

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: 09/12/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Robert Palmquist

Date of Signature: 09/12/2025

AUDITOR INFORMATION

Auditor name: Palmquist, Robert

Email: robobem@gmail.com

Start Date of On-Site Audit: 08/18/2025

End Date of On-Site Audit: 08/20/2025

FACILITY INFORMATION

Facility name: Chelan County Juvenile Detention Center

Facility physical address: 316 Washington Street, Wenatchee, Washington - 98801

Facility mailing address: 316 Washington St., Suite 202, Wenatchee, Washington - 98801

Primary Contact

Name:	Emilio Iniguez
Email Address:	emilio.iniguez@co.chelan.wa.us
Telephone Number:	5096676645

Superintendent/Director/Administrator	
Name:	Corey Stephens
Email Address:	corey.stephens@co.chelan.wa.us
Telephone Number:	5096676647

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:	5096676922

Facility Characteristics	
Designed facility capacity:	39
Current population of facility:	14
Average daily population for the past 12 months:	13
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-17
Facility security levels/resident custody levels:	Maximum / I-IV
Number of staff currently employed at the facility who may have contact with residents:	44
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	18

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

Facility AUDIT FINDINGS	
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

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-08-18
2. End date of the onsite portion of the audit:	2025-08-20

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 Advocacy Center 710 N Chelan Wenatchee, WA 98801 SAGE provides services for adults and children in Chelan and Douglas Counties impacted by domestic violence, sexual assault and other crimes.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	39
15. Average daily population for the past 12 months:	13
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	
23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	13
25. 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
26. 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
27. 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
28. 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

29. 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
30. 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:	1
31. 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
32. 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
33. 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
34. 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
35. 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 13. One resident was released from custody at 1:00 pm. 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

36. 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:	28
37. 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:	10
38. 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:	4
39. 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 (Night Shift).

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
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41. 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 type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	At 8:00 am, on the first day of the Audit, the Chelan Juvenile Detention Facility Count was 13. One resident was released from custody at 1:00 pm. The Auditor interviewed 100% of the residents at the facility.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
44. 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	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0

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".

47. 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:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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.
48. 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

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>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).</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor interviewed 100% of the residents at the facility. No resident was blind or had low vision (i.e., visually impaired)</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor interviewed 100% of the residents at the facility. No resident was Deaf or hard-of-hearing.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor interviewed 100% of the residents at the facility. No resident was Limited English Proficient (LEP).</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor interviewed 100% of the residents at the facility. No resident identified as lesbian, gay or bisexual during the interview process.</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor interviewed 100% of the residents at the facility. No resident identified as transgender.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor interviewed 100% of the residents at the facility. No resident had reported sexual abuse in the facility.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor interviewed 100% of the residents at the facility. No resident disclosed prior sexual victimization during risk screening.</p>

56. 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:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The Chelan County Juvenile Detention Center identified one individual as gay, however during the interview process this individual stated that he was straight and had never informed anyone at the facility that he was gay. Additionally, four residents were identified by Chelan County Juvenile Detention Center staff as having reported prior sexual victimization, however during the interview process none of the four indicated there was an issue of sexual victimization prior to their incarceration.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	10

59. 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
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor interviewed all staff on each shift.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <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)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS 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 VOLUNTEERS who were interviewed:	1
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
69. 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

70. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>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.</p>
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>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.</p>	
71. Did you have access to all areas of the facility?	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
Was the site review an active, inquiring process that included the following:	
72. 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)?	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
73. 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)?	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

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. 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. 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. 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. 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. 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.

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.

77. 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?

☒ Yes

☐ No

78. 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.

79. 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	1	1	1	1
Total	1	1	0	1

80. 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.

81. 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	1	0	0	0	0
Total	1	0	0	0	0

82. 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	1	0	0	1
Total	1	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.

83. 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

84. 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

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

1

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. 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)
89. 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	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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	
93. 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.
94. 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	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. 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)

97. 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	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. 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)
100. 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)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The Administrative portion of the staff on resident sexual abuse investigation is closed. The facility is waiting for closure on the criminal case.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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.

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> Policy 1.3 Zero Tolerance Sexual Abuse Policy 3.4 Staff Misconduct and Corrective Action Policy 2.1 Preventing Sexual Abuse of Youth in Detention CCJDC Staffing Chart 2025 <p>Interviews:</p> <ol style="list-style-type: none"> Agency Head Juvenile Court Administrator PREA Coordinator/Compliance Manager (Juvenile Detention Manager) <p>Section 115.311(a): Zero Tolerance Policy</p> <p>The facility maintains a comprehensive zero-tolerance policy toward all forms of sexual abuse and sexual harassment, as outlined in Policy 2.1 Preventing Sexual</p>

Abuse of Youth in Detention, and Policy 1.3 Zero Tolerance Sexual Abuse. These policies address:

- Definitions of prohibited behaviors
- Sanctions for engaging in prohibited conduct
- Strategies for preventing, detecting, and responding to incidents
- Procedural guidelines for staff and resident training, reporting, intervention, investigation, data collection, and data reporting

The zero-tolerance approach permeates the facility: signage in both English and Spanish informs residents of their right to be free from sexual abuse and describes reporting procedures. Information about local advocacy services (e.g., SAGE Community Services) is readily available throughout the facility.

The Policies apply to all staff (including full-time, part-time, temporary, on-call), volunteers, contractors, and residents.

Section 115.311(b): PREA Coordinator

- Chelan County Juvenile Detention Center has designated a PREA Coordinator, who is identified as the Juvenile Detention Manager/Compliance Manager.
- The PREA Coordinator has sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with PREA standards.
- The Juvenile Court Administrator supports the Coordinator's work, ensuring administrative backing for PREA compliance.

Section 115.311(c): Agency Structure

- The Chelan County Juvenile Detention Center operates a single facility, so it appoints one PREA Coordinator/Compliance Manager to oversee all PREA-related activities, as reflected in the facility's Organizational Chart (2025).
- Prevention and Response Strategies
- Staff training (including contractors and volunteers) to recognize and respond to sexual abuse and harassment
- Screening residents for risk of sexual victimization or abusiveness upon intake
- Mandatory reporting requirements for all staff regarding actual or suspected incidents
- Prompt and effective response to all reports, including full staff cooperation with investigations
- Sanctions imposed on individuals found to have participated in prohibited behavior
- Medical and mental health care offered to victims and abusers
- Annual assessment and policy review to improve practices
- External audits to ensure PREA compliance

	<p>The following policies were reviewed: Policy 2.1 Preventing Sexual Abuse of Youth in Detention, Policy 3.4 Staff Misconduct and Corrective Action, and Policy 1.3 Zero Tolerance of Sexual Abuse. 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>Chelan County Juvenile Detention Center Policy 2.1 Preventing Sexual Abuse of Youth in Detention, Policy 3.4 Staff Misconduct and Corrective Action, Policy 1.3 Zero Tolerance of Sexual Abuse, the Chelan County Juvenile Detention Center Organizational Chart, the interview with the PREA Coordinator and Agency Head, addresses 115.311 (a) (b) and (c).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This standard is not applicable to the Chelan County Juvenile Detention Center. As a county-operated juvenile detention facility, the Center does not enter into contractual agreements with external agencies for the confinement of residents. Instead, other agencies may contract with Chelan County Juvenile Detention Center for the purpose of housing individuals from their respective jurisdictions. Chelan County does not place any of its residents in the custody of other juvenile detention facilities.</p>

115.313	Supervision and monitoring
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 451 376">Documents:</p> <ol data-bbox="341 443 1187 600" style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. 2025 Staffing Plan 3. Unannounced Rounds 2024 4. Exigent Circumstances around Staffing <p data-bbox="280 645 437 678">Interviews:</p> <ol data-bbox="341 745 868 857" style="list-style-type: none"> 1. Juvenile Detention Manager 2. Intermediate or Higher Level Staff 3. PREA Coordinator <p data-bbox="280 902 1481 1193">115.313(a): The Chelan County Juvenile Detention Center develops, documents, and adheres to a formal staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect residents from sexual abuse. The plan considers the average daily resident population (11), with a plan based on 25 residents and addresses all eleven factors required in staffing plan development. The annual review and oversight are carried out by the Juvenile Detention Manager, PREA Coordinator and the Juvenile Court Administrator.</p> <p data-bbox="280 1227 1481 1518">115.313(b): The staffing plan is reviewed at least annually by the PREA Coordinator and Juvenile Court Administrator. The review includes an assessment of the facility's physical plant, video monitoring systems, population statistics, resource allocation, and any previous judicial findings or inadequacies identified by oversight agencies (none reported). The review also considers architectural weaknesses and population data from the prior year and the day of the review. The process includes a vulnerability analysis to identify and address any risks.</p> <p data-bbox="280 1552 1481 1753">115.313(c): Any deviations from the established staffing plan are documented. The Juvenile Detention Manager monitors staffing and population changes daily and reports deviations. The deviations, if any, are promptly documented with explanations (Exigent Circumstances around Staffing) The facility strives to maintain compliance with the staffing plan at all times.</p> <p data-bbox="280 1787 1481 2033">115.313(d): Intermediate-level or higher-level staff are required to conduct and document unannounced rounds on all shifts to identify and deter staff sexual abuse and harassment. Unannounced rounds are logged, and interviews with pod staff confirm regular supervisor presence, with supervisors making rounds multiple times per shift. Facility policy prohibits staff from alerting others about the timing of such rounds, ensuring the integrity of the process.</p>

	<p>115.313(e): Facility policy explicitly prohibits staff from alerting other staff members about unannounced supervisory rounds. This is reinforced through policy, staff interviews, and auditor observations conducted during facility tours. The integrity of these rounds is maintained to ensure effective supervision and deter prohibited behaviors.</p> <p>Policy 2.1 Preventing Sexual Abuse of Youth in Detention, page 6. 5., Staffing Plan 2025 and interviews with the Detention Manager and PREA Coordinator, addresses 115.313(a)</p> <p>Exigent Circumstances around Staffing and interview with the Detention Manager, addresses 115.313 (b).</p> <p>Staffing Plan 2024, Exigent Circumstances around Staffing and interviews with the Detention Manager and PREA Coordinator, addresses 115.313(c).</p> <p>2025 Staffing plan and the interview with the PREA Coordinator, addresses 115.313 (d).</p> <p>Policy 2.1, PREA Detention Standards, Prevention of Sexual Abuse of Youth in Detention, 7, (b), interviews with staff who conduct unannounced rounds and Unannounced Round Logs addresses 115.313(e).</p> <p>The Chelan County Juvenile Detention Center complies with 115.313 Supervision and monitoring.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Policy 9.9A Body Searches 3. Policy 8.1 Showering Youth 4. 2025 PREA Staff Training <p>Training Notification for June (Pat Search Training requirement)</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Random Staff <p>115.315(a): The facility prohibits cross-gender strip searches and visual body cavity</p>

searches of residents except in exigent circumstances or when performed by medical practitioners. The PRE-Audit Questionnaire confirms that all such searches, if ever conducted, are both documented and justified. Additionally, the facility policy references Revised Code of Washington 10.79.080, which specifically states that a body cavity search may only be conducted when a Superior Court Judge issues a search warrant.

115.315(b): The facility does not permit cross-gender pat-down searches under any circumstances. The Juvenile Detention Manager affirms that zero cross-gender pat-down searches have occurred in the past 12 months. All ten randomly selected staff interviewees and all twelve resident interviewees consistently report that cross-gender pat-down searches are not conducted. Policy states that even in emergencies, only same-sex staff may conduct pat-down searches, with no exceptions.

115.315(c): Staff are strictly prohibited from searching or physically examining transgender or intersex residents to determine genital status. The Juvenile Detention Manager states that no such searches have been conducted during the audit period. This is further corroborated by all twelve random staff interviewees, who indicate knowledge and understanding of this prohibition and the facility's expectations.

115.315(d): All random staff interviewees assert they are restricted from conducting cross-gender pat-down searches and are aware of the rules, expectations, and policies. Staff are trained to conduct all searches in a professional and respectful manner and in the least intrusive way possible, consistent with security needs. There is clear evidence of operational practice and education regarding these procedures.

115.315(e): In cases where it is unclear whether a youth is male or female staff may not search the youth or physically examine the youth's genitals for the sole purpose of determining gender status. If the youth's status is unknown, it may be determined during conversations with the youth or parents, 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. Until the issue is resolved, a search should be postponed, and the youth should be placed in a holding cell until definitive information regarding their gender status is known.

Facility policies and procedures ensure that residents are able 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 viewing is incidental to routine cell checks. Both staff and residents confirm in interviews that this privacy is consistently maintained.

115.315(f): Policies require staff of the opposite gender to announce their presence upon entering a resident housing unit. The Chelan County Juvenile Detention Center utilizes a distinctive bell and an accompanying verbal announcement, ensuring clarity for residents. All ten staff and eleven resident interviewees confirm that staff consistently announce their presence as required, and the bell is not used for any

	<p>other purpose. Residents are educated about the meaning of the bell, ensuring transparency and predictability.</p> <p>Chelan County Juvenile Detention Center Policy 9.9a, Security and Control, Body Searches, addresses 115.315(a).</p> <p>Chelan County Juvenile Detention Center Policy 9.9a, Security and Control, Body Searches, page 3, interviews with Random Residents and Random Staff, addresses 115.315(b).</p> <p>Chelan County Juvenile Detention Center Policy 9.9a, Security and Control, Body Searches pages 6-9, addresses 115.315(c).</p> <p>Chelan County Juvenile Detention Center Sanitation and Hygiene, Showering Youth, Policy 8.1, page2, III, C 1-5, Policy 2.1 Preventing Sexual Abuse of Youth in Detention, page 7, III, B6, interviews with Random Residents and Random Staff, addresses 115.315(d).</p> <p>Chelan County Juvenile Detention Center Policy 9.9a, Security and Control, Body Searches page 3, III, A3, and interviews with Random Staff, addresses 115.315(e).</p> <p>Training Notification for June (Pat Search Training requirement), 2025 PREA Staff Training and interviews with Random Staff address 115.315 (f).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.315: Limits to cross-gender viewing and searches.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 7.7 PREA Orientation 2. Policy 13.1 Harassment and Discrimination Prohibited 3. Policy 7.2A Admission Process 4. Credentialed Languages <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Juvenile Detention Manager 3. Agency Head JCA

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 a staff member who conducted intakes. 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 having trouble 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 Auditor observed an intake. All appropriate information was provided. Staff explained Zero Tolerance, reviewed reporting methods, reviewed community resource information, and informed residents how to make a confidential phone call (PREA Hotline). The Resident was informed that attorney calls and calls to community resources are not recorded.

Risk screening was completed in a private area. No other residents or Staff were in the area when the screening occurred. All intake information and screening information were explained to the resident, who indicated he understood the information by explaining the forms before he signed them. The Staff took the time to explain both the Risk screening and PREA information.

