576">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, 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.</p> <p data-bbox="244 1603 1485 1769">Policy 2.1A, page 1, indicates that Chelan County Juvenile Detention Center shall provide specialized training to its investigators conducting PREA investigations. Training shall include participating in the online NIC Course "Investigating Sexual Abuse in a Confinement Setting." Documentation shall be maintained, showing that investigating staff has completed the required training. In addition to the Investigator interview, the auditor was provided documentation to substantiate the training for the investigators.</p> <p data-bbox="244 1796 1342 1825">Chelan County Juvenile Detention Center Policy 2.1A, PREA Investigations, pages 1-3, addresses 115.334(a).</p> <p data-bbox="244 1852 647 1881">Training certificates address 115.333(c).</p> <p data-bbox="244 1908 1394 1937">The Chelan County Juvenile Detention Center complies with Standard 115.334: Specialized training: Investigations.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Medical and Mental Health Training Forms <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Mental Health staff 2. Medical Staff <p>The Auditor reviewed the Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention, and the mental health and medical staff training records.</p> <p>Interviews were conducted with the Mental Health Counselor and Medical Staff.</p> <p>The Chelan County Juvenile Detention Center provides PREA training to the facility's medical and mental health practitioners. The training includes detecting signs of sexual abuse/harassment, preventing the destruction of evidence, responding to victims, and reporting 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 and Medical 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 understood the Chelan County Juvenile Detention Center Zero Tolerance policy and the appropriate protocols for dealing with sexual assault and sexual harassment incidents.</p> <p>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 provides this training. Catholic Charities provides crisis care in Chelan County and offers mental health services to residents at Chelan County Juvenile Detention Center through contract. 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.</p> <p>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 responding effectively to victims of sexual abuse. Continuing Education requirements for the State of Washington require 45 hours of training every three years. Courses offered for CEU credits include sexual assault protocols. In addition, Medical staff participated in PREA Medical and Mental Care Standards Modules 1-4. All Mental Health and Medical Staff participate in annual training provided by Chelan County Juvenile Detention Center, which covers the PREA in detail.</p> <p>Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pages 6-10, Medical and Mental Health Training forms, and interviews with Medical and Mental Health staff addresses 115.335(a) (b) (c) and (d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.335: Specialized training: Medical and mental health care.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<div data-bbox="240 203 451 232">Auditor Discussion</div>

Documents

1. Policy 2.1 Preventing Sexual Abuse in Detention
2. Policy 7.2A Admission Process
3. PREA Sexual Abuse Screening Form
4. Completed Sexually Aggressive Vulnerable Youth Screening Forms

Interviews conducted with

1. Staff who conduct Risk Assessments
2. Random Residents

The following policies were reviewed: Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process. The auditor also reviewed the admissions documentation, which includes the Intake and Admission Screening Sheet; Personal Property Record; Advice of Rights Form; Detention Behavior Report; Parent Notification Form; Personal Property Record; Advice of Rights; 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.

Interviews were conducted with staff who do screening for risk of victimization and abusiveness. In addition, interviews were conducted with residents.

The auditor observed the intake area and was provided an overview of the intake process by the Morning Shift Supervisor.

All residents are provided; Risk Assessments upon intake. The Auditor notes that these assessments are done immediately after the initial intake. The assessment includes a determination of the resident's mental health and physical health, age of the resident, physical build of the resident, previous incarcerations, criminal history, prior sex offenses, and 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 their vulnerability. The auditor notes that the average length of stay at the Chelan County Juvenile Detention Center is less than twelve 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 Intake officers confirmed the assessment tools' use and the information's confidentiality. In addition, resident interviews indicated the use of the assessment tools.

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 interviewed two 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 requires additional follow-up to determine what type of services can be provided to the resident at the facility and upon release. Each staff member was aware of their responsibilities in conducting risk assessments. The Mental Health Specialist indicated he conducts face-to-face interviews and considers all aspects, including suicide, mental health, drug issues, sexual assault victim, gang activity, physical build, verbal and social skills, special needs residents, and safety. Informal checks with every resident are conducted daily. As noted, the average stay of a resident at Chelan County Juvenile Detention Center is less than 12 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 Chelan County Juvenile Detention Center, they were asked questions like whether they had ever been sexually abused, whether they identified 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 Chelan County Juvenile Detention Center. Interviewees related they were asked these questions during intake.

Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process, pages 3-6 and the Sexually Aggressive Vulnerable Youth Screening Forms address the requirements of 115.341(a) (b) (c) (d) and (e).