PREA Standard 115.316 (a): The Chelan County Juvenile Detention Center has established procedures to provide disabled residents with the opportunity to participate fully in the center's efforts to prevent and respond to sexual abuse and harassment. The intake staff are prepared to offer information in accessible formats for residents with limited reading skills, hearing disabilities, intellectual disabilities, or low vision. For individuals with limited reading skills, staff will read the material aloud. For residents with intellectual, psychiatric, or speech disabilities, the Juvenile Detention Manager utilizes educational staff with specialized credentials in special education. Evidence was provided that deaf residents have access to American Sign Language interpreters through Juvenile Court Services for the entirety of the intake process. It is specifically noted that the facility does not rely on resident interpreters. If staff determines that the youth suffers from a disability (including, vision, hearing, speech or psychiatric difficulties) or are limited English or Spanish proficient, the Detention Manager will be notified so that steps can be taken to ensure that the disability or language deficit is accommodated and that PREA Zero Tolerance Policy and Acknowledgement and Sexually Aggressive - Vulnerable Youth Screening, as well as the subsequent PREA orientation Process, is effectively communicated. (Policy 7.2A, page 5. 4.)

PREA Standard 115.316 (b): The Chelan County Juvenile Detention Center provides intake information in both English and Spanish. Further, the facility has agreements with professional interpreters to facilitate effective communication with residents who do not understand English. Intake paperwork can also be printed in large fonts for individuals with visual impairments. PREA posters reviewed by the auditor were available in both English and Spanish, ensuring access to key information for LEP

	<p>residents. Additionally, staff interviews confirmed a variety of methods are applied to ensure residents understand the material presented, including the use of qualified interpreters rather than relying on resident interpreters.</p> <p>PREA Standard 115.316 (c): The Chelan County Juvenile Detention Center expressly does not rely on resident interpreters to facilitate communication concerning sexual abuse or harassment. Instead, interpreters with appropriate qualifications are utilized for residents who are deaf or LEP. 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 by a resident would be allowed.</p> <p>Policy 7.7 pages 1-2, Policy 7.2A, page 5. 4., Policy 13.1, page 2 Section II-E and Section III, A-C., and the interview with the Agency Head, addresses 115.316 (a).</p> <p>Policy 7.7, pages 1-2, Policy 7.2A, page 5. 4., Policy 13.1, page 2 Section II-E and Section III, A-C., and List of Credentialed Languages, addresses 115.316 (b).</p> <p>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 by a resident would be allowed, addresses 115.316 (c).</p> <p>The Chelan County Juvenile Detention Center complies with 115.16: Residents with disabilities and residents who are limited English proficient.</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 3.0 Screening and Background Checks 2. Policy 3.4 Staff Misconduct and Corrective Action 3. Pre-Employment Polygraph questions 4. Five-year background checks samples 5. New Employee background checks 6. Volunteer Contractor background checks 7. WSP Livescan <p>Employee Records</p> <p>Interviews:</p>

1. Administrative Staff Human Resources

115.317 (a): PRE-Audit Questionnaire indicates agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described above.

The auditor's review of a 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.

115.317 (b): The PRE-Audit Questionnaire indicates agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with residents. The Human Resources (HR) interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with residents.

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

After the initial application, there is an 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.

Nine full-time staff members have been hired within the past 12 months, and all criminal background and child registry checks were completed appropriately.

115.317 (e): Background checks are completed every five years for current employees. The Auditor reviewed ten employee files; initial criminal background checks and five-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 five years and that appropriate sanctions are available for staff members who fail to report misconduct. The auditor notes that employee criminal background checks are required every five years; Chelan County Juvenile Detention Center meets this standard.

115.317 (f) and (g): 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.

115.317 (h): 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.

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 and Juvenile Detention Manager) confirmed these efforts. Nine new employees have been hired within the past 12 months, and

	<p>all criminal background checks have been completed appropriately. Background checks are completed every five years for current employees, and employees who fail to disclose information concerning misconduct can be terminated from employment.</p> <p>Policy 3.0 Screening and Background Checks, Page 2, Section III, C, and interview with the Administrative Staff and Juvenile Detention Manager addresses 115.317 (a)</p> <p>Policy 3.0 Screening and Background Checks, Page 2, Section III, C, Employee Records, Pre-Employment Polygraph questions, and interview with the Administrative Staff and Juvenile Detention Manager addresses 115.317 (b).</p> <p>Policy 3.0 Screening and Background Checks Page 1, Section III, A., Five-year background checks samples, New Employee background checks, WSP Livescan, Employee Records, Volunteer Contractor background checks, and interview with the Administrative Staff addresses 115.317 (c).</p> <p>Policy 3.0 Screening and Background Checks Page 1, Section III, A., Five-year background checks samples, New Employee background checks, WSP Livescan, Employee Records, Volunteer Contractor background checks, and interview with the Administrative Staff addresses 115.317 (d).</p> <p>Policy 3.0 Screening and Background Checks, Page 2, Section III, B1, Five-year background checks samples, New Employee background checks, Employee Records, and interview with the Administrative Staff addresses 115.317(e).</p> <p>Policy 3.4 Staff Misconduct and Corrective Action page 2, Section III, A5, Employee Records, Pre-Employment Polygraph questions, and interview with the Administrative Staff addresses 115.317 (f).</p> <p>Policy 3.4 Staff Misconduct and Corrective Action page 2, Section III, A5, and interview with the Administrative Staff addresses 115.317 (g).</p> <p>Policy 3.4 Staff Misconduct and Corrective Action, page 5, 4., and interview with the Administrative Staff addresses 115.317 (h).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.317: Hiring and promotion decisions.</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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 changes to its video</p>

	<p>monitoring equipment. The system was upgraded from analog cameras to digital cameras. Several cameras were added to eliminate blind spots. The purpose of the upgrade was to enhance the Center’s ability to protect residents from sexual abuse.</p> <p>Interview with Agency Head and Detention Manager, addresses 115.318 (a).</p> <p>Interview with Agency Head and Detention Manager addresses 115.318 (b).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.318: Upgrades to facilities and technologies.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents</p> <ol style="list-style-type: none"> 1. Sage MOU 2. Policy 2.1A PREA Investigations 3. SANE Contact 4. Chelan County Child Abuse Investigation Protocols 5. RCW 7.68.170 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Juvenile Detention Manager 2. SAGE Advocate <p>The Chelan County Juvenile Detention Center Policy 2.1 regarding the Prevention of Sexual Abuse of Youth in Detention, the Memorandum of Understanding (MOU) with SAGE, relevant Sexual Assault Nurse Examiner (SANE) documentation, and the Chelan County Child Abuse Investigation Protocols were reviewed. These policies, procedures, and agreements delineate the agency's comprehensive strategy for the prevention, detection, and management of incidents pertaining to sexual abuse and sexual harassment. They further provide directives concerning evidence collection protocols, forensic medical examinations, and the requisite specialized training for personnel.</p> <p>The auditor reviewed the Memorandum of Understanding between the Chelan County Juvenile Detention Center and SAGE, an established community-based Sexual Advocacy Center. Additionally, the auditor assessed informational resources disseminated to residents by SAGE. The Chelan County Child Abuse Investigation Protocols were reviewed for their provisions governing interagency coordination for</p>

all incidents of sexual assault within Chelan County. These protocols encompass detailed procedures for evidence handling, the administration of forensic medical examinations, and structured training for interviewers specializing in cases involving sexual assault victims.

Interviews were conducted with a Sexual Assault Advocate from SAGE and the Juvenile Detention Manager, to determine compliance with established protocols and procedural integrity.

115.321 (a): The Chelan County Juvenile Detention Center assumes primary responsibility for the administration of investigations related to allegations of sexual abuse, while the Wenatchee Police Department retains authority over criminal investigations. The agency has established and implemented formal protocols to guide the investigation of sexual assault incidents occurring within Chelan County. These protocols are comprehensively delineated in the Chelan County Protocols for Child Abuse Investigations.

115.321 (b): Pursuant to the Chelan County Child Abuse Investigation Protocols, all investigations involving minors shall be conducted in accordance with established procedures that acknowledge and accommodate the distinct needs and circumstances of child victims and witnesses, specifically considering their linguistic proficiencies and cognitive capacities. Investigative personnel are required to have completed specialized training in areas including, but not limited to, child development, trauma-related impacts, communication skills, and interview methodologies designed to elicit reliable and accurate information.

115.321 (c): In the event of a reported incident, all individuals identified as victims shall be afforded access to forensic medical examinations at an external healthcare facility, specifically Central Washington Hospital. The Chelan County Juvenile Detention Center ensures that all residents who report sexual abuse are provided with such examinations without incurring any financial obligation, in accordance with RCW 7.68.170. Any costs associated with the provision of hospital or emergency medical services for the purpose of evidence collection in support of potential prosecution shall not, under any circumstances, be billed or charged, either directly or indirectly, to the victim of sexual assault. 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.

115.321 (d) and (e): The auditor reviewed the Memorandum of Understanding executed between the Chelan County Juvenile Detention Center and SAGE. In addition, the auditor interviewed a Sexual Assault Advocate representing SAGE. In the event of a sexual assault occurring within the facility, the affected individual would be provided with advocacy services, including support throughout the forensic examination process and during investigatory interviews. The PREA Coordinator has formally established a Memorandum of Understanding that fulfills all regulatory requirements necessary for the provision of services to victims of

	<p>sexual abuse or harassment, in accordance with applicable standards and institutional protocols.</p> <p>115.321 (f): The Chelan County Child Abuse Investigation Protocols serve as a comprehensive framework for investigating cases of child sexual abuse, physical abuse, criminal neglect, and child fatalities within Chelan County. These guidelines aim to enhance the accuracy and reliability of information obtained during investigations and while interviewing child victims and witnesses, with particular attention to their unique needs. The protocols also clarify the specific responsibilities of law enforcement, Child Protective Services, the prosecuting attorney, schools, mental health professionals, the Attorney General, victim support services, and emergency medical responders.</p> <p>Policy 2.1A PREA Investigations pages 1-3, interviews with Random Staff 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>Policy 2.1A PREA Investigation, RCW 7.68.170 and SANE availability at the Central Washington Hospital, address 115.321(c).</p> <p>SAGE MOU and the interview with the PREA Coordinator, addresses 115.321(d).</p> <p>SAGE MOU and the interview with the PREA Coordinator, addresses 115.321 (e).</p> <p>Chelan County Child Abuse Investigation Protocols address 115.321(f).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.321: Evidence protocol and forensic medical examinations.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1A PREA Investigations 2. CCJDC Investigative Report March 2025 <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Agency Head JCA 2. Juvenile Detention Manager (Investigator)

	<p>The Auditor reviewed Chelan County Juvenile Detention Center Policy 2.1A, PREA Investigations. Furthermore, the auditor examined the Chelan County Juvenile Detention Center official website https://www.co.chelan.wa.us/juvenile for relevant materials. Interviews were conducted with both the Juvenile Detention Manager (Investigator) and the Juvenile Court Administrator to determine facility compliance. During the facility inspection, the auditor verified the presence of signage in both English and Spanish, providing residents with formal instructions on the procedures for reporting incidents of sexual assault or sexual harassment.</p> <p>115.322 (a): The Chelan County Juvenile Detention Center maintains established protocols to ensure that comprehensive administrative and criminal investigations are conducted for all reported incidents of sexual abuse and sexual harassment. The facility is equipped with procedures to ensure the completion of investigations.</p> <p>115.322 (b): The Chelan County Juvenile Detention Center maintains procedural frameworks mandating that all applicable investigations be referred to the appropriate Law Enforcement Agencies. In instances where administrative investigations may involve potential criminal conduct, such matters are formally directed to the Wenatchee Police Department. This department adheres to a standardized evidence protocol designed to optimize the collection and preservation of physical evidence, thereby facilitating subsequent criminal prosecutions and administrative proceedings following the completion of the criminal adjudication process.</p> <p>115.322 (c): The Chelan County Juvenile Detention Center maintains a publicly accessible website that disseminates information pertaining to the Prison Rape Elimination Act (PREA), with the facility's PREA Policy explicitly posted for reference. The details available confirm that, for all allegations of sexual abuse and sexual harassment, a comprehensive administrative or criminal investigation is systematically conducted in accordance with established protocols.</p> <p>In the past 12 months, there was one criminal and administrative investigation for sexual abuse at the Chelan County Juvenile Detention Center.</p> <p>Policy 2.1A, PREA Investigations, pages 1-3, CCJDC Investigative Report March 2025, and the interview with the Agency Head, addresses 115.322(a).</p> <p>Policy 2.1A, PREA Investigations, pages 1-3, the interview with the Investigator and the website https://www.co.chelan.wa.us/juvenile/pages/prison-rape-elimination-act, addresses 115.322(b).</p> <p>Policy 2.1A, PREA Investigations, pages 1-3, and the interview with the Investigator, addresses 115.322 (c).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.322: Policies to ensure referrals of allegations for investigations.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents

1. 2025 PREA Staff Training
2. Chelan County PREA Information Staff Training
3. Creating Inclusion for LGBTIQ+ People Brochure
4. DCYF Supporting LGBTQ+ Identified Children and Youth
5. LGBTQ+ Resources
6. Mandatory Reporting Poster
7. Policy 2.1 Preventing Sexual Abuse of Youth in Detention

Interviews:

1. Random Staff

The following policy documents and related materials were reviewed: Policy 2.1 Prevention of Sexual Abuse of Youth in Detention; Chelan County PREA Information Staff Training; 2025 PREA Staff Training certificates; supplemental training resources; brochures; and mandatory reporting posters. Additionally, interviews were conducted with randomly selected staff members.

115.331 (a): The Chelan County Juvenile Detention Center has implemented comprehensive training protocols to ensure that all employees are fully apprised of, and compliant with, the institution's zero tolerance stance regarding sexual abuse and harassment. Staff are explicitly instructed in their duties to prevent, detect, report, and respond to incidents involving sexual abuse and harassment, in accordance with statutory and regulatory requirements. All personnel receive instruction pertaining to the rights of residents to be free from sexual abuse and from retaliatory actions resulting from reporting such incidents. Training modules encompass the dynamics of sexual abuse within custodial environments, victim responses, detection methodologies, and the identification of pertinent behavioral indicators. Employees are further briefed on professional standards of conduct, the prohibition of inappropriate relationships with residents, and effective communication strategies with all resident populations. Mandatory reporting statutes are subject to periodic review during training sessions.

115.331 (b): The curriculum is expressly tailored to address the specific needs and attributes of the resident population served by the Chelan County Juvenile Detention Center, which includes both male and female residents. All employees are required to participate in annual training sessions, and the auditor has verified the existence and accuracy of requisite training documentation. Staff interviews further corroborate the comprehensive nature of PREA training and confirm staff awareness of the training curriculum.

115.331 (c): All Chelan County Juvenile Detention Center personnel are required to

	<p>complete annual training modules that address the fundamental rights of residents to be safeguarded against all forms of sexual misconduct and to be protected from any retaliatory actions resulting from the reporting of such incidents. Documentation of employee participation in these training sessions is systematically maintained to ensure compliance with institutional standards.</p> <p>115.311 (d): 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>Staff members interviewed by the Auditor demonstrated comprehensive familiarity with the provisions and requirements of the Prison Rape Elimination Act (PREA). Randomly selected personnel consistently articulated institutional protocols, including the facility's zero tolerance policy for sexual assault and harassment, appropriate professional conduct during gender-specific pat searches, and the prescribed procedures for responding to incidents of sexual assault, including the responsibilities of first responders. Personnel were able to accurately reference guidelines pertaining to the avoidance of inappropriate relationships with residents, describe the operational dynamics of sexual abuse in custodial settings, and outline the established methodologies for identifying behavioral indicators of sexual victimization. The Auditor reviewed documentation confirming that all employees had completed requisite PREA training, and staff interviews further substantiated both their participation in said training and their familiarity with the curriculum.</p> <p>Policy 2.1 Prevention of Sexual Abuse of Youth in Detention page 6, 3., Chelan County PREA Information Staff Training, Creating Inclusion for LGBTIQ+ People Brochure, DCYF Supporting LGBTQ+ Identified Children and Youth, LGBTQ+ Resources, and interviews with Random Staff, addresses 115.331 (a).</p> <p>Chelan County PREA Information Staff Training, Creating Inclusion for LGBTIQ+ People Brochure, DCYF Supporting LGBTQ+ Identified Children and Youth, LGBTQ+ Resources, and 2025 PREA Staff Training, addresses 115.331 (b).</p> <p>Policy 2.1 Prevention of Sexual Abuse of Youth in Detention page 6, 3., 2025 Staff Training and interviews with Random Staff, addresses 115.331 (c).</p> <p>2025 Staff Training and interviews with Random Staff, addresses 115.331 (d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.331: Employee training.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention
2. Chelan County PREA Information Volunteer, Service Provider, Contractor Training
3. Volunteer Contractor Background Checks
4. PREA Volunteer Training Certificates

Interviews:

1. Volunteer
2. Contractor

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.

115.332 (a): The Chelan County Juvenile Detention Center ensures that volunteers and contractors receive comprehensive instruction regarding institutional zero tolerance policies and their obligations in the prevention, identification, reporting, and response to incidents of sexual abuse and harassment. Volunteers and contractors are formally apprised of residents' entitlement to safety from sexual abuse and retaliation and are provided with procedural guidance for reporting and addressing such incidents in accordance with facility policy.

115.332 (b): All volunteers and contractors shall receive comprehensive instruction regarding the dynamics associated with sexual abuse within confinement settings, including the psychological and behavioral responses of victims and effective methods for identifying such incidents. The training curriculum includes a thorough review of the established Standards of Conduct, explicit prohibitions against inappropriate relationships with residents, and protocols for maintaining professional and effective communication with all individuals under facility supervision.

115.332 (c): The Chelan County Juvenile Detention Center maintains documentation confirming that volunteers and contractors understand the training they have received.

The auditor conducted interviews with one volunteer and one contractor, both of whom completed training within the prior 12 months. Each interviewee demonstrated retention of key information from the training, including responsibilities related to identifying potential sexual harassment or assault issues, mandatory reporting obligations, guidelines concerning inappropriate relationships, and the facility's zero tolerance policy.

Policy 2.1 Preventing Sexual Abuse of Youth in Detention, page 6.4., Chelan County PREA Information Volunteer, Service Provider, Contractor Training, PREA Volunteer Training Certificates and the interview with the Volunteer and the Contractor,

	<p>addresses 115.332 (a).</p> <p>Policy 2.1 Preventing Sexual Abuse of Youth in Detention, page 6.4., Chelan County PREA Information Volunteer, Service Provider, Contractor Training, PREA Volunteer Training Certificates and the interview with the Volunteer and the Contractor, addresses 115.332 (b).</p> <p>Volunteer Contractor Background Checks, and PREA Volunteer Training Certificates, addresses 115.332(c).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.332: Volunteer and contractor training.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 7.7 PREA Orientation 2. Policy 2.1 Prevention of Sexual Abuse of Youth in Detention 3. Zero Tolerance Brochure 4. PREA Poster Example 5. Risk Screen and education samples 6. Site Review Chelan Juvenile 7. Resident Records Chelan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Residents <p>The review encompassed the following policy documents and associated materials: Chelan County Juvenile Detention Center Policy 7.7, PREA Orientation, PREA education acknowledgment forms, and intake paperwork. Documentation bearing signatures from staff and residents attesting to the dissemination and receipt of PREA-related information was examined by the auditor. Resident files were subjected to evaluation to confirm the presence of admission records, verification of orientation completion, and documentation of comprehensive education dates. Interviews were conducted with both intake staff and residents.</p> <p>During the on-site inspection of the facility, it was noted that informational materials pertaining to PREA, Zero Tolerance, and reporting procedures for sexual abuse incidents are conspicuously posted in both Spanish and English throughout the</p>

premises. These postings are prominently displayed and easily accessible. Moreover, all residents are afforded access to resources regarding SAGE, the community sexual assault advocacy center.

115.333 (a): During the intake procedure at Chelan County Juvenile Detention, all newly admitted youth are furnished with a written copy of the PREA Sexual Abuse Zero Tolerance Statement, as well as a list detailing all available channels for reporting incidents of sexual abuse while in facility custody. The Auditor directly observed the implementation of the Intake Process, confirming the provision of all requisite PREA and zero-tolerance materials at the point of admission. Facility staff systematically articulated the Zero Tolerance policy, outlined recognized methods for reporting sexual misconduct, reviewed the SAGE community resource, and provided instructions for placing a confidential telephone call. Residents were explicitly informed that communications with attorneys and Sage advocates are not subject to recording. Risk screening procedures were conducted in a private setting, with no other residents or unauthorized staff present to ensure confidentiality. All intake and screening information was thoroughly explained to the resident, who affirmed comprehension by signing acknowledgment forms. Staff members dedicated sufficient time to ensure residents fully understood both the risk assessment and PREA-related information conveyed during the intake process.

115.333 (b): Pursuant to facility intake procedures, within 24 hours of admission, all youth are provided with a formal PREA orientation. This orientation is administered via a standardized video presentation, which delivers a comprehensive overview of residents' rights to be free from sexual abuse and sexual harassment, as well as their protection from any form of retaliation for reporting such incidents.

115.333 (c): All residents receive education. The average length of stay at this facility is less than 15 days; however, some residents may be incarcerated for a longer period. Regardless of the duration, all individuals have completed PREA Education.

115.333 (d): The Auditor determined that the Chelan County Juvenile Detention Center has enacted procedures to ensure the dissemination of PREA-related information to all residents, irrespective of linguistic ability, physical capacity, or cognitive function. Such information is presented in a manner commensurate with the reading proficiency levels of the facility population and is rendered accessible to all residents, including those identified as Limited English Proficient (LEP). The facility supplies written materials in the predominant languages utilized within the institution and maintains the capability to provide translation services upon request.

Furthermore, the facility is equipped to provide interpreter services, as deemed necessary, for residents who are Deaf or who possess limited English language skills. Intake staff are appropriately trained and prepared to orally communicate written content to residents who are Blind, possess low vision, or are otherwise unable to independently access written materials. In addition, specialized educational personnel are assigned to convey mandatory information to residents who present with cognitive, intellectual, or functional disabilities, thereby ensuring

compliance with established standards of resident education.

115.333 (e): The Chelan County Juvenile Detention Center maintains comprehensive records substantiating resident participation in mandated educational sessions. Residents are formally apprised of the Zero Tolerance policy, the procedural mechanisms for reporting incidents of sexual abuse and harassment, and their rights to protection against such conduct and retaliation for reporting. Furthermore, residents receive explicit notification regarding the facility's established response protocols in the event of alleged sexual abuse or harassment.

Interviews conducted with Intake Staff corroborate the provision of requisite informational materials to residents. In addition to disseminating such materials, residents are furnished with a information guidance on Zero Tolerance and procedural avenues for reporting sexual abuse and harassment. Further, resident interviews consistently affirm that Chelan County Juvenile Detention Center personnel facilitate the transmission of reporting protocols pertaining to sexual abuse. The facility systematically records and maintains documentation evidencing the receipt of this information by residents.

Interpretative services are made available to residents who may encounter barriers to comprehension of the provided materials. The institution ensures that resident educational content is accessible to all, including individuals with limited English proficiency, those who are deaf, visually impaired, or possess other disabilities, as well as residents with restricted reading capabilities. For residents presenting intellectual, psychiatric, or speech disabilities, the Juvenile Detention Manager has indicated the deployment of educational personnel possessing specialized credentials in special education. Additionally, the Juvenile Detention Manager has furnished documentation demonstrating that deaf residents are accorded access to American Sign Language interpreter services via Juvenile Court Services, specifically for the completion of intake procedures. The Chelan County Juvenile Detention Center maintains formal agreements with certified interpreters (Chelan County Juvenile Court) to ensure effective communication with residents whose proficiency in English is insufficient for independent navigation of facility protocols.

115.333 (f): The facility ensures the conspicuous posting of materials related to the Prison Rape Elimination Act (PREA), Zero Tolerance, and reporting procedures for sexual abuse in both Spanish and English throughout all accessible areas. These informational postings are readily visible and available to all residents. Access to victim advocacy services is facilitated through collaboration with a local community sexual assault program, SAGE, which provides confidential support, including medical and legal advocacy, counseling, and general assistance to survivors of sexual assault. In circumstances necessitating a forensic medical examination, a pre-designated victim advocate shall be present to offer support at the hospital. Resident interviews corroborate the existence and accessibility of such informational materials.

The Auditor conducted a thorough review of a representative sample of resident files, which uniformly contained documentation evidencing compliance with intake

	<p>procedures, the provision of PREA-related materials during admission, and verification of resident participation in comprehensive PREA education sessions. Furthermore, interviews with randomly selected residents confirmed that all had received the resident handbook and requisite PREA information.</p> <p>The Juvenile Detention Manager has reported that, over the preceding twelve months, all residents admitted to the facility have received PREA education no later than ten days following the date of intake.</p> <p>Policy 7.7, PREA Orientation page 1-2, Risk Screen and education samples, Site Review Chelan Juvenile, Resident Records Chelan, interviews with Intake staff and Random Residents addresses, 115.333 (a).</p> <p>Policy 7.7, PREA Orientation page 1-2, Risk Screen and education samples, Site Review Chelan Juvenile, Resident Records Chelan, interviews with Intake staff and Random Residents addresses, 115.333 (b).</p> <p>Policy 7.7, PREA Orientation page 1-2, and the interview with Intake Staff addresses 115.333 (c).</p> <p>Policy 7.7, PREA Orientation page 1-2, Risk Screen and education samples, Site Review Chelan Juvenile, interviews with Intake staff and Random Residents addresses, 115.333 (d).</p> <p>Site Review Chelan Juvenile, Zero Tolerance Brochure, and example of PREA Poster, address 115.333(e) and (f).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.333: Resident education.</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1A PREA Investigations 2. Chelan County Evidence Protocol 3. Investigator Training Certificates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigator (Juvenile Detention Manager) <p>The following policies and other documentation were reviewed: Chelan County</p>

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.

Interviews were conducted with one investigator for Chelan County Juvenile Detention Center.

115.334(a): Both the Juvenile Detention Manager (JDM) and Juvenile Corrections Administrator (JCA) are mandated to successfully complete, the National Institute of Corrections (NIC) PREA online training course entitled "Investigating Sexual Abuse in a Confinement Setting." .

115.334 (b): The Chelan County Juvenile Detention Center maintains procedures for the conduct of administrative investigations pertaining to allegations of sexual abuse and sexual harassment. The designated investigator has completed requisite training specific to investigations conducted within confinement settings. This training was delivered in an online format under the title, "Investigating Sexual Abuse in a Confinement Setting," and encompassed instruction regarding the application of Miranda and Garrity warnings, evidence collection protocols, and the evidentiary standards necessary to substantiate allegations for administrative action or criminal referral. The auditor reviewed documentation of training completion and conducted an interview with the investigator. The investigator demonstrated comprehensive knowledge of required responsibilities during the investigative process, affirming that investigations commence promptly upon notification of any allegation. Allegations suggestive of criminal conduct necessitate immediate involvement of law enforcement authorities. The training curriculum addressed all facets of the investigative process, including interview methodologies, procedures for securing and preserving evidence, support and advocacy for victims, scene management, and maintaining evidentiary integrity. Victim support services are coordinated with Mental Health Staff as appropriate. The investigator confirmed use of memoranda review, comprehensive data collection, and formal report preparation as integral elements of the process. Training further included development of effective communication with victims, alleged perpetrators, and witnesses, as well as strategies for understanding the dynamics of sexual violence in confinement and for fostering cooperative relationships with external stakeholders, including hospitals, prosecuting attorneys, and allied investigative agencies.

The investigator indicated that reports submitted anonymously or via third parties are subject to the same rigorous investigative standards as direct reports and are investigated expeditiously. In instances where a criminal investigation is warranted, the investigator refrains from collecting physical or DNA evidence, instead providing the external investigative agency with requisite information, including victim and

	<p>perpetrator identifiers, pertinent file documentation, historical records of prior complaints and reports of sexual abuse, and information on previous investigations involving the parties in question.</p> <p>115.334 (c): Documentation that agency investigators have completed the required specialized training was provided.</p> <p>Policy 2.1A, PREA Investigations, pages 1-3, Investigator Training Certificates, and the interview with the Investigator, addresses 115.334(a).</p> <p>Investigator Training Certificates, and the interview with the Investigator, addresses 115.334(b).</p> <p>Investigator Training certificates addresses 115.333(c).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.334: Specialized training: Investigations.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>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 (documents both PREA Training and PREA 201 Training) <p>Interviews:</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. Interviews were conducted with the Mental Health Counselor and Medical Staff.</p> <p>115.335 (a): The Chelan County Juvenile Detention Center ensures compliance with PREA requirements by providing specialized training to all medical and mental health practitioners associated with the facility. The prescribed training encompasses the identification of indicators of sexual abuse and sexual harassment, preservation of physical evidence, appropriate responses to victims,</p>

and mandatory reporting procedures for allegations or suspicions of sexual abuse and harassment. It is noted that facility medical staff do not perform forensic examinations. The auditor has verified, through the review of training documentation and staff interviews, that medical and mental health personnel have satisfactorily completed all mandatory training modules. The contracted Mental Health provider attested, during interviews, to the ongoing provision of PREA-specific training by their affiliated organization, with particular emphasis on protocols for responding to incidents of sexual assault. The contractor demonstrated a comprehensive understanding of the Chelan County Juvenile Detention Center's Zero Tolerance policy and the requisite response protocols for sexual abuse and sexual harassment cases.

All Mental Health Staff have received advanced training in the detection of sexual abuse indicators and the provision of appropriate responses to affected individuals. Such training is administered by Catholic Charities, the designated provider for crisis and mental health services under contract with the facility. Catholic Charities delivers both clinical and coordination services, including initial screenings, case management, individual therapy, and operational supervision of the mental health program. All clinical interventions are performed by appropriately credentialed staff within the legal scope of their professional licenses. The specialized training program further comprises modules on victim identification, structured interviewing, and effective intervention techniques.