The Chelan County Juvenile Detention Center complies with Standard 115.341: Screening for risk of victimization and abusiveness.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Policy 7.8 Classification and Room Assignment 3. Policy 8.1 Showering Youth <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Juvenile Detention Manager 2. Staff who conduct Risk Assessments <p>The following policies were reviewed: Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention, Policy 7.8 Classification and Room Assignment and Policy 8.1 Showering Youth.</p> <p>Interviews were conducted with the PREA Coordinator (Juvenile Detention Manager) and staff who conduct risk assessments.</p> <p>The Chelan County Juvenile Detention Center utilizes the intake information to decide housing assignments. The needs of each resident are taken into consideration.</p> <p>The PREA Coordinator indicated that all transgender or intersex housing would be determined on a case-by-case basis. The PREA Coordinator 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.</p> <p>The Chelan County Juvenile Detention Center utilizes the intake information to decide housing assignments. The needs of each resident are taken into consideration. Detention staff indicated they would determine housing on a case-by-case basis and have appropriate facilities available to ensure the safety of all residents. The PREA Coordinator stated during his interview that staff would consider a transgender or intersex resident's views concerning safety. The Chelan County Juvenile Detention Center does not have an administrative/disciplinary segregation unit. All residents are placed in general housing units.</p> <p>Preferences concerning housing assignments for LGBTQI youth are always considered. LGBTQI youth receive fair and equal treatment without bias. Any issues concerning residents who may be vulnerable due to their sexual orientation are documented so that supervisors, if necessary, can adjust assignments. All residents are provided the opportunity to shower separately from other residents.</p> <p>Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention and 7.2a Admission Process addresses the requirements of 115.342(a), (c) (d) and (f).</p> <p>There are no isolation cells at Chelan County Juvenile Detention Center. All residents are placed in appropriate housing units 115.342(b) (h) and (l) are not applicable.</p> <p>No resident has been incarcerated at Chelan County Juvenile Detention Center 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. The average stay at Chelan County Juvenile Detention Center is 12 days. Resident behavior is documented daily in addition to informal and formal meetings with Custody staff and Mental Health Staff.</p> <p>Chelan County Juvenile Detention Center Policy 8.1 Showering Youth, page 1, addresses 115.342 (g).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.342: Use of screening information.</p>

115.351	Resident reporting
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 363 300">Documents:</p> <ol data-bbox="279 349 887 443" style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Policy 7.2A Admission Process 3. Policy 13.3 Youth Grievance Process <p data-bbox="244 472 502 501">Interviews conducted with</p> <ol data-bbox="279 551 502 580" style="list-style-type: none"> 1. Random Residents <p data-bbox="244 607 1425 734">The following policies and other documentation were reviewed: Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention, Policy 13.3 Youth Grievance Process and Policy 7.2A Admission Process. The auditor reviewed the Intake Brochure provided to each resident. The auditor also reviewed the Chelan County Juvenile Detention Center website, which includes information on how to report an act of sexual harassment or sexual abuse.</p> <p data-bbox="244 763 1484 824">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.</p> <p data-bbox="244 853 1484 981">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 concerning local services provided by SAGE, a community services advocacy center.</p> <p data-bbox="244 1010 1484 1375">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. Chelan County Juvenile Detention Center has entered into a monthly agreement with Specialty Answering Service (SAS) to meet the requirements of 115.351(b). The current use of SAS, a live telephone answering service, is toll-free and allows any individual to report sexual harassment or sexual abuse at Chelan County Juvenile Detention Center. SAS follows a specific script; each phone call is documented, and immediate notification is made to the Chelan County Juvenile Detention Center PREA Coordinator and the Juvenile Court Administrator. Notification is made via email and text. If 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. Therefore, the PREA Coordinator is immediately notified of situations requiring immediate action. The Auditor tested the SAS phone number. The answering service followed a specific script and notified the PREA Coordinator within five minutes of the test call.</p> <p data-bbox="244 1404 1444 1464">Residents can also report verbally or in writing. Third-party reports can be made to any individual the resident trusts, and those individuals can report the information to any staff member. Residents may file a grievance.</p> <p data-bbox="244 1494 1404 1590">Third-party reports can be made to any staff, including the Juvenile Detention Manager. The Chelan County Juvenile Detention Center website provides information concerning reporting and the Grievance Process. (https://www.co.chelan.wa.us/juvenile/pages/grievance-process)</p> <p data-bbox="244 1619 1484 1747">These multiple reporting methods are posted throughout the facility, available in the resident brochure, and 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.</p> <p data-bbox="244 1776 1441 1836">Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention, pages 7-8, and the Random Resident interviews address the requirements of 115.351(a) (b) (c) (d) and (e).</p> <p data-bbox="244 1865 1230 1895">The Chelan County Juvenile Detention Center complies with Standard 115.351: Resident reporting.</p>