Medical staff, as employees of Chelan County, fulfill ongoing professional development and training obligations through continuing education as mandated by licensure requirements. These training initiatives explicitly include instruction on identifying and responding to sexual abuse among the facility's youth population.

115.335 (b): Medical Staff at the Chelan County Juvenile Detention Center do not conduct forensic exams, this portion of the standard is not applicable.

115.335 (c) and (d): The Chelan County Juvenile Detention Center maintains documentation for Specialized training. All Mental Health and Medical Staff participate in annual training provided by Chelan County Juvenile Detention Center, which covers the PREA in detail.

Policy 2.1, Preventing Sexual Abuse of Youth in Detention, page 6. 3. And 4., Medical and Mental Health Training Forms, (documents both PREA Training and PREA 201 Training) and interviews with Medical and Mental Health staff addresses 115.335(a).

115.335 (b): Medical Staff at the Chelan County Juvenile Detention Center do not conduct forensic exams, this portion of the standard is not applicable.

Policy 2.1, Preventing Sexual Abuse of Youth in Detention, page 6. 3. and 4., Medical and Mental Health Training Forms, (documents both PREA Training and PREA 201 Training) addresses 115.335 (c).

Policy 2.1, Preventing Sexual Abuse of Youth in Detention, page 6. 3. and 4., Medical and Mental Health Training Forms, (documents both PREA Training and PREA 201

	<p>Training) addresses 115.335 (d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.335: Specialized training: Medical and mental health care.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 7.2A Admission Process 2. Intake Paperwork Blank 3. PREA SAVY Screening form Blank 4. Risk Screen Comprehensive education samples 5. Site Review Chelan Juvenile <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff who conduct Risk Assessments 2. Random Residents 3. PREA Coordinator <p>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; Parent Notification; MH JDAT Form (Mental Health Juvenile Detention Admission Tool); PREA Zero Tolerance Policy and Acknowledgement; Sexually Aggressive - Vulnerable Youth Screening; Health Screening Form; and the Commercially Sexually Exploited Child (CSEC) Screening form.</p> <p>Interviews were conducted with staff who do screening for risk of victimization and abusiveness. In addition, interviews were conducted with residents.</p> <p>115.341 (a): All residents shall undergo a Risk Assessment during the intake procedure. The Auditor observes that these assessments are administered promptly following the resident's initial admission to the facility. The assessment process encompasses a comprehensive evaluation of the resident's mental and physical health, chronological age, physical build, history of previous incarcerations, criminal record, prior sex offenses, as well as the resident's actual or perceived identification</p>

as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; prior instances of sexual victimization; and the resident's own perception of vulnerability. Residents are not subject to disciplinary measures for declining to respond to any assessment inquiries.

115.341 (b): The requisite assessments are executed utilizing the Chelan County Juvenile Detention Sexually Aggressive – Vulnerable Youth Screening Form. This standardized screening tool systematically evaluates pertinent criteria, including but not limited to the resident's mental and physical health status, chronological age, physical constitution, history of prior incarcerations, criminal record, documented prior sexual offenses, and any actual or perceived identification as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming. Further, the assessment encompasses prior instances of sexual victimization as well as the resident's self-articulated perception of personal vulnerability.

115.341 (c): The Chelan County Juvenile Detention Center utilizes the Sexually Aggressive – Vulnerable Youth Screening Form to systematically elicit and document relevant information pertaining to prior incidents of sexual victimization or perpetration of abusiveness; manifestations of gender nonconformity, including presentation and declared identification as lesbian, gay, bisexual, transgender, or intersex; current legal charges and historical offense patterns; the resident's level of emotional and cognitive development; physical dimensions and stature; the presence of mental health conditions or psychological disabilities; intellectual or developmental disabilities; physical impairments; as well as the resident's self-assessed perception of vulnerability.

115.341 (d): In accordance with established intake procedures at the Chelan County Juvenile Detention Center, all individuals newly admitted to the facility are provided with formal written notification of the PREA Sexual Abuse Zero Tolerance Statement and a comprehensive enumeration of all authorized mechanisms for reporting allegations of sexual abuse during their period of custody. The Auditor verified, through direct observation, the active implementation of the intake protocol, including the distribution of all requisite PREA and zero tolerance documentation at the point of admission. Facility personnel systematically articulated institutional policy regarding zero tolerance for sexual abuse, detailed the recognized avenues available for reporting misconduct, referenced the SAGE community resource, and furnished instructions for initiating confidential telephonic communication. Completion of the Sexually Aggressive – Vulnerable Youth Screening Form was conducted in a thorough manner, with staff providing necessary clarifications in response to any resident inquiries. Risk assessment procedures were executed in a confidential environment, ensuring the exclusion of other residents and unauthorized staff from the process. Comprehensive explanations regarding all intake and screening documentation were provided, and residents demonstrated their understanding by executing acknowledgment forms. Staff allocated appropriate time and resources to guarantee that residents fully comprehended both the risk assessment procedures and PREA-related protocols articulated during the intake process. Pursuant to Policy 7.2A, page 3, 8., it is mandated that within the first 24 hours of admission, each resident shall be subject to screening utilizing the

MH-JDAT. In conjunction, staff are required to administer and complete the Sexually Aggressive – Vulnerable Youth Screening Form during a contemporaneous interview with the resident. During such assessment, inquiries shall encompass prior incidents of sexual victimization or abusive conduct, self-identified sexual orientation and gender identity (including lesbian, gay, bisexual, transgender, or intersex status), and the resident’s subjective assessment of their vulnerability to sexual abuse.

115.341 (e): The dissemination of information pertaining to incidents of sexual victimization or abuse occurring within the Center are restricted to medical and mental health practitioners, as well as additional personnel with a demonstrable operational necessity, for the express purposes of informing individualized treatment plans and facilitating institutional security and administrative determinations—including, but not limited to, housing, bed allocation, work assignments, educational placements, and programming decisions. (Policy 7.2A, page 3, 8. (c)).

The auditor engaged in conversations with personnel assigned to conduct risk assessments, as well as with the designated Mental Health Specialist responsible for administering separate risk evaluations predicated upon information contained within the intake documentation. Notably, the presence of any indicators suggestive of mental health concerns necessitates additional follow-up to ascertain the scope and type of services to be extended to juveniles both during their residency at the facility and subsequent to their release. All staff members demonstrated an unequivocal understanding of their respective obligations in the execution of risk assessment protocols.

The Mental Health Specialist reported that all assessments are performed via in-person interviews and reflect consideration of a comprehensive array of factors, inclusive of suicide risk, mental health status, substance use, history of sexual victimization or perpetration, gang affiliation, physical constitution, verbal and social competencies, special needs status, and overall safety. Documentation of resident behavior and staff interactions is systematically maintained within the daily resident log, while the Mental Health Specialist ensures that all encounters are recorded and that requisite follow-up actions are implemented as indicated.

Residents selected at random for interviews reported that, upon initial admission to the Chelan County Juvenile Detention Center, they were queried regarding prior experiences of sexual abuse, identification as lesbian, gay, bisexual, transgender, or intersex (LGBTI), the presence of any disabilities, and their perceived susceptibility to sexual abuse while in custody. All interviewees confirmed that these inquiries were conducted as part of the intake process.

Policy 7.2a Admission Process, pages 3. 8., Intake Paperwork Blank, PREA SAVY Screening form Blank, Risk Screen Comprehensive education samples, interviews with Staff who conduct Risk Assessments and Random Residents, addresses 115.341 (a).

Intake Paperwork Blank, PREA SAVY Screening form Blank, Risk Screen Comprehensive education samples, and the Site Review Chelan Juvenile, addresses

	<p>115.341 (b).</p> <p>Policy 7.2a Admission Process, pages 3. 8., Intake Paperwork Blank, PREA SAVY Screening form Blank, Risk Screen Comprehensive education samples, and interview with Staff who conduct Risk Assessments, addresses 115.341 (c).</p> <p>Policy 7.2a Admission Process, pages 3. 8., Intake Paperwork Blank, PREA SAVY Screening form Blank, Risk Screen Comprehensive education samples, Site Review Chelan Juvenile and interview with Staff who conduct Risk Assessments, addresses 115.341 (d).</p> <p>Policy 7.2a Admission Process, page 3, 8. (c), interviews with PREA Coordinator and Staff who conduct Risk Assessments, addresses 115.341 (e).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.341: Screening for risk of victimization and abusiveness.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<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:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Juvenile Detention Manager 3. Staff who conduct Risk Assessments 4. Medical RN 5. Mental Health <p>The following policies were reviewed: Policy 2.1 Preventing Sexual Abuse in Detention, Policy 7.8 Classification and Room Assignment and Policy 8.1 Showering Youth. Interviews were conducted with the PREA Coordinator, Detention Manager, Medical RN, Mental Health and staff who conduct risk assessments.</p> <p>115.342 (a): The Chelan County Juvenile Detention Center employs a comprehensive intake process to inform determinations regarding housing, programming, and educational placements for residents. Staff are required to utilize information provided directly by residents, in conjunction with criminal histories,</p>

current charges, and documentation contained within the youth's detention files, to make all pertinent assignment decisions that may impact the likelihood of sexual abuse or victimization. Such assignments shall be made with consideration of the following factors: any prior history of sexual victimization or abuse; current charges and offense history; age; emotional and cognitive development levels; physical size and stature; presence of mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the resident's self-reported perception of vulnerability; and any other specific factors that may indicate a heightened need for supervision, additional safety measures, or separation from specific other residents. (Policy 2.1, page 4. B. (c))

115.342 (b): Residents shall not be subjected to room confinement except in cases where it has been determined that a disciplinary infraction has occurred, consistent with Policy 14.4, Security Status and Special Programs. The identification of vulnerability or the receipt of allegations pertaining to sexual abuse or harassment does not constitute grounds for the imposition of room confinement. (Policy 2.1, page 5. (d))

115.342 (c) and (d): The placement of residents who identify as lesbian, gay, bisexual, transgender, or intersex is not predetermined by assignment to a specific housing unit. Housing determinations for transgender or intersex individuals are conducted on a case-by-case basis, as stated by the PREA Coordinator. The PREA Coordinator further confirmed the availability of suitable housing options designed to ensure the safety and welfare of all residents under the facility's jurisdiction.

115.342 (e): The average duration of stay at the Chelan County Juvenile Detention Center is approximately 15 days. The behavioral conduct of residents is systematically documented daily, supplemented by both informal and formal meetings with Custody and Mental Health staff to ensure continued oversight and resident well-being.

115.342 (f): The PREA Coordinator indicated that the facility's protocols require consideration of the expressed perspectives of transgender or intersex residents regarding their safety. Decisions related to housing placement for transgender or intersex individuals shall incorporate direct input from such residents.

115.342 (g): Pursuant to established protocol, the Chelan County Juvenile Detention Center mandates that all youth shall adhere to routine showering schedules for the purposes of maintaining health and hygiene standards. Upon entry into the facility, each youth is required to participate in an initial shower, with subsequent daily showers mandated thereafter. In accordance with facility policy, all residents are required to shower individually to ensure safety and personal privacy. (Policy 8.1, page 1. 1)

115.342 (h): There are no isolation cells at Chelan County Juvenile Detention Center. All residents are placed in appropriate housing units.

The Chelan County Juvenile Detention Center relies on intake information in the determination of resident housing assignments, ensuring that the individual needs

	<p>and circumstances of each youth are duly considered. Detention personnel affirmed that housing determinations are executed on a case-by-case basis, and that appropriate facilities are maintained to address and safeguard the welfare of all residents. During interviews, the PREA Coordinator stated that staff protocols require the consideration of transgender or intersex residents' perspectives regarding personal safety.</p> <p>The facility does not maintain an administrative or disciplinary segregation unit; consequently, all residents are assigned to general housing units in accordance with established procedures. Housing preferences and considerations pertaining to LGBTQI youth are incorporated into the facility's placement decision-making framework, with an emphasis on providing equitable treatment and eliminating bias. Documentation of any vulnerability related to sexual orientation is systematically recorded to permit supervisory staff to review and, when necessary, adjust assignment protocols. Furthermore, facility policy ensures that all residents are afforded the opportunity to utilize showering facilities individually, thereby upholding privacy and safety standards.</p> <p>Policy 2.1, page 4. B. (c), interviews with the PREA Coordinator and Staff Responsible for Risk Screening addresses 115.342 (a).</p> <p>Policy 2.1, page 5. (d), interviews with the Detention Manager, Medical RN and Mental Health staff addresses 115.342 (b).</p> <p>Interview with the PREA Coordinator addresses 115.342 (c).</p> <p>Interview with the PREA Coordinator addresses 115.342 (d).</p> <p>Interviews with the PREA Coordinator and Staff Responsible for Risk Screening, addresses 115.342 (e).</p> <p>Interviews with the PREA Coordinator and Staff Responsible for Risk Screening, addresses 115.342 (f).</p> <p>Policy 8.1, page 1. 1, and interviews with the PREA Coordinator and Staff Responsible for Risk Screening, addresses 115.342 (g).</p> <p>Interviews with the PREA Coordinator, Medical RN and Mental Health addresses 115.342 (h). There are no isolation cells at Chelan County Juvenile Detention Center. All residents are placed in appropriate housing units.</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.342: Use of screening information.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention
2. Policy 13.3 Youth Grievance Process
3. Policy 4.2 Consular Notification
4. Site Review Chelan Juvenile
5. CCJDC Zero Tolerance Brochure

Interviews:

1. Random Residents
2. Random Staff

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 4.2 Consular Notification. 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. 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.

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.

115.351 (a): Residents are afforded multiple avenues through which to report allegations of sexual abuse or sexual harassment. Such avenues include, but are not limited to, communicating said allegations to facility staff, a Probation Officer, the Juvenile Court Administrator, or their designated Attorney. Residents may additionally exercise the option of utilizing telephonic resources, such as End Harm, SAGE, or the designated PREA hotline, to submit a report. All youth, as well as any individual acting in an advocacy capacity on behalf of a youth, are authorized to report any act or threat of sexual abuse, instances of retaliation against reporting parties or staff, and any staff neglect or violation of duty that may have contributed to such incidents or retaliation. Reports may be submitted anonymously and shall be accepted and subject to full investigation irrespective of whether the alleged victim continues to reside at the facility. The facility encourages youth to report any and all instances of abuse or retaliation. Staff members, contractors, and volunteers are likewise permitted to report incidents as third parties. (Policy 2.1, page 8. 3.)