115.352	Exhaustion of administrative remedies
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 359 300">Documents</p> <ol data-bbox="279 349 887 409" style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Policy 13.3 Youth Grievance Process <p data-bbox="244 441 1423 468">The following policy was reviewed: Chelan County Juvenile Detention Center Policy 13.3, Youth Grievance Procedure.</p> <p data-bbox="244 499 1485 692">The Chelan County Juvenile Detention Center has an administrative procedure to address sexual abuse grievances. Chelan County Juvenile Detention Center 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 ten days. Third parties can submit and, if necessary, assist the resident in filing a grievance. There is an established procedure for emergency grievances and an initial response within 48 hours, with a final decision within five days. The resident may be disciplined if a complaint is filed in bad faith.</p> <p data-bbox="244 723 1490 918">When received by staff, all allegations of abuse or harassment would immediately result in the implementation of protocols established in the Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse of Youth in Detention and, if necessary, the Chelan County Juvenile Detention Center 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.</p> <p data-bbox="244 949 1490 1711">The Chelan County Juvenile Detention Center 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 ten days. The Chelan County Juvenile Detention Center has not received a grievance pertaining to sexual abuse or sexual harassment. The Chelan County Juvenile Detention Center would notify the resident in writing of any such extension and provide a date by which a decision would be made if that situation occurred. The Chelan County Juvenile Detention Center allows third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, access to filing grievances on behalf of residents relating to sexual abuse/harassment allegations. The Chelan County Juvenile Detention Center allows residents to file an emergency grievance alleging they are subject to a substantial risk of imminent sexual abuse. Upon receipt of such a grievance, the Chelan County Juvenile Detention Center immediately responds with corrective action to provide for the resident's safety. The resident would be removed from the immediate area and placed in a safe environment, and a subsequent investigation would be completed into the grievance. Chelan County Juvenile Detention Center would provide an initial response to the resident within 48 hours, and the resident would receive a final decision within five calendar days. The final decision and response to the grievance would include how the Chelan County Juvenile Detention Center responded to the emergency, what steps were taken to provide for the resident's safety 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 Chelan County Juvenile Detention Center 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. Chelan County Juvenile Detention Center 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.</p> <p data-bbox="244 1742 1431 1803">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.</p> <p data-bbox="244 1834 1469 1895">Chelan County Juvenile Detention Center Policy 13.3, Youth Grievance Procedure, addresses the requirements of 115.352 (a) (b) (c) (d) (e) (f) and (g).</p> <p data-bbox="244 1926 1430 1953">The Chelan County Juvenile Detention Center complies with Standard 115.352: Exhaustion of administrative remedies.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents

1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention
2. Policy 6.2 Telephone
3. Policy 13.2 Legal Rights
4. Sage MOU
5. Chelan County Juvenile Detention PREA pamphlet
6. Detention Rules and level System Guidelines
7. Consular Notification

Interviews conducted with

1. Random Residents
2. SAGE Advocate

The following policy and other documentation were reviewed: Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention, Policy 6.2 Telephone and Policy 13.2 Legal Rights. The Telephone policy provides information concerning resident access to outside confidential support services. In addition, the auditor reviewed the MOU between SAGE and Chelan County Juvenile Detention Center and the Resident Brochure.

Interviews were conducted with a sexual assault advocate from SAGE and random residents who had received and recalled information concerning SAGE Services.

The auditor observed the information provided concerning local services offered by SAGE, which was available to the residents and provided during intake.

The Chelan County Juvenile Detention Center 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 Chelan County Juvenile Detention Center. The Chelan County Juvenile Detention Center provides residents with confidential access to SAGE via phone. The Chelan County Juvenile Detention Center respects the sensitive nature of communication between the advocates and their clients. Advocates are cleared to enter the Chelan County Juvenile Detention Center for meetings and training sessions or to meet with clients. Advocates are provided private meeting spaces 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 Chelan County Juvenile Detention Center. Advocates maintain the confidentiality of communications with clients residing at the Chelan County Juvenile Detention Center. Residents have access to the mailing address and 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 Chelan County Juvenile Detention Center and that Victim Advocates were available to assist victims and would initially meet 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 the level of care was consistent with community standards.

The Chelan County Juvenile Detention Center 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.

Chelan County Juvenile Detention Center Policy 6.2 Telephone, Policy 13.2 Legal Rights, the MOU with SAGE, interviews with the SAGE Advocate, Random Residents and the Resident pamphlet address the requirements of 115.353 (a-d).

The Chelan County Juvenile Detention Center complies with Standard 115.353: Resident access to outside confidential support services.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>1. Policy 13.3 Youth Grievance Procedure</p> <p>Interviews conducted with</p> <p>1. Random Residents</p> <p>The auditor reviewed the Chelan County Juvenile Detention Center website, which provides information to the public on how to report resident sexual abuse or sexual harassment on behalf of a resident.</p> <p>Interviews were conducted with random residents who confirmed their knowledge of third-party reporting capabilities.</p> <p>The Chelan County Juvenile Detention Center has established a method to receive third-party reports of sexual abuse. This information is available on the Chelan County Juvenile Detention Center website (https://www.co.chelan.wa.us/juvenile/pages/grievance-process). 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 website.</p> <p>The Chelan County Juvenile Detention Center provides residents with a PREA Zero Tolerance pamphlet. 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.</p> <p>Chelan County Juvenile Detention Center Policy 13.3 Youth Grievance Procedure and the Chelan County Juvenile Detention Center website address the requirements of 115.354 (a).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.354: Third-party reporting.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Policy 12.6 Reporting Child Abuse or Neglect 3. Chelan County Juvenile Detention Center Coordinated Response Plan 4. PREA Staff Training PowerPoint <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Random Staff 2. Juvenile Detention Manager <p>The following policies and other documentation were reviewed: Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention and 12.6 Reporting Child abuse and neglect, the Chelan County Juvenile Detention Center Coordinated response plan and the Chelan County PREA Information Staff Training PowerPoint (slides 11-17).</p> <p>The auditor interviewed the Juvenile Detention Manager (PREA Coordinator) and random staff.</p> <p>The Chelan County Juvenile Detention Center requires all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment in a facility. All staff members are also required to report any retaliation against residents or staff who have reported an incident of sexual assault or sexual harassment. Regardless of its source, Chelan County Juvenile Detention Center employees who receive information concerning resident-on-resident sexual misconduct at Chelan County Juvenile Detention Center, 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.</p> <p>Any Chelan County Juvenile Detention Center 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 must report any violation of responsibilities that may have contributed to an incident or retaliation. All Chelan County Juvenile Detention Center 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.</p> <p>Aside from reporting to the designated supervisors or officials and designated State or local service agencies, Chelan County Juvenile Detention Center 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.</p> <p>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.</p> <p>Chelan County Juvenile Detention Center Policy requires immediate action to protect residents from sexual abuse. The staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the safety of the resident. All 13 random staff interviewees assert they received training in reporting sexual abuse/harassment and reporting to comply with applicable child abuse reporting laws.</p> <p>The Juvenile Detention Manager indicated notifications would be made to the probation officer and parents/guardian upon 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. The probation officer handles the report if a juvenile court retains jurisdiction over the victim.</p> <p>Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention, pages 7-8, and Policy 12.6 Reporting Child Abuse or Neglect address the requirements of 115.361 (a).</p> <p>Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention page 7, and Chelan County PREA Information Staff Training PowerPoint (slides 11-13) address the requirements of 115.361 (b).</p> <p>Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention Page 3 and Policy 12.6</p>

Reporting Child Abuse or Neglect address the requirements of 115.361 (c).

Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse in Detention, and Policy 12.6 Reporting Child Abuse or Neglect address the requirements of 115.361 (d).

Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention, page 4, and Policy 12.6 Reporting Child Abuse or Neglect address the requirements of 115.361 (e).

Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse in Detention and Chelan County Juvenile Detention Center Website addresses the requirements of 115.361 (f).

The Chelan County Juvenile Detention Center complies with Standard 115.361: Staff and agency reporting duties.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <p>1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention</p> <p>Interviews conducted with</p> <p>1. Random Staff 2. Juvenile Detention Manager</p> <p>The following policy was reviewed: Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention.</p> <p>The auditor interviewed random staff and the Juvenile Detention Manager (PREA Coordinator).</p> <p>A 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 if a resident was subject to a substantial risk of imminent sexual abuse.</p> <p>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, the Chelan County Juvenile Detention Center shall take immediate action to protect the resident by separating the victim from the perpetrator and attending to 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 their needs and the circumstances of the alleged offense.</p> <p>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 Chelan County Juvenile Detention Center staff 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.</p> <p>Chelan County Juvenile Detention Center policy requires immediate action to protect residents from sexual abuse. Although there have been no incidents in the past 12 months at the Chelan County Juvenile Detention Center, the staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the resident's safety.</p> <p>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 the Medical or the Supervisor's Office.</p> <p>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.</p> <p>Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pgs. 8-9) addresses 115.362(a).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.362: Agency protection duties.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Policy 2.1A PREA Investigations 3. PREA Training Curriculum PowerPoint <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Juvenile Court Administrator 2. Juvenile Detention Manager <p>The following policies were reviewed: Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention, and Chelan County Juvenile Detention Center Policy 2.1A, PREA Investigations. Additionally, the auditor reviewed staff training PowerPoint PREA Training Curriculum, slides 11-13, and 19-20).</p> <p>Interviews were conducted with the Juvenile Detention Manager and the Juvenile Court Administrator.</p> <p>Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Chelan County Juvenile Detention Center 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 the Juvenile Detention Manager and the Juvenile Court Administrator indicate compliance with this procedure.</p> <p>Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 12), Policy 2.1A, PREA Investigations (pg. 2), and staff training PowerPoint PREA Training Curriculum, slides 11-13, and 19-20 address 115.363(a) (b) (c) and (d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.363: Reporting to other confinement facilities.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Policy 2.1A PREA Investigations 3. PREA Institutional Plan 4. PREA Training Curriculum PowerPoint <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Random Staff <p>The following policies and other documentation were reviewed: Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse of Youth in Detention and Policy 2.1A, PREA Investigations, the Coordinated Response plan, and the training PowerPoint PREA Curriculum slides 10-20.</p> <p>The auditor interviewed 13 random staff.</p> <p>The following observations were made during the on-site tour of the facility: During the tour, informal discussions were conducted by the auditor with Chelan County Juvenile Detention Center 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, believe what the victim had stated, and proceed to take action as necessary to ensure the victim's safety.</p> <p>The Chelan County Juvenile Detention Center 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).</p> <p>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 responder must first request the victim not to destroy evidence and then notify a detention staff member. Policy 2.1A, PREA Investigations (pg. 2) states that staff are directed to request that the alleged victim refrains from taking actions that could destroy physical evidence. The Juvenile Detention Manager indicated: the term "Staff" refers to custody staff and supervisors as well as probation officers, teachers, institutional education program staff, extra help custody staff, volunteers, and contractors (medical, therapists, and chaplaincy).</p> <p>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 separating the parties, cell reassignment, securing the scene, following 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, Chelan County Juvenile Detention Center has not had any incidents of sexual assault.</p> <p>Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse of Youth in Detention (pg. 2) and 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) and (b).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.364: Staff first responder duties.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. PREA Institutional Plan 3. PREA Training Curriculum PowerPoint <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Random staff 2. Juvenile Detention Manager <p>The following policy and other documentation were reviewed: Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse of Youth in Detention, the Coordinated Response plan, and the training PowerPoint slides 10-20.</p> <p>The auditor interviewed random staff and the Juvenile Detention Manager (PREA Coordinator).</p> <p>The following observations were made during the on-site tour of the facility: During the tour, informal discussions were conducted by the auditor with Chelan County Juvenile Detention Center 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, believe what the victim had stated, and proceed to take action as necessary to ensure the victim's safety.</p> <p>The Chelan County Juvenile Detention Center has a written plan that includes immediate notification to the Juvenile Detention Manager/PREA Coordinator, law enforcement, and sexual assault advocates. During his interview, the Juvenile Detention Manager stated that staff are trained to follow the PREA Institutional Response Plan, which 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.</p> <p>The Coordinated Response plan delineates specific responsibilities for both First Responders and 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 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 collection. Request that the alleged victim not take actions that could destroy physical evidence. This may include washing, brushing teeth, changing clothes, urinating, defecating, eating, or drinking. 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, defecating, eating or drinking. Offer sexual assault victim advocate services (Call SAGE), communicate pertinent information to Central Washington Hospital, and transport the victim if necessary.