115.351 (b): The Chelan County Juvenile Detention Center has established an agreement with Specialty Answering Service (SAS) to facilitate external reporting

mechanisms. Specifically, the designated toll-free telephone number enables any resident or individual to access SAS, a live answering service, for the purpose of reporting allegations of sexual harassment or sexual abuse occurring at the Chelan County Juvenile Detention Center. The answering service operates in strict adherence to an established protocol, whereby each incoming communication is thoroughly documented, and prompt notification is dispatched to both the facility's PREA Coordinator and the Juvenile Court Administrator through electronic mail and text messaging. In instances where the caller indicates imminent risk or danger, the answering service will keep the caller on hold and effectuate immediate contact with the PREA Coordinator, ensuring direct and expedited communication between the involved parties. This protocol guarantees that situations necessitating urgent intervention receive immediate attention from facility leadership. During the audit, the auditor conducted a test of the SAS reporting system, confirming that the answering service adhered to the prescribed protocol and that the PREA Coordinator was notified within five minutes of the test communication.

115.351 (c): In circumstances where residents submit verbal allegations of sexual abuse, facility personnel shall promptly request that the resident reduce such statements to written form, and shall ensure that all necessary resources and opportunities are provided to facilitate this process. Should a resident demonstrate reluctance or an inability to complete a written statement, staff are obligated to document the resident's verbal account. (Policy 2.1, page 8. 4.) Third-party reports are permissible and may be submitted to any staff member, including the Juvenile Detention Manager. The Chelan County Juvenile Detention Center website disseminates comprehensive information related to reporting mechanisms and the Grievance Process. (<https://www.co.chelan.wa.us/juvenile/pages/grievance-process>)

115.351 (d): In circumstances where residents provide verbal reports of sexual abuse, facility personnel are required to request that such statements be memorialized in written form and shall ensure that all necessary resources and opportunities are made available to facilitate this process. (Policy 2.1, page 8. 4.) Furthermore, any youth possesses the right to file a formal grievance and shall be expressly encouraged to do so in situations involving serious concerns or allegations of egregious misconduct by staff, volunteers, or other residents, including, but not limited to, sexual abuse, sexual harassment, physical violence, or acts of retaliation. Staff are required to promptly provide access to grievance documentation and any requisite materials, as well as the opportunity to complete and submit such grievances, upon the youth's request. (Policy 13.3, page 2. 4.)

115.351 (e): Staff members are afforded the opportunity to submit reports of sexual abuse or sexual harassment in a confidential manner. Personnel may request a private meeting with the Juvenile Detention Manager (JDM) or Juvenile Court Administrator (JCA), or alternatively, may deposit written documentation pertaining to the alleged incident in the secured lock box located within the staff lounge. The Detention Manager is tasked with the daily inspection of the lock box and is responsible for ensuring that any submitted materials are promptly delivered to the JCA for review. All reports received through these channels are subject to comprehensive investigation procedures. (Policy 2.1, page 7. C. 2.)

	<p>Information about the various ways to report is displayed throughout the facility, included in the intake brochure, and reviewed with each resident upon admission. Interviews with residents confirm they are aware of these procedures. Staff also have confidential avenues to report, such as directly contacting a supervisor, the Juvenile Detention Manager, or the Court Administrator, as well as using the Specialty Answering Service. Staff interviews indicate familiarity with these reporting options.</p> <p>Policy 2.1, page 8. 3., interviews with Random Residents and Random Staff addresses 115.351 (a).</p> <p>Policy 4.2 Consular Notification (all), Specialty Answering Services response, Site Review Chelan Juvenile, interview with PREA Coordinator, and Random Residents, addresses 115.351 (b).</p> <p>Policy 2.1, page 8. 3 and 4., interviews with Random Residents and Random Staff, addresses 115.351 (c).</p> <p>Policy 2.1, page 8. 4., Policy 13.3, page 2. 4., and interview with the PREA Coordinator addresses 115.351 (d).</p> <p>Policy 2.1, page 7. C. 2, and interviews with Random Staff, addresses 115.351 (e).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.351: Resident reporting.</p>
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115.352	Exhaustion of administrative remedies
	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 13.3 Youth Grievance Process <p>115.352 (a): The Chelan County Juvenile Detention Center is not exempt from this standard. (13.3 Youth Grievance Procedure)</p> <p>115.352 (b): The Chelan County Juvenile Detention Center has instituted administrative protocols for the resolution of grievances pertaining to allegations of sexual abuse. The facility does not enforce any temporal restrictions for the submission of such grievances, nor does it mandate utilization of any informal grievance resolution mechanism. All residents retain the right to initiate grievances and are to be duly encouraged to exercise this right in instances where the concern is deemed consequential or involves allegations of significant malfeasance by staff,</p>

volunteers, or fellow residents, including but not limited to sexual abuse, harassment, physical violence, or acts of retaliation. Facility personnel shall expeditiously facilitate access to grievance forms and requisite materials, alongside the provision of opportunities to complete and submit grievances, whenever solicited by residents. (Policy 13.3, page 2.4.)

115.352 (c): In instances where an allegation is levied against a staff member, said staff member is categorically excluded from participation in all facets of the grievance resolution process. Upon receipt of any allegation of abuse or harassment by staff, the Chelan County Juvenile Detention Center shall promptly initiate the procedural protocols delineated in Policy 2.1 Preventing Sexual Abuse of Youth in Detention and, as warranted, the Coordinated Response Plan. These directives stipulate that investigations commence without delay. In circumstances implicating staff, the individual who is the subject of the complaint shall be precluded from investigative engagement. Residents are not mandated to utilize informal grievance mechanisms, nor are temporal restrictions imposed concerning the submission of grievances related to sexual abuse. (Policy 2.1, page 8.4.)

115.352 (d): In accordance with established policy, determinations regarding all submitted grievances are rendered within a period not to exceed ten days. The Chelan County Juvenile Detention Center has not, to date, received any grievances pertaining to allegations of sexual abuse or sexual harassment. In circumstances wherein an extension of the decision period is necessitated, the Chelan County Juvenile Detention Center shall provide written notification to the resident, including the anticipated date by which a final determination will be issued. (Policy 13.3, page 4. 5.)

115.352 (e): The Chelan County Juvenile Detention Center authorizes third-party individuals—including, but not limited to, fellow residents, staff members, family members, attorneys, and external advocates—to submit grievances on behalf of residents related to allegations of sexual abuse or sexual harassment. Third-party grievances involving significant matters shall be duly considered and investigated irrespective of whether the subject youth has expressly consented to the filing of such grievance. Should a resident request that the grievance not proceed, the Juvenile Detention Manager (JDM) shall document the resident's request within the respective youth's file. The submission of a third-party grievance does not preclude the resident from personally initiating a separate grievance. Nothing within this policy shall be construed as limiting or abrogating any legal recourse otherwise available to the resident. Third parties are authorized to assist residents in the preparation and submission of grievances regarding serious concerns. Parents and guardians may provide such assistance via postal mail or telephone, and may also do so in person during standard visitation periods. Attorneys and advocates representing residents are permitted to arrange special visitation sessions for the express purpose of providing grievance-related assistance. (Policy 13.3, page 2. B.)

115.352 (f): In circumstances wherein a resident perceives themselves to be at substantial risk of imminent sexual abuse, the resident is authorized to submit an emergency grievance. Any grievance containing allegations or information that, in

	<p>whole or in part, reasonably suggest the existence of such risk shall be processed under expedited protocols. Upon determination by the Juvenile Detention Manager (JDM) or Juvenile Corrections Assistant (JCA) that the youth is indeed at risk, immediate corrective measures shall be implemented. The initial response and the final agency decision shall explicitly document the agency's assessment regarding the resident's potential exposure to imminent sexual abuse, as well as the specific actions undertaken in response to the grievance. (Policy 13.3 page 3-4. 4.)</p> <p>115.352 (g): Youth will not be punished for filing a grievance so long as there was no bad faith involved. (Policy 13.3. page 4. (g))</p> <p>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>Policy 13.3, Youth Grievance Procedure, addresses the requirements of 115.352 (a).</p> <p>Policy 13.3, page 2.4. addresses the requirements of 115.352 (b).</p> <p>Policy 2.1, page 8.4., addresses the requirements of 115.352 (c).</p> <p>Policy 13.3, page 4. 5., addresses the requirements of 115.352 (d).</p> <p>Policy 13.3, page 2. B., addresses the requirements of 115.352 (e).</p> <p>Policy 13.3 page 3-4. 4., addresses the requirements of 115.352 (f).</p> <p>Policy 13.3. page 4. (g), addresses the requirements of 115.352 (g)</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.352: Exhaustion of administrative remedies.</p>
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115.353	Resident access to outside confidential support services and legal representation
	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 6.2 Telephone 3. Policy 13.2 Legal Rights 4. Policy 7.11 PREA Orientation 5. Policy 7.2A Admission Process 6. Policy 6.2 Telephone 7. Policy 4.2 Consular Notification

8. SAGE MOU
9. CCJDC Zero Tolerance Brochure
10. Rules and Level System Handbook
11. Site Review Chelan Juvenile

Interviews:

1. Random Residents
2. Detention Manager
3. PREA Coordinator
4. SAGE Advocate

115.353 (a): In accordance with facility protocols, staff are required to make reasonable efforts to facilitate the availability of an advocate affiliated with a rape crisis center for any resident who is identified as a victim. At the request of the victim, said advocate will be permitted to accompany and support the victim throughout the forensic medical examination and during investigatory interviews. Documentation of all attempts to secure advocacy services from a rape crisis center shall be maintained by staff. Residents shall not incur any financial responsibility for the provision of such services, irrespective of whether the victim elects to identify the perpetrator or chooses to cooperate with any investigation arising from the alleged incident. (Policy 2.1, page 9, (d)). Furthermore, residents shall be provided with the CCJDC Zero Tolerance Brochure, which stipulates that the Detention Manager will designate a secure and confidential location for residents to initiate contact, via the 1-866-END HARM intake line (the number is displayed on posters within intake and living units), or to reach the Safety Advocacy Growth Empowerment (SAGE) Domestic and Sexual Violence Center of Chelan and Douglas Counties for assistance. The Chelan County Juvenile Detention Center has implemented a formalized procedure ensuring that residents have access to services provided by agencies specializing in immigrant services for individuals detained exclusively for civil immigration purposes. (Policy 4.2 Consular Notification (all)).

115.353 (b): Pursuant to the established Intake Process and PREA Education protocols, residents are duly apprised of the parameters regarding the monitoring of communications and the statutory requirements for mandatory reporting. It is communicated to residents that facility staff are designated mandatory reporters, and that communications between a resident and their legal counsel, or between a resident and external community resources, are not subject to monitoring or recording by facility personnel. The Detention Manager has designated a secure location (Classroom #3) for the purpose of facilitating confidential telephonic communications with END HARM or SAGE. In instances where a SAGE advocate conducts an in-person meeting with a resident, such interaction shall occur within a private visitation area. All attorney communications, including telephone calls, are to be conducted in Classroom #3, without staff oversight or monitoring. Under no circumstances may staff monitor Classroom #3 during periods in which a youth is

utilizing the confidential telephone. (Policy 6.2, page 2., d.) All residents are furnished with the Chelan County Juvenile Detention Rules and Level System Handout, which, on page 1, delineates the procedures for confidential reporting of incidents pertaining to sexual abuse, sexual harassment, or retaliation for such disclosures. Residents are further informed that the facility's staff, shift supervisors, administrators, and contract service providers are mandatory reporters. (Chelan County Juvenile Detention Rules and Level System Handout, page 1)

115.353 (c): Pursuant to established protocols, the Chelan County Juvenile Detention Center has formalized a Memorandum of Understanding (MOU) with SAGE, the designated community resource for sexual assault advocacy and family trauma support. In accordance with said MOU, SAGE advocates are authorized to provide support services to residents reporting incidents of sexual assault or harassment, as stipulated in facility policy. Advocacy services are incorporated into the facility's official response procedures and include, where feasible, facilitation of ongoing communication between the resident and the advocate via postal correspondence, telephonic communication, or in-person interactions for the duration of the resident's placement at the Chelan County Juvenile Detention Center.

Residents are afforded confidential access to SAGE advocates through telephone communications, as outlined in facility policy. All communications between SAGE advocates and residents are treated with the utmost sensitivity, and advocates are granted facility clearance for the purposes of conducting in-person consultations, participation in training events, or direct meetings with clients. Private meeting areas are designated for the conduct of counseling sessions, ensuring confidentiality per facility standards.

SAGE is further tasked with the provision of advocacy-based counseling and crisis intervention services, as delineated in the Memorandum of Understanding. Follow-up services and crisis intervention contacts are made available to victims of sexual assault within the facility. Confidentiality of all client communications is strictly maintained, consistent with applicable regulations and facility procedures. Residents are provided with relevant contact information, including mailing addresses and telephone numbers, as well as a toll-free line to enable confidential correspondence with SAGE representatives, pursuant to established protocol and facility guidelines.

115.353 (d): The Chelan County Juvenile Detention Center has established protocols to ensure that residents are afforded reasonable and confidential access to legal counsel or other legal representatives, as well as to their parents or legal guardians. Telephonic communication with attorneys and attorney visits are authorized daily. Attorneys are allocated private meeting areas as warranted to ensure confidentiality. Opportunities for family visitation and telephonic contact are provided in accordance with facility guidelines. The designated visitation schedule is as follows: Saturdays from 1:30 pm to 4:00 pm; Sundays from 1:30 pm to 4:00 pm; Holidays from 9:00 am to 10:45 am and from 1:30 pm to 4:00 pm; and Tuesdays from 6:15 pm to 8:15 pm. (Policy 6.2, (all) and 13.2, (all))

	<p>An interview with a SAGE representative confirmed that a formal MOU exists between SAGE and the Chelan County Juvenile Detention Center to provide Victim Advocacy services as needed. The SAGE representative affirmed that Victim Advocates, duly trained in Sexual Assault Advocacy, are available to render assistance to victims, with initial meetings customarily occurring at the hospital. The prescribed training curriculum encompasses the identification and assessment of indicators pertinent to sexual abuse and sexual harassment; the implementation of appropriate and professional responses to victims thereof; and the established procedures for reporting allegations or suspicions related to sexual abuse and sexual harassment to designated authorities.</p> <p>The SAGE representative further indicated that, at the commencement of advocacy services, the limitations associated with confidentiality are duly disclosed to the residents. Victims identified as having experienced sexual abuse are accorded prompt and unimpeded access to emergency medical care and crisis intervention services, with the scope and nature of such services determined in accordance with the clinical judgment of hospital personnel and Advocacy staff.</p> <p>Policy 2.1, page 9, (d), Policy 4.2 (all), Site Review Chelan Juvenile and Random Resident Interviews, addresses 115.353 (a).</p> <p>Policy 6.2, page 2., d., CCJDC Zero Tolerance Brochure, Sexual Abuse Zero Tolerance Policy and Acknowledgement form, Chelan County Juvenile Detention Rules and Level System Handout, page 1, and Random Resident Interviews, addresses 115.353 (b).</p> <p>SAGE MOU addresses 115.353 (c).</p> <p>Policy 6.2, (all), Policy 13.2, (all), interviews with Detention Manager, PREA Coordinator and Random Residents, addresses 115.353 (d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.353: Resident access to outside confidential support services.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Policy 13.3 Youth Grievance Procedure 2. Web Page Information 3. CCJDC Zero Tolerance Brochure 4. Site Review Chelan Juvenile