</p> <p>Interviews with random staff, the Juvenile Detention Manager/PREA Coordinator, Policy 2.1 Preventing Sexual Abuse of Youth in Detention; the PREA Institutional Response plan; and the PREA Training Curriculum, slides 10-20 address 115.365 (a).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.365: Coordinated response.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Teamsters PTC Agreement 2020 3. Teamster Local No. 760 - Juvenile Detention Supervisors <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Juvenile Court Administrator 2. Juvenile Detention Manager <p>The Auditor interviewed the Juvenile Court Administrator and the Juvenile Detention Manager. Additionally, the Auditor reviewed the two Labor agreements between Teamsters Local 760, which represents Supervisors, Professionals, Technical and Clerical employees, and Chelan County.</p> <p>Chelan County Juvenile Detention Center 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.</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.366: Preservation of ability to protect residents from contact with abusers.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <p>1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention\</p> <p>Interviews conducted with</p> <p>1. Designated staff member charged with monitoring retaliation</p> <p>The following policy was reviewed: Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pg. 10.</p> <p>The auditor interviewed the Juvenile Detention Manager, the designated staff member who monitors retaliation.</p> <p>The Chelan County Juvenile Detention Center prohibits retaliation against 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 to manage retaliation situations. Such as removing 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.</p> <p>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 any changes may suggest possible retaliation by residents or staff. The Juvenile Detention Manager further stated that the facility monitors the conduct or treatment for as long as necessary and acts promptly to remedy such retaliation. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need. There were no incidents of retaliation during the last 12 months.</p> <p>Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pg. 10-11 addresses 115.367(a) (b) (c) (d) and (e).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.367: Agency protection against retaliation.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Policy 14.2 Rule Violations and Accountability <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Juvenile Detention Manager <p>The following policies were reviewed: Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention and Policy 14.2, Rule Violations and Accountability.</p> <p>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 the Chelan County Juvenile Detention Center policy 2.1 goes further and indicates, "Allegations of sexual abuse or harassment are not adequate justification to place youth in isolation" (Page 9).</p> <p>The auditor notes that no isolation cells are available at Chelan County Juvenile Detention Center. All residents are housed in PODs, and segregation cells are not available.</p> <p>Policy 2.1, page 9, states:</p> <p>(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 in room confinement.</p> <p>The language in the standard states, "the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged." Additionally, the facility must provide access to legally required educational programming, special education services, and daily large-muscle exercise. Although the PRE-Audit Questionnaire indicates the Chelan County Juvenile Detention Facility has a policy that addresses Post-allegation protective custody, the policy (2.1) as written does not allow post-allegation protective custody. Residents who allege sexual abuse or harassment are not allowed to be in room confinement.</p> <p>Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention, pg. 9, addresses 115.368 (a).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.368: Post-allegation protective custody.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 360 293">Documents</p> <ol data-bbox="277 349 887 443" style="list-style-type: none"> 1. Policy 2.1, Preventing Sexual Abuse of Youth in Detention 2. Policy 2.1A PREA Investigations 3. Chelan County Evidence Protocols <p data-bbox="244 472 504 495">Interviews conducted with</p> <ol data-bbox="277 551 727 580" style="list-style-type: none"> 1. Juvenile Detention Manager (Investigator) <p data-bbox="244 607 1493 734">The following policies were reviewed: Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention and Chelan County Juvenile Detention Center Policy 2.1A, PREA Investigations. The auditor reviewed the Chelan County Protocols for Child Abuse investigation and the NIC curriculum, Specialized Training: Investigating Sexual Abuse in Confinement Settings.</p> <p data-bbox="244 763 1062 792">The auditor interviewed the Chelan County Juvenile Detention Center investigator.</p> <p data-bbox="244 822 1493 983">The Chelan County Juvenile Detention Center conducts administrative investigations of sexual abuse and sexual harassment allegations. 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 Chelan County Juvenile Detention Center investigators have received training from the NIC, specifically, "Investigating Sexual Abuse in a Confinement Setting."</p> <p data-bbox="244 1012 1469 1207">Investigators gather and preserve direct and circumstantial evidence; however, crime scenes are secured to prevent contamination, and the lead Law Enforcement agency collects physical and DNA evidence. The Chelan County Juvenile Detention Center investigator collects all electronic monitoring data, records, resident files, and staff memorandums and provides that information to the lead Law Enforcement agency. The Chelan County Juvenile Detention Center Investigators would interview alleged victims, suspected perpetrators, and witnesses for administrative investigations. Under normal circumstances, the lead Law Enforcement agency will conduct its interviews during a criminal investigation.</p> <p data-bbox="244 1236 1406 1299">The Chelan County Juvenile Detention Center 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.</p> <p data-bbox="244 1328 1485 1391">During his interview, the Chelan County Juvenile Detention Center 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.</p> <p data-bbox="244 1420 1062 1449">Residents are not subject to a polygraph examination or other truth-telling devices.</p> <p data-bbox="244 1478 1437 1572">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.</p> <p data-bbox="244 1601 1493 1729">Criminal investigations are documented and maintained by the lead Law Enforcement agency. The Chelan County Juvenile Detention Center 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.</p> <p data-bbox="244 1758 1150 1787">Substantiated allegations of conduct that appear to be criminal are referred for prosecution.</p> <p data-bbox="244 1816 1445 1910">The Chelan County Juvenile Detention Center 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.</p> <p data-bbox="244 1939 1493 2002">The Chelan County Juvenile Detention Center Investigator works with the lead Law Enforcement agency and fully cooperates with that agency during the investigation.</p> <p data-bbox="244 2031 1477 2159">The Chelan County Juvenile Detention Center has two (2) individuals who have received specialized training for conducting sexual abuse investigations as required by PREA standard 115.234. Upon completing an administrative or criminal investigation, the Chelan County Juvenile Detention Center will do a follow-up investigation for Human Resource action as necessary.</p>