	<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. Interviews were conducted with random residents who confirmed their knowledge of third-party reporting capabilities.</p> <p>115.354 (a), The Chelan County Juvenile Detention Center has implemented formal protocols for the receipt and processing of third-party reports concerning allegations of sexual abuse or sexual harassment. Information pertaining to reporting procedures is conspicuously posted on the official Chelan County Juvenile Detention Center website (https://www.co.chelan.wa.us/juvenile/pages/grievance-process), thereby ensuring public access to the relevant channels for submitting reports on behalf of residents. In circumstances where such reporting is necessitated, designated individuals may initiate direct contact with the Juvenile Detention Manager via the published telephone number, which is readily accessible on the aforementioned website. The Chelan County Juvenile Detention Center disseminates to residents a PREA Zero Tolerance pamphlet, which delineates essential information pertaining to the Prison Rape Elimination Act (PREA), including contact details and explicit reporting procedures. The auditor undertook a comprehensive review of both the pamphlet and the institutional website. Interviews conducted with residents corroborated their knowledge regarding the mechanisms for third-party reporting. The Auditor conducted a formal assessment of the Third-Party Reporting protocol. The Auditor navigated to the specified website https://www.co.chelan.wa.us/juvenile/pages/grievance-process and transmitted electronic correspondence to the Detention Manager. A timely and appropriate response to this inquiry was received within a 24-hour period.</p> <p>Policy 13.3 Youth Grievance Procedure, Chelan County Juvenile Detention Center web page information, CCJDC Zero Tolerance Brochure, Site Review Chelan Juvenile and interviews with Random Residents, address the requirements of 115.354 (a).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.354: Third-party reporting.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <p>1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention</p>

2. Policy 12.6 Reporting Child Abuse or Neglect
3. RCW 26.44.030

Interviews:

1. Random Staff
2. Detention Manager
3. PREA Coordinator
4. Medical RN
5. Mental Health

115.361 (a): It is incumbent upon all personnel of the Chelan County Juvenile Detention Center to effectuate the immediate reporting of any knowledge, reasonable suspicion, or information acquired related to an incident of sexual abuse or sexual harassment within the facility. Furthermore, all staff are mandated to report instances of retaliation directed at residents or employees who have previously reported allegations of sexual assault or sexual harassment. Irrespective of the origin of such information, any Chelan County Juvenile Detention Center employee who obtains information pertaining to resident-on-resident sexual misconduct, observes such an incident, or possesses reasonable cause to surmise that a resident has been subjected to sexual misconduct, shall: promptly communicate the information or observed incident to their immediate Supervisor. In cases wherein criminal conduct is alleged, notification to Law Enforcement authorities shall be initiated as appropriate. (Policy 2.1, page 7, C. 1.)

115.361 (b): In accordance with institutional protocol, any employee of the Chelan County Juvenile Detention Center who neglects to report an allegation, or who exerts pressure or intimidation upon another individual to submit information that is inaccurate, incomplete, or knowingly false with the intent to alter the integrity of a report, shall be subject to disciplinary measures, which may include termination of employment. Staff are also obliged to disclose any breach of responsibility that may have contributed to an incident of sexual abuse or any instance of retaliation. All personnel are required to comply with statutory mandates for reporting any allegation of sexual abuse. (RCW 26.44.030 and Policy 12.6. III. A. 1.)

115.361 (c): Chelan County Juvenile Detention Center staff are expressly prohibited from disclosing information pertaining to reports of sexual abuse except as necessary to fulfill responsibilities related to treatment, investigation, security, or management decisions. Disclosure of such information shall be strictly limited to those individuals whose official duties require access. (Policy 2.1, page 3, III. A. 4., and Policy 12.6, page 2, B. 2.)

115.361 (d): Personnel assigned to the Chelan County Juvenile Detention Center are obligated to expeditiously report any and all knowledge, suspicion, or information pertaining to incidents of sexual abuse or sexual harassment occurring within the facility. The protocol mandates that staff shall promptly notify Child Protective Services when reasonable cause exists to believe that a minor has been subjected

to abuse or neglect. (Policy 2.1, page 7, C. 1, and Policy 12.6, page 1. 1.) Furthermore, Medical and Mental Health staff are required to inform residents, at the initiation of services, of their statutory duty to report and the limitations of confidentiality.

115.361 (e): Upon the receipt of any allegation of sexual assault or sexual harassment, the Juvenile Detention Manager shall ensure that notifications are provided to the probation officer as well as to the parent or legal guardian of the alleged victim. In circumstances where the victim is subject to the guardianship of the child welfare system, notification shall be made to the designated social worker or guardian. Should juvenile court jurisdiction be maintained over the victim, the probation officer shall assume responsibility for managing the report. (Policy 2.1, pages 11-12, 4. (c) and (d))

115.361 (f): Any staff member, volunteer, or contractor who possesses knowledge, suspicion, or any information pertaining to an incident of sexual abuse or sexual harassment involving a juvenile—whether occurring within this facility or at any other institution—is required to immediately inform their direct supervisor as well as the Juvenile Detention Manager (Investigator). (Policy 2.1. page 7, C. 1.) Provisions are in place to ensure that third-party reports, which may be submitted anonymously, are received and subjected to comprehensive investigation. (Policy 2.1 page 8. 3.)

In the absence of any formal complaints submitted by external parties, the facility has nonetheless established a comprehensive procedure for the receipt of third-party reports, which are to be directed to the Juvenile Detention Manager, who concurrently serves as the PREA Coordinator. Upon receipt of such a report, the designated authority initiates an immediate and thorough investigation into any and all allegations presented.

Chelan County Juvenile Detention Center policy mandates the prompt implementation of protective measures for residents identified as being at risk of sexual abuse. Interviews conducted with staff members demonstrate a clear awareness of their reporting obligations and delineate the prescribed protocols required to safeguard resident welfare. Furthermore, randomly selected staff have confirmed that they have received training pertaining to the reporting of sexual abuse and harassment, as well as instruction on compliance with applicable statutes governing the reporting of child abuse.

Policy 2.1. page 7, C. 1., and interviews with Random Staff, addresses the requirements of 115.361 (a).

RCW 26.44.030, Policy 12.6. III. A. 1., and interviews with Random Staff, addresses the requirements of 115.361 (b).

Policy 2.1. page 3, III. A. 4., Policy 12.6, page 2. B. 2., and interviews with Random Staff, addresses the requirements of 115.361 (c).

Policy 2.1, page 7, C. 1, and Policy 12.6, page 1. 1., and interviews with Medical and

	<p>Mental Health Staff addresses the requirements of 115.361 (d).</p> <p>Policy 2.1, pages 11-12, 4. (c) and (d), interview with the PREA Coordinator and Detention Manager, addresses the requirements of 115.361 (e).</p> <p>Policy 2.1. page 7, C. 1., page 8. 3., and interview with the Detention Manager addresses the requirements of 115.361 (f).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.361: Staff and agency reporting duties.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention 2. Policy 13.3 Youth Grievance Procedure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff 2. Detention Manager 3. Agency Head <p>115.362 (a): Upon notification that a resident is exposed to a substantial risk of imminent sexual abuse, the Chelan County Juvenile Detention Center will initiate immediate protective measures. These measures encompass, but are not limited to, the physical separation of the alleged victim from the perpetrator and the provision of care commensurate with the resident's needs, without unduly interfering with any ongoing investigation. Staff members who receive such reports are required to promptly intervene to ensure that the affected residents have access to appropriate medical and mental health services, as warranted by the circumstances. (Policy 2.1, page 8, D.1., as well as Policy 13.3, pages 3 and 4, sections 4.(a) and (b))</p> <p>Staff interviews indicate that personnel have received formal training and possess an understanding of the procedures to ensure the protection of residents exposed to substantial risk of imminent sexual abuse. Upon receiving information indicating that a resident may be subject to such risk, Chelan County Juvenile Detention Center staff affirm that immediate protective action is undertaken. At a minimum, this entails the implementation of housing and programming modifications designed to separate or otherwise mitigate the threat among residents. All responses obtained from random staff interviews corroborate the existence of a uniform</p>

	<p>approach to this protocol.</p> <p>Chelan County Juvenile Detention Center policy stipulates the necessity for prompt intervention to safeguard residents from incidents of sexual abuse. While no incidents have been reported within the preceding twelve-month period, interviews confirm that staff remain cognizant of their reporting obligations and the procedural steps required to uphold resident safety.</p> <p>The Juvenile Detention Manager has affirmed that, upon notification that a resident is subject to a substantial risk of imminent sexual abuse, the individual in question is expeditiously relocated from the area of potential harm and placed in either the Medical Unit or Supervisor's Office, as appropriate.</p> <p>Responses from randomly selected staff further confirm that, when informed of a resident's exposure to imminent risk, staff members act without delay to remove the resident from the danger and place the potential victim under continuous direct supervision to ensure resident welfare.</p> <p>Policy 2.1, page 8. D. 1., Policy 13.3 page 3 and 4, 4. (a) and (b), interviews with Agency Head, Detention Manager and Random Staff addresses 115.362(a).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.362: Agency protection duties.</p>
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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 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Detention Manager <p>115.363 (a), (b), and (c): In instances where an allegation of sexual abuse is reported to have occurred at an external facility, the Juvenile Detention Manager (JDM) is responsible for notifying the Juvenile Court Administrator (JCA), who shall, inform both the director of the facility where the alleged incident transpired and the corresponding investigative authority. Such notifications shall be executed at the</p>

	<p>earliest possible opportunity and, under no circumstances, later than 48 hours after the youth's report. All notifications will be documented in writing. (Policy 2.1, page 12., e.)</p> <p>115.363 (d): All reports of sexual abuse or sexual harassment involving residents, regardless of whether such incidents are alleged to have been perpetrated by other residents, staff members, contractors, or volunteers, shall be subject to immediate investigation. In instances where the reported conduct potentially constitutes a criminal offense, the supervisor or manager receiving the report shall, without delay, notify the appropriate law enforcement authorities to initiate a formal criminal investigation. (Policy 2.1A, page 1.1.)</p> <p>Policy 2.1 page 12., e., addresses 115.363 (a).</p> <p>Policy 2.1 page 12., e., addresses 115.363 (b).</p> <p>Policy 2.1 page 12., e., addresses 115.363 (c).</p> <p>Policy 2.1A, page 1.1, interviews with Agency Head and Detention Manager, addresses 1115.363 (d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.363: Reporting to other confinement facilities.</p>
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<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. Chelan County PREA Information Staff Training 5. Chelan County PREA Information Volunteer, Contractor Training <p>Interviews</p> <ol style="list-style-type: none"> 1. Random Staff <p>115.364 (a): A first responder must promptly: effectuate the separation of the alleged victim and the alleged abuser; preserve and secure the integrity of the crime scene; instruct the alleged victim not to undertake any actions that may compromise physical evidence; and, to the extent feasible, ensure the alleged abuser does not compromise said evidence. (Policy 2.1A, pp. 1-2, II. A. 1-3; Policy</p>

2.1, p. 8, D.1.(a); Chelan County PREA Information Staff Training, p. 11; PREA Institutional Plan)

115.364 (b), Any non-security staff member serving as an initial responder must, as a primary action, request that the alleged victim refrain from engaging in any behaviors that could result in the destruction or compromise of physical evidence. Subsequently, said staff member shall notify a detention staff member without delay. (Policy 2.1A, pp. 1-2, II. A. 1-3; Chelan County PREA Information Volunteer Contractor Training, pp. 10-11)

The Juvenile Detention Manager clarified that the designation "Staff" encompasses not only custody staff and supervisors, but also probation officers, educators, institutional education program personnel, supplemental custody staff, volunteers, and contractors including those providing medical, therapeutic, or chaplaincy services.

Interviews conducted with randomly selected staff members demonstrate a comprehensive understanding of first responder obligations. Furthermore, institutional policy delineates, with specificity, the procedural requirements to be executed in the event of an allegation involving sexual abuse, assault, or harassment. These prescribed steps encompass, but are not limited to, the immediate separation of involved individuals, reassignment of housing as necessary, preservation and security of the incident location, adherence to evidentiary protocol, facilitation of medical assessment, notification of Mental Health services for subsequent follow-up, and the implementation of monitoring procedures for a minimum duration of ninety days for individuals who report incidents, so as to ensure the absence of retaliation resulting from such reporting or cooperation.

During the auditor's on-site facility review, informal consultations were undertaken with members of the Chelan County Juvenile Detention Center custody staff regarding their respective responses to hypothetical situations involving allegations of sexual assault or harassment. Staff uniformly articulated the primacy of victim safety, expressed an unequivocal commitment to the credibility of victim statements, and affirmed their readiness to initiate actions deemed necessary to safeguard the victim.

In structured interviews, staff members demonstrated cognizance of their first responder responsibilities. Respondents articulated the necessity of effectuating separation between the victim and alleged abuser, safeguarding and preserving the integrity of the crime scene, instructing the victim to refrain from activities that may compromise physical evidence, and, to the extent feasible, preventing the alleged abuser from engaging in conduct that could jeopardize evidentiary integrity. Additionally, staff exhibited awareness of the requirement to notify supervisory personnel, with the expectation that the supervisor will then communicate with the Juvenile Detention Manager (Investigator).

Policy 2.1A. page 1-2. II. A. 1-3, Policy 2.1, page 8. D. 1. (a); PREA Institutional Plan, Chelan County PREA Information Staff Training, page 11, addresses 115.364 (a).

	<p>Policy 2.1A. page 1-2. II. A. 1-3, and Chelan County PREA information Volunteer Contractor Training pages 10-11 addresses 115.364 (b).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.364: Staff first responder duties.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents</p> <ol style="list-style-type: none"> 1. PREA Institutional Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Manager <p>115.365 (a): The Chelan County Juvenile Detention Center has promulgated a formal written protocol stipulating immediate notification procedures to the Juvenile Detention Manager/PREA Coordinator, local law enforcement authorities, and designated sexual assault advocacy organizations. During the formal interview process, the Juvenile Detention Manager articulated that facility staff have received instruction regarding the PREA Institutional Response Plan, which encompasses, but is not limited to, the physical separation of implicated individuals, notification of law enforcement personnel, maintenance of evidentiary integrity, communication with the PREA Coordinator and relevant community stakeholders, as well as facilitation of transportation requirements as circumstances dictate.</p> <p>The Coordinated Response Plan enumerates distinct responsibilities for First Responders and Supervisory staff. First Responders are mandated to ensure the immediate physical separation of the alleged victim and accused individual. Staff assigned to supportive functions (of the same gender as the alleged victim) are required to remain in proximity to the victim throughout the process. All security and first responder personnel are obliged to implement preliminary protective measures for the victim and to promptly notify appropriate medical and mental health practitioners. Emergency situations necessitate immediate notification of 911. Furthermore, notification of the Juvenile Detention Manager/PREA Coordinator shall be effected without delay.</p> <p>Staff are instructed to preserve and safeguard the crime scene for subsequent evidentiary collection. Victims are advised to refrain from activities that could</p>

	<p>compromise physical evidence, including but not limited to washing, oral hygiene, changing clothing, urination, defecation, ingesting food or liquids. Monitoring and supervision of the alleged perpetrator is required to prevent destruction of physical evidence, by means of similar activity restrictions. The provision of sexual assault victim advocacy services (e.g., contacting SAGE) is to be facilitated, and relevant information must be communicated to the hospital emergency department, with arrangements for transport undertaken as needed.</p> <p>PREA Institutional Plan and interview with the Detention Manager, addresses 115.365 (a).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.365: Coordinated response.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <p>1. Teamsters Agreement 2025</p> <p>Interviews:</p> <p>1. Agency Head</p> <p>115.366 (a): 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>Interview with the Agency Head and 2025 Collective Bargaining Agreement, addresses 115.366 (a).</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

Documents

1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention

Interviews:

1. Designated staff member charged with monitoring retaliation.
2. Agency Head
3. Detention Manager

115.367 (a): The Chelan County Juvenile Detention Center maintains a strict prohibition against any form of retaliation directed toward residents or staff who report incidents of sexual abuse, sexual harassment, or who participate in investigations thereof. Responsibility for monitoring potential retaliation has been formally assigned to the Juvenile Detention Manager or the Shift Supervisor, as designated staff members. (Policy 2.1, page 10. (g))

115.367 (b): The facility has instituted a comprehensive array of procedures intended to address circumstances involving potential or actual retaliation. Such procedures may include, but are not limited to, the removal of alleged staff or resident abusers from contact, adjustments to housing assignments, and the provision of advocate support services. The designated monitor is responsible for vigilance with respect to any alterations in resident disciplinary records, housing or program assignments, or staff performance evaluations, including reassignment. These measures are designed to promptly identify and mitigate any retaliation by residents or staff. (Policy 2.1, page 10. (g)).

115.367 (c): The designated monitor shall engage in ongoing oversight for a minimum duration of ninety (90) days following any report of retaliation. In the event that monitoring during this period reveals the necessity for continued vigilance, the monitor is obliged to extend such oversight beyond the initial ninety-day timeframe. (Policy 2.1, page 10. (g)).

115.367 (d): The designated monitor is required to formally inquire of the youth whether they harbor concerns regarding possible retaliation and is further obligated to offer access to counseling services, which shall be made available upon request. The monitor shall conduct ongoing welfare assessments, with a frequency of no less than once per day, to ascertain that the youth is not subjected to retaliation or threats thereof. These welfare checks shall persist for the duration of the youth's confinement. In addition, the monitor will systematically review any modifications to the youth's housing assignment, level/points status, privileges, and program engagement, thereby ensuring that no acts of retaliation are perpetrated. (Policy 2.1, page 10. (g))

115.367 (e): In the event that any individual—other than a resident or staff member—who cooperates with an official investigation articulates a concern

	<p>regarding potential retaliation, the agency shall implement all necessary and appropriate safeguards to ensure protection against such retaliation. (Policy 2.1, page 10. (g)).</p> <p>In instances wherein a staff member may be at risk of retaliatory actions by colleagues or supervisory personnel, the Juvenile Detention Manager shall conduct confidential individual consultations with said staff member to monitor ongoing work and duty assignments, affirming institutional commitment to the prevention of any retaliation. Where warranted, modifications to scheduling or placement on paid administrative leave shall be utilized to ensure adequate separation between individuals subject to investigation and those serving as reporters, witnesses, or victims of sexual abuse. Furthermore, emotional support services shall be made available to staff members expressing apprehension regarding potential retaliation connected to reporting or cooperation in investigations of sexual abuse or harassment.</p> <p>The Juvenile Detention Manager reports that the facility maintains continuous oversight of both the conduct and the treatment of residents or staff who have reported sexual abuse, as well as residents identified as victims, to identify any behavioral or environmental changes indicative of retaliatory activity by residents or staff. Oversight is sustained for the period deemed necessary and remedial measures are promptly deployed to address instances of retaliation. The facility extends monitoring beyond the prescribed ninety (90) day period should initial findings indicate such necessity. It is noted that, within the previous twelve (12) months, no incidents of retaliation have been identified.</p> <p>Policy 2.1, page 10. (g), addresses 115.367 (a).</p> <p>Policy 2.1, page 10. (g), interviews with Agency Head, Detention Manager and Staff member designated to monitor retaliation, addresses 115.367 (b).</p> <p>Policy 2.1, page 10. (g), interviews with Detention Manager and Staff member designated to monitor retaliation, addresses 115.367 (c).</p> <p>Policy 2.1, page 10. (g), and interview the Staff member designated to monitor retaliation, addresses 115.367 (d).</p> <p>Policy 2.1, page 10. (g), interviews with Agency Head, and Detention Manager addresses 115.367 (e).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.367: Agency protection against retaliation.</p>
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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 <p>Interviews conducted with</p> <ol style="list-style-type: none"> 1. Detention Manager 2. Medical RN 3. Mental Health <p>115.368 (a): 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. (Policy 2.1, page 9 (c))</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, Preventing Sexual Abuse of Youth in Detention, pg. 9, (c), interviews with the Detention Manager, Medical RN and Mental Health Staff, addresses 115.368 (a).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.368: Post-allegation protective custody.</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<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. Chelan County Evidence Protocol 4. CCJDC Investigative Report March 2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. PREA Coordinator 3. Detention Manager

115.371 (a): The Chelan County Juvenile Detention Center promptly initiates a formal investigation into all reported incidents of sexual abuse or sexual harassment involving facility residents. This mandate applies irrespective of whether the alleged misconduct was perpetrated by another resident, a staff member, a contractor, or a volunteer. In circumstances where a report contains allegations of conduct that may constitute a criminal offense, the supervisor or manager who receives the report is required to contact the appropriate law enforcement authorities without delay to commence a criminal investigation. (Policy 2.1A, page 1. 1).

115.371 (b): In instances where a report concerning sexual abuse of a resident alleges conduct that may constitute a criminal offense, or when an ongoing investigation yields evidence indicative of criminal activity, it is the obligation of the supervisor or manager who receives said report or information to immediately suspend the administrative investigative process and promptly notify the Wenatchee Police Department, or the appropriate law enforcement agency should the alleged incident have occurred outside the confines of the detention facility, thereby facilitating the initiation of a criminal investigation. In cases where ambiguity exists regarding the nature of the alleged conduct, the matter shall be referred without delay to the Chelan County Prosecutor's Office for determination. (Policy 2.1A, page 2. 5.)

115.371 (c): The Wenatchee Police Department Investigators are authorized to collect and safeguard both direct and circumstantial evidence, inclusive of, but not limited to, physical and DNA evidence as well as electronic monitoring data. Investigators conduct formal interviews with alleged victims, individuals under suspicion, and pertinent witnesses, while also undertaking a comprehensive review of historical complaints and reports of sexual abuse associated with the individual alleged to have perpetrated the offense. The PREA Coordinator, provides requisite support to the Police Department by providing electronic monitoring data, coordination of interview schedules, and providing background information relevant to both the suspect and the victim.

115.371 (d): The discontinuation of an investigative process shall not be predicated solely upon the recantation of an allegation by a juvenile. Investigative procedures will continue irrespective of any withdrawal of the original claim. (Policy 2.1A, page 2. 6.).

115.371 (e): Personnel employed by the Chelan County Juvenile Detention Center would normally be precluded from conducting compelled interviews pertaining to allegations of sexual abuse or harassment. The responsibility for compelled interviews would generally be the appropriate law enforcement agency, in coordination with the Prosecuting Attorney's Office.

115.371 (f): The determination of credibility in investigative proceedings shall be predicated upon a thorough and individualized assessment of the facts and circumstances pertaining to each alleged victim, suspect, or witness. The investigative protocol mandates that credibility should not be ascribed on the basis of an individual's status as either a resident or staff member but instead shall be

established through an impartial review of physical evidence, testimonial statements, and corroborative investigative findings. This methodology is instituted to uphold the principles of neutrality and procedural fairness, thereby ensuring that all allegations are afforded due consideration in accordance with established policy. (Policy 2.1A, page 2. 6.).

115.371 (g): The administrative investigative processes shall include a thorough determination as to whether actions or omissions by facility staff contributed in any manner to incidents of abuse. The findings of such investigations are to be documented within formal written reports, which must encompass a detailed description of all physical evidence, the rationale behind credibility assessments, and a comprehensive account of investigative facts and outcomes. (Policy 2.1A, page 2. 6.).

115.371 (h): All criminal investigations shall be documented in reports encompassing physical, testimonial, and documentary evidence. Copies of all relevant documentation is provided to the Chelan County Juvenile Detention Centers investigator. (Policy 2.1A, page 3. 8.).

115.371 (i): Any allegation determined to involve conduct of a criminal nature shall be formally referred to the appropriate prosecutorial authorities for further legal action. (Policy 2.1A, page 2. 5.).

115.371 (j): Documentation pertaining to allegations of sexual abuse or sexual harassment involving residents shall be maintained for a period extending five years beyond the resident's eighteenth birthday, or for five years after the date of the resident's release from incarceration, whichever period is longer. Records relating to incidents involving facility employees are preserved for the full duration of the individual's employment, plus an additional five-year interval following termination of employment. (Policy 2.1, Page 13, E. 4.)

115.371 (k): Investigative procedures shall proceed irrespective of the subsequent departure of either the alleged abuser or victim from the facility. (Policy 2.1A, page 2. 6.)

115.371 (m): The Chelan County Juvenile Detention Center extends full cooperation to external agencies engaged in the investigation of sexual abuse and remains apprised of all relevant developments throughout the investigative process. (Policy 2.1A, page 2. 5. and page 3. 8.)

In instances wherein allegations of sexual abuse are reported and the potential for criminal conduct exists, the Chelan County Juvenile Detention Center is required to notify the Wenatchee Police Department. The designated Investigators from the Wenatchee Police Department shall be responsible for the systematic collection and preservation of both direct and circumstantial evidence, including but not limited to physical evidence, DNA samples, and electronic monitoring data. Such Investigators are further mandated to conduct formal interviews with alleged victims, individuals under suspicion, and witnesses, and to undertake a thorough review of historical complaints and prior reports of sexual abuse that may pertain to the individual

alleged to have committed the offense.

The PREA Coordinator, in collaboration with the Detention Manager, is obligated to provide necessary assistance to law enforcement personnel by furnishing electronic monitoring data, facilitating the scheduling of interviews, and supplying pertinent background information regarding both the complainant and the alleged perpetrator. The investigative process shall not be discontinued solely on the basis of the recantation of an allegation by the source; procedures shall continue in accordance with established policy.

Personnel employed by the Chelan County Juvenile Detention Center will not generally conduct compelled interviews relevant to allegations of sexual abuse or harassment. Such interviews fall within the jurisdiction of law enforcement officials. During the course of investigative interviews, the designated Investigator affirmed that determinations of credibility regarding any alleged victim, suspect, or witness are to be conducted on an individualized basis and shall not be influenced by the person's institutional status as either a resident or staff member. The Investigator also confirmed that residents shall not be compelled to undergo polygraph examinations as a prerequisite to the continuation of investigative activities.

All administrative investigations are to include a comprehensive assessment to determine whether employee actions or omissions contributed in any manner to incidents of abuse. These investigations must be documented in formal written reports that include detailed descriptions of physical and testimonial evidence, as well as the rationale underlying credibility assessments and a complete accounting of investigative facts and findings. Criminal investigations are documented in accordance with the protocols established by the Wenatchee Police Department, and any substantiated allegation indicative of criminal conduct would be formally referred to prosecutorial authorities for further legal action.

As reflected in the PRE Audit Questionnaire, the PREA Coordinator reported a total of one PREA-related investigation. The Auditor conducted a review of said investigation and determined that it was documented appropriately and investigated promptly, thoroughly, and impartially by a qualified investigator possessing the requisite training and authorization. The investigative files contained all required documentation, including the initial incident report, the investigator's report, and supplemental memoranda. The Auditor further observed that the investigative file was organized in accordance with best practices and included all necessary supporting materials.

Policy 2.1A, page 1. 1, Chelan Investigation, and the interview with the Investigator addresses 115.371(a).

Policy 2.1A, page 2. 5., Chelan County Investigation Protocol, pages 27-28 and the interview with the Investigator addresses 115.371(b).

Chelan County Investigation Protocol pages 12-13, 14-19 and the interview with the Investigator addresses 115.371(c).

	<p>Policy 2.1A, page 2. 6., and the interview with the Investigator addresses 115.371(d).</p> <p>Interview with the Investigator addresses 115.371(e).</p> <p>Policy 2.1A, page 2. 6., and the interview with the Investigator addresses 115.371(f).</p> <p>Policy 2.1A, page 2. 6., and the interview with the Investigator addresses 115.371(g).</p> <p>Policy 2.1A, page 3. 8., and the interview with the Investigator addresses 115.371(h).</p> <p>Policy 2.1A, page 2. 5., and the interview with the Investigator addresses 115.371(i).</p> <p>Policy 2.1, Page 13, E. 4., and the interview with the Investigator addresses 115.371(j).</p> <p>Policy 2.1A, page 2. 6., and the interview with the Investigator addresses 115.371(k).</p> <p>Policy 2.1A, page 2. 5. and page 3. 8., interviews with the Detention Manager, PREA coordinator and the Investigator addresses 115.371(m).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.371: Criminal and administrative agency investigations.</p>
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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. Investigative Staff <p>115.372 (a): The Investigative Officer clarified during the interview that the evidentiary standard for administrative investigations is “a preponderance of the evidence.” This officer has received specialized PREA training, specifically on investigating sexual abuse in confinement settings. In the interview, the Investigator outlined for the Auditor the specific procedures followed during PREA-</p>

	<p>related investigations. Additionally, Policy 3.4, page 4, section C.1., Staff Misconduct and Corrective Action, states: “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 found to have engaged in such conduct will be subject to disciplinary action, up to and including termination.”</p> <p>Chelan County Juvenile Detention Center Policy 3.4, Staff Misconduct, and Corrective Action, page 4, C.1., 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>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Chelan County Juvenile Detention Center Policy 2.1, Preventing Sexual Abuse of Youth 2. CCJDC Investigative Report March 2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Manager 2. Investigative Staff <p>115.373 (a): Notification protocols dictate that, upon the completion of an investigation, the resident who initiated the allegation will be formally apprised of the investigative outcome—specifically, whether the allegation has been classified as substantiated, unsubstantiated, or unfounded (Policy 2.1, page 12, (f)(i)).</p> <p>115.373 (b): In instances where an investigation is conducted by an external agency, the Juvenile Detention Manager is required to formally solicit all pertinent outcome information from the respective agency for the purpose of providing the necessary notifications to the resident. (Policy 2.1, page 12, (f))</p> <p>115.373 (c): When an allegation of sexual abuse is lodged against a Chelan County Juvenile Detention Center staff member, the Juvenile Detention Manager or designated representative shall ensure that the resident is formally notified of subsequent developments, except in cases where the allegation is classified as unfounded. Such notification shall encompass: (1) the removal of the staff member from assignment within the resident’s unit; (2) the termination of the staff</p>

	<p>member's employment at the facility; (3) the initiation of criminal proceedings against the staff member for conduct pertaining to sexual abuse within the institution; and (4) the conviction of the staff member on such charges. (Policy 2.1, page 12, section (f) (ii)).</p> <p>115.373 (d): In instances wherein, a resident submits an allegation of sexual abuse perpetrated by another resident, it shall be incumbent upon the Juvenile Detention Manager or their designated representative to ensure the resident receives formal notification regarding specific procedural milestones. Such notification shall include: (1) the initiation of criminal charges against the alleged perpetrator for conduct constituting sexual abuse within the facility; and (2) the subsequent conviction of the alleged perpetrator on those charges. (Policy 2.1, page 12, (f) (iii))</p> <p>115.373 (e): It is required that all notifications provided to residents be documented in writing and maintained as a component of the official PREA investigation file. (Policy 2.1, page 12, (f)(iv))</p> <p>Policy 2.1, page 12. (f) (i), interviews with the Detention Manager and the Investigator addresses 115.373 (a).</p> <p>Policy 2.1, page 12, (f), addresses 115.373 (b).</p> <p>Policy 2.1, page 12, (f) (ii), and CCJDC Investigative Report March 2025, page 4 and 19, addresses 115.373 (c).</p> <p>Policy 2.1, page 12, (f) (iii), addresses 115.373 (d).</p> <p>Policy 2.1, page 12, (f) (iv), and CCJDC Investigative Report March 2025, page 4 and 19, addresses 115.373(e).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.373: Reporting to residents.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 3.4 Staff Misconduct and Corrective Action. 2. Policy 2.1 Prevention of Sexual Abuse of Youth in Detention 3. Resignation in lieu of Termination 4. CCJDC Investigative Report March 2025 <p>115.376 (a): Personnel of the Chelan County Juvenile Detention Center are subject</p>

to disciplinary sanctions, up to and including termination, in the event of violations pertaining to agency policies on sexual abuse or sexual harassment. (Policy 3.4, page 1.1.)