The Chelan County Juvenile Detention Center Investigator indicated during his interviews that his training 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 115.334, 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 and best practices in investigating incidents of sexual abuse. The course provides legal issues liability training, 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 sexual assault or sexual harassment incidents have occurred at Chelan County Juvenile Detention Center in the past 36 months.

The Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention and Chelan County Juvenile Detention Center Policy 2.1A, PREA Investigations, the Chelan County 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).

The Chelan County Juvenile Detention Center complies with Standard 115.371: Criminal and administrative agency investigations.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1A PREA Investigations 2. Policy 3.4 Staff Misconduct and Corrective Action <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Juvenile Detention Manager (Investigator) <p>The following policies were reviewed: Chelan County Juvenile Detention Center Policy 2.1A PREA Investigations and Policy 3.4, Staff Misconduct and Corrective Action.</p> <p>The auditor interviewed one of the Chelan County Juvenile Detention Center investigators.</p> <p>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."</p> <p>Chelan County Juvenile Detention Center Policy 3.4, Staff Misconduct, and Corrective Action, page 4, and the interview with the Investigator address 115.372 (a).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.372: Evidentiary standard for administrative investigations.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <p>1. Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth</p> <p>The following policy was reviewed: Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention.</p> <p>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 or convicted. All notifications are documented.</p> <p>The Chelan County Juvenile Detention Center Policy specifically states: (page 12):</p> <p>(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.</p> <p>(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:</p> <p>(1) Substantiated- meaning the allegation was determined to have occurred;</p> <p>(2) Unsubstantiated- meaning there was insufficient evidence to make a final determination as to whether or not the event occurred, or</p> <p>(3) Unfounded- meaning the allegation was determined not to have occurred.</p> <p>(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):</p> <p>(1) The staff member is no longer posted in the resident's unit.</p> <p>(2) The staff member is no longer employed at the facility.</p> <p>(3) The staff member has been criminally charged for conduct related to sexual abuse within the facility.</p> <p>(4) The staff member has been convicted of such charges.</p> <p>(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:</p> <p>(1) The other resident has been criminally charged for conduct related to sexual abuse within the facility.</p> <p>The auditor notes that no sexual assault or sexual harassment incidents have occurred at the Chelan County Juvenile Detention Center in the past 36 months. As a result, there was no resident notification to review.</p> <p>Chelan County Juvenile Detention Center PREA Policy 2.1, Preventing Sexual Abuse of Youth in Detention page 12, addresses 115.373(a-f).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.373: Reporting to residents.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <p>1. Chelan County Juvenile Detention Policy 3.4 Staff Misconduct and Corrective Action.</p> <p>Interviews Conducted with</p> <p>1. Juvenile Court Administrator 2. Juvenile Detention Manager</p> <p>The following policy was reviewed: Chelan County Juvenile Detention Center Policy 3.4, Staff Misconduct, and Corrective Action. In addition, the auditor interviewed the Juvenile Detention Manager and the Juvenile Court Administrator.</p> <p>The Chelan County Juvenile Detention Center staff are subject to disciplinary sanctions, including termination for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of Chelan County Juvenile Detention Center 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. The Chelan County Juvenile Detention Center will track all staff terminations and licensing notifications. The Juvenile Court Administrator indicated there had been no staff terminations for violations of agency sexual abuse or sexual harassment policies at Chelan County Juvenile Detention Center in the past 12 months. The Juvenile Court Administrator stated appropriate notifications would be made to licensing boards or other agencies.</p> <p>Chelan County Juvenile Detention Center Policy 3.4, Staff Misconduct and Corrective Action, pages 4-5, addresses 115.376 (a-d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.376: Disciplinary sanctions for staff.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1, Prevention Sexual Abuse of Youth in Detention 2. Policy 2.1A PREA Investigations 3. Policy 5.1 Detention Volunteer Programming <p>The following policies were reviewed: Chelan County Juvenile Detention Center Policy 2.1, Prevention Sexual Abuse Youth in Detention, Policy 2.1A PREA Investigations and Policy 5.1 Detention Volunteer Programming.</p> <p>The Chelan County Juvenile Detention Center policy 2.1, page 3, states:</p> <ol style="list-style-type: none"> 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. <p>There have been no incidents of contractors or volunteers violating Chelan County Juvenile Detention Center PREA policies within the past 12 months.</p> <p>Chelan County Juvenile Detention Center Policy 2.1, Prevention Sexual Abuse of Youth in Detention, page 3 and Policy 5.1 Detention Volunteer Programming page 4, addresses 115.377(a-b).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.377: Corrective action for contractors and volunteers.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 14.2 Rule Violations and Accountability 2. Policy 2.1 Preventing Sexual Abuse of Youth in Detention <p>The following policies and other documentation were reviewed: The Chelan County Juvenile Detention Center Policy 14.2, Rule Violations and Accountability, Chelan County Juvenile Detention Center Policy 2.1, Prevention of Sexual Abuse in Detention, and the Chelan County Juvenile Detention Center Resident Handbook, which contains information concerning disciplinary actions.</p> <p>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.</p> <p>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. Chelan County Juvenile Detention Center prohibits all sexual activity between residents and disciplines residents for such action.</p> <p>In the past 12 months, there have been zero administrative findings of resident-on-resident sexual abuse and zero criminal findings of guilt for resident-on-resident sexual abuse at the Chelan County Juvenile Detention Center.</p> <p>The Chelan County Juvenile Detention Center does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse.</p> <p>Chelan County Juvenile Detention Center Policy 14.2, Rule Violations and Accountability, page 3, Policy 2.1, Prevention of Sexual Abuse in Detention, page 11 (<i>h</i>) <i>Good Faith Reporting</i> and the Chelan County Juvenile Detention Center Resident Handbook, address 115.378(a-g).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.378: Interventions and Disciplinary sanctions for residents.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <p>1. Policy 2.1, Preventing Sexual Abuse of Youth in Detention.</p> <p>Interviews conducted with</p> <p>1. Mental Health staff 2. Staff who conduct Risk Assessments</p> <p>The following policy was reviewed: The Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention. The auditor also reviewed the following Intake forms: the 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.</p> <p>The Chelan County Juvenile Detention Center staff (Intake Officers) make arrangements for a follow-up meeting with a mental health practitioner or a SAGE Advocate for residents who disclose any prior sexual victimization during screening.</p> <p>The Chelan County Juvenile Detention Center 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.</p> <p>Appropriate Child Protective Agencies would be notified about prior sexual victimization that did not occur at Chelan County Juvenile Detention Center. 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.</p> <p>Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention, page 4 and 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).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.381: Medical and mental health screenings; history of sexual abuse.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1, Preventing Sexual Abuse of Youth in Detention 2. RCW 7.68.170. <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Juvenile Detention Manager (PREA Coordinator) 2. Medical Staff 3. SAGE Advocate <p>The following policy and other documentation were reviewed: Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention and the RCW 7.68.170.</p> <p>The auditor interviewed the Juvenile Detention Manager/PREA Coordinator and a sexual assault advocate from SAGE.</p> <p>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.</p> <p>The Chelan County Juvenile Detention Center 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's 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.</p> <p>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".</p> <p>Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention pages 9 -10, and RCW 7.68.170 addresses 115.382 (a-d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.382: Access to emergency medical and mental health services.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <p>1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention</p> <p>Interviews conducted with</p> <p>1. Juvenile Detention Manager (PREA Coordinator) 2. Medical Staff 3. Mental Health Staff 4. SAGE Advocate</p> <p>The following policy was reviewed: Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention. Additionally, the auditor interviewed the Juvenile Detention Manager/PREA Coordinator, Medical Staff, Mental Health staff and a sexual assault advocate from SAGE.</p> <p>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.</p> <p>The Chelan County Juvenile Detention Center 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. 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 Chelan County Juvenile Detention Center policy and applicable MOUs are in place to meet the victim's needs.</p> <p>Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention (pg. 9 and 13) and interviews with Medical, Mental Health and SAGE staff address 115.383(a-h).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers.</p>