115.376 (b): Any and all forms of sexual activity between youths, or between any youth and a member of staff, contractor, or volunteer, are categorically prohibited, irrespective of apparent consent by any participant. Engagement in such conduct constitutes grounds for disciplinary sanctions up to and including termination of employment or contract and may additionally result in referral for criminal prosecution (Policy 2.1, page 3 A.1.). Termination of employment is the presumptive disciplinary action for staff determined to have engaged in sexual abuse or to have retaliated against individuals for reporting such abuse (Policy 3.4, page 4.C.2.).

115.376 (c): In the process of determining the appropriate corrective measure, the Administrator, or their designated representative, shall exercise discretionary authority by evaluating all pertinent factors within the context of the full circumstances. The delegation of such discretion may extend to the Detention Manager or supervisory personnel, with the express exception of employment termination, which shall be imposed solely by, or under the explicit directive of, the Administrator. The criteria to be considered in assessing the gravity and type of corrective action may include, but are not limited to: 1. The seriousness and specific circumstances of the offense; 2. Documented prior misconduct; 3. Relevant disciplinary history; 4. The staff member's tenure; 5. Actual or potential impact on the County or agency; 6. The extent of agency resources expended in response to the misconduct; and 7. Consistency of sanctions with those imposed for comparable infractions by staff possessing similar records. (Policy 3.4, page 4.B.)

115.376 (d), any staff member whose employment is terminated due to substantiated findings of sexual abuse or sexual harassment involving juveniles, or who resigns in lieu of termination under such circumstances, shall be formally reported to all relevant licensing bodies. Furthermore, such incidents are to be reported to law enforcement authorities except in cases where the conduct has been determined to be unequivocally non-criminal in nature (Policy 3.4, page 4.C.3.).

Disciplinary sanctions imposed for violations of Chelan County Juvenile Detention Center policies related to sexual abuse or sexual harassment (excluding direct engagement in sexual abuse) shall correspond appropriately to the gravity and context of the infractions, taking into account the staff member's documented disciplinary history as well as precedents established in comparable cases involving staff with similar records. In all instances where employment is terminated pursuant to the PREA policy, or where a staff member resigns in lieu of termination under circumstances that would otherwise warrant discharge, formal notification shall be provided to law enforcement agencies, except where the conduct has been definitively classified as non-criminal, and to all relevant professional licensing bodies. The Chelan County Juvenile Detention Center shall maintain records regarding all employment terminations and requisite notifications to licensing authorities.

	<p>Policy 3.4, page 1.1., addresses 115.376 (a).</p> <p>Policy 2.1, page 3 A.1., Policy 3.4, page 4.C.2., and Resignation in Lieu of Termination, addresses 115.376 (b).</p> <p>Policy 3.4, page 4.B., addresses 115.376 (c).</p> <p>Policy 3.4, page 4.C.3., Resignation in Lieu of Termination, and CCJDC Investigative Report March 2025, addresses 115.3676 (d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.376: Disciplinary sanctions for staff.</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents</p> <ol style="list-style-type: none"> 1. Policy 2.1, Prevention of Sexual Abuse of Youth in Detention 2. Policy 2.1A PREA Investigations 3. Policy 5.1 Detention Volunteer Programming 4. Policy 2.1 Preventing Sexual abuse of Youth in Detention 5. Policy 3.4 Staff Misconduct and Corrective Action <p>Interviews</p> <ol style="list-style-type: none"> 1. Detention Manager <p>115.377 (a): Engagement in any form of sexual activity between youths, or between any youth and staff, contractors, or volunteers, is categorically prohibited, irrespective of consent. Any violation of this directive will result in the imposition of disciplinary sanctions, up to and including termination of employment or service, and may entail referral for criminal prosecution (see Policy 5.1, page 4.C.2. and Policy 2.1, page 3, III.A.1.).</p> <p>115.377 (b): Any contractor or volunteer against whom an allegation of sexual abuse or harassment is raised shall be immediately restricted from all interactions with residents, pending a comprehensive investigation. Such incidents will be promptly reported to the appropriate law enforcement authorities for formal inquiry, except where evidence clearly demonstrates that no criminal act transpired. In instances where a determination of no criminal conduct is reached, findings shall nonetheless be submitted to the prosecutor's office for independent review. Furthermore, all relevant licensing agencies shall be notified of the allegation and its</p>

	<p>disposition (Policy 2.1, page 3, III.A.2.).</p> <p>Policy 5.1, page 4.C.2., and Policy 2.1, page 3, III.A.1., addresses 115.377 (a)</p> <p>Policy 2.1, page 3, III.A.2., and the interview with the Detention Manager, addresses 115.377 (b).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.377: Corrective action for contractors and volunteers.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<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>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Manager <p>115.378 (a): Following an administrative determination that a resident has engaged in resident-on-resident sexual abuse, or subsequent to a criminal adjudication confirming such conduct, the resident shall be subject to disciplinary sanctions (Policy 14.2, page 3. B.7.).</p> <p>115.378 (b): Disciplinary measures imposed upon residents shall be designed to foster accountability, promote rehabilitation, and ensure consistency with the facility's commitment to equitable treatment. All sanctions must be commensurate with the severity of the infraction and consistent with those rendered in analogous cases (Policy 14.2, page 1.1.). To the maximum extent practicable, corrective actions shall be administered in a timely manner, and recognition for positive behaviors shall be bestowed without undue delay. The mere allegation of sexual abuse or harassment does not constitute sufficient grounds for the imposition of isolation or room confinement; such restrictive measures may only be employed following a substantiated finding of misconduct. Furthermore, identification of vulnerability or the lodging of a complaint related to sexual abuse or harassment shall not, in and of itself, justify room confinement (Policy 2.1, page 9, (c)).</p> <p>115.378 (c): In circumstances wherein a resident's violation of facility rules is attributable, in whole or in part, to documented learning disabilities or mental health conditions, it is incumbent upon the facility to duly consider such mitigating</p>

	<p>factors when determining the nature and duration of any imposed disciplinary measure (Policy 14.2, page 1.1., and page 3. B.6.).</p> <p>115.378 (d): In accordance with the PRE Audit Questionnaire, it is hereby noted that the Chelan County Juvenile Detention Center does not provide specialized therapeutic interventions or targeted programming intended to address or remediate underlying causes or motivational factors associated with incidents of abuse.</p> <p>115.378 (e): Disciplinary sanctions may be imposed upon residents for engaging in sexual contact with staff solely in instances where it has been substantiated that the staff member did not provide consent to such contact (Policy 14.2, page 3. B.8.).</p> <p>115.378 (f): The submission of reports pertaining to sexual abuse or harassment shall not, under any circumstances, be classified as false reporting for the purposes of disciplinary proceedings, provided that such reports are made in good faith. This provision remains applicable even in instances where subsequent investigation fails to yield substantiating evidence of the reported allegation(s) (Policy 2.1, page 11, (h)).</p> <p>115.378 (g): All instances of sexual conduct between residents, as well as between any resident and staff member, contractor, or volunteer, are categorically prohibited, irrespective of perceived consent from any party involved. Violations of this prohibition shall be subject to disciplinary sanctions, which may include termination of employment and potential referral for criminal prosecution (Policy 2.1, page 3 III. A.1., and Policy 14.2, page 3. B.7.).</p> <p>Policy 14.2, page 3. B.7., addresses 115.378 (a).</p> <p>Policy 14.2, page 1.1., Policy 2.1, page 9, (c), and the interview with the Detention Manager addresses 115.378 (b).</p> <p>Policy 14.2, page 1.1., and page 3. B.6., and the interview with the Detention Manager addresses 115.378 (c).</p> <p>As reported in the PRE Audit Questionnaire: The Chelan County Juvenile Detention Center does not offer specific therapy, or other intervention designed to address and correct underlying reasons or motivation for abuse, addresses 115.378 (d).</p> <p>Policy 14.2, page 3. B.8, addresses 115.378 (e).</p> <p>Policy 2.1, page 11, (h), addresses 115.378 (f).</p> <p>Policy 2.1, page 3 III. A.1., and Policy 14.2, page 3. B.7., addresses 115.378 (g).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.378: Interventions and Disciplinary sanctions for residents.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents

1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention.
2. 14-day mental health samples
3. CH Consult Forms samples

Interviews

1. Medical RN
2. Mental Health staff
3. Risk of Victimization and abusiveness

115.381 (a) and (b): Should a youth indicate, either through the completion of the Sexually Aggressive-Vulnerable Youth screening instrument or during any phase of the intake screening process, a history of sexual victimization or perpetration of sexual abuse, whether such incidents occurred within an institutional environment or in the community, facility staff are obligated to ensure that the youth is afforded an opportunity to participate in a follow-up consultation with a qualified medical or mental health practitioner. This consultation must be scheduled to occur within fourteen (14) days after the completion of the intake screening process (Policy 2.1, page 4 B.1.(b)).

115.381 (c): Disclosures pertaining to sexual victimization or predatory conduct occurring within an institutional environment shall be disseminated exclusively to medical and mental health practitioners and authorized personnel. Such dissemination is strictly for the purpose of informing treatment plans and guiding decisions related to security and management, including but not limited to housing, bed assignment, work, educational program placement, and other relevant assignments (Policy 2.1 page 5 (d)).

115.381 (d): All residents, who are under the age of 18, are duly informed by medical and mental health practitioners regarding their mandated reporting obligations and the statutory limitations on confidentiality.

The Chelan County Juvenile Detention Center personnel, specifically Intake Officers, are responsible for coordinating follow-up consultations with a qualified mental health practitioner or a SAGE Advocate for any resident who, during the intake process, discloses a history of sexual victimization.

Intake Officers, in collaboration with Mental Health staff, systematically collect and monitor data pertaining to any indication of prior sexual victimization, as well as self-reported predatory behavior. As appropriate, residents identified through screening as requiring additional mental health support shall receive follow-up assessment and services from Mental Health staff within fourteen (14) days of

	<p>intake. The dissemination of information related to victimization or predatory conduct is strictly limited to personnel who require access for legitimate treatment, safety, or security purposes, including decisions regarding housing assignments.</p> <p>Interviews with staff confirm comprehensive adherence to these requirements. Where disclosures pertain to sexual victimization occurring outside the jurisdiction of the Chelan County Juvenile Detention Center, the appropriate Child Protective Agencies are duly notified.</p> <p>Policy 2.1, page 4 B.1.(b), 14-day mental health samples, CH Consult Forms, and the interview with Staff who conduct Risk of Victimization and abusiveness assessments addresses 115.381 (a).</p> <p>Policy 2.1, page 4 B.1.(b), 14-day mental health samples, CH Consult Forms, and the interview with Staff who conduct Risk of Victimization and abusiveness assessments addresses 115.381 (b).</p> <p>Policy 2.1 page 5 (d) addresses 115.381 (c).</p> <p>Interviews with Medical RN and Mental Health staff addresses 115.381 (d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.381: Medical and mental health screenings; history of sexual abuse.</p>
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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 3. PREA Institutional Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical RN 2. Mental Health Staff <p>115.382 (a): Any youth who has sustained injury or has been subjected to oral, anal, or genital penetration or contact shall be provided, without delay, with an emergency medical assessment and appropriate treatment. Such treatment shall include, where medically indicated, emergency contraception and prophylaxis for sexually transmitted infections. Examinations are to be conducted by a qualified Sexual Assault Nurse Examiner (SANE), whenever feasible. If a SANE is unavailable,</p>

another duly qualified medical practitioner may perform the examination. The attending medical professional shall determine the specific nature and scope of treatment based on their clinical judgment. All staff are required to document efforts made to secure an examination conducted by a SANE. (Policy 2.1 page 9, (d)).

115.382 (b): Upon receipt of any allegation of sexual abuse, designated first responders are required to initiate preliminary measures to safeguard the alleged victim and promptly notify duly authorized medical and mental health practitioners in accordance with established institutional procedure (PREA Institutional Plan, page 1 1-9., and Policy 2.1 page 9, (d)).

115.382 (c): Any youth who is alleged to have experienced vaginal penetration during incarceration shall be offered pregnancy testing and testing for sexually transmitted infections. as medically indicated. Should pregnancy arise because of sexual abuse while in custody, the victim shall be provided, without undue delay, with complete and accurate information regarding all lawful pregnancy-related medical services, as well as timely access to such services (Policy 2.1, page 10, (f)).

115.382 (d): Treatment services shall be rendered to victims at no financial cost, irrespective of whether the victim elects to identify the alleged perpetrator or participates in any ensuing investigative procedures (Policy 2.1, page 10, (f), RCW 7-68-170).

Residents at the Chelan County Juvenile Detention Center are referred to Central Washington Hospital to ensure immediate access to emergency medical care and crisis intervention services. The hospital's sexual assault protocol is designed to provide swift, compassionate care, with medical professionals