115.386	Sexual abuse incident reviews
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 359 300">Documents</p> <ol data-bbox="279 349 746 409" style="list-style-type: none"> 1. Policy 12.7 Critical Incident Review 2. PREA Sexual Abuse Incident Review Form. <p data-bbox="244 441 502 468">Interviews conducted with</p> <ol data-bbox="279 517 620 544" style="list-style-type: none"> 1. Incident Review Team Member <p data-bbox="244 575 1380 636">The following policy was reviewed: Chelan County Juvenile Detention Center Policy 12.7, Critical Incident Review. Additionally, the PREA Sexual Abuse Incident Review Form was reviewed.</p> <p data-bbox="244 667 1489 893">At the completion of the investigative process, Chelan County Juvenile Detention Center staff would review the incident. 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, and the Juvenile Court Administrator. The review would include 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.</p> <p data-bbox="244 925 1034 952">There would be a final report of the incident with appropriate recommendations.</p> <p data-bbox="244 983 743 1010">Policy 12.7 Critical Incident Review page 2 states:</p> <p data-bbox="244 1041 1493 1200">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:</p> <ol data-bbox="244 1232 1481 1590" style="list-style-type: none"> 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. <p data-bbox="244 1621 1465 1780">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.</p> <p data-bbox="244 1812 1449 1872">The Chelan County Juvenile Detention Center reports that in the past 12 months, there have been zero investigations for sexual abuse or harassment in the past 36 months.</p> <p data-bbox="244 1957 1444 2018">The Chelan County Juvenile Detention Center Policy 12.7, Critical Incident Review page 2, and the PREA Sexual Abuse Incident Review Form address 115.386(a-e).</p> <p data-bbox="244 2103 1351 2130">The Chelan County Juvenile Detention Center complies with Standard 115.386: Sexual abuse incident reviews.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <p>1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention</p> <p>The following policy was reviewed: Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention. In addition, the auditor reviewed the data collection instrument, the Chelan County Juvenile Detention Center PREA definitions, and the Chelan County Juvenile Detention Center annual PREA review for the past several years.</p> <p>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.</p> <p>Chelan County Juvenile Detention Center provides access to their annual reviews on the web at https://www.co.chelan.wa.us/juvenile/pages/prison-rape-elimination-act. The annual reports from 2015 through 2021 are available on the website.</p> <p>Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth in Detention page 13, and a review of the Annual Reports from 2015-2021 address 115.387(a-d).</p> <p>Chelan County Juvenile Detention Center 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 Chelan County Juvenile Detention Center.</p> <p>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 Chelan County Juvenile Detention Center.</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.387: Data collection.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Auditor reviewed the Chelan County Juvenile Detention Center annual PREA review for 2019, 2020 and 2021.</p> <p>The Chelan County Juvenile Detention Center reviews the data, identifies problem areas, takes corrective action, and prepares a final report. The report assesses the agency's progress in addressing sexual abuse. The Agency Head reviews the report, which is available online at https://www.co.chelan.wa.us/juvenile/pages/prison-rape-elimination-act.</p> <p>The reports are reviewed and signed by the Juvenile Court Administrator and the PREA Coordinator/Juvenile Detention Manager before publishing online. The reports capture the Chelan County Juvenile Detention Center's strategies for establishing a healthy staff and resident sexual safety culture, including zero tolerance for sexual abuse and sexual harassment.</p> <p>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, and operations routines are considered for implementation based on the assessments.</p> <p>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 Chelan County Juvenile Detention Center Annual Report.</p> <p>The annual report compares the current year's data and corrective actions with prior years. The Juvenile Detention Manager further reports that the annual report assesses the facility's progress in addressing sexual abuse.</p> <p>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.</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.388: Data review for corrective action.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 7.3 Records Retention 2. Fire and emergency medical records retention schedule 3. County clerks and superior court records retention schedule 4. Local government common records retention schedule <p>The Chelan County Juvenile Detention Policy 7.3 Records Retention was reviewed. Additionally, the Auditor reviewed the retention schedules for medical, court, and local government common records.</p> <p>Data is strictly controlled by the Chelan County Juvenile Detention Center PREA Coordinator. The PREA Coordinator and the Juvenile Court Administrator have the authority to view the files and data. The data provided to the Public does not contain any personal identifiers. The Chelan County Juvenile Detention Center maintains this data for ten years after the initial collection date. The data collected is securely retained in the Juvenile Detention Manager's locked and secure office.</p> <p>The Chelan County Juvenile Detention Center Policy 7.3 Records Retention, pages 1-5, address 115.389 (a) (c) and (d).</p> <p>The Chelan County Juvenile Detention Center does not contract with other private facilities 115.389 (b) does not apply.</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.89: Data storage, publication, and destruction.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This is the Chelan County Juvenile Detention Center's second PREA audit. The initial PREA Audit was conducted in November 2019.</p> <p>Chelan County has only one facility.</p> <p>The Auditor reviewed the relevant policies, procedures, reports, and accreditations. The Auditor was provided a sampling of relevant documents for the most recent one-year period. The Auditor was permitted access to and observed all the Juvenile Detention Center areas. The Auditor was permitted to request and receive copies of all relevant documents. 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.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This is the Chelan County Juvenile Detention Center's second PREA audit. The previous audit was conducted in November 2019. Upon completing the final report in 2019, the Chelan County Juvenile Detention Center published the audit results on its website. This task was completed within 90 days of the completion of the audit.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	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?	no
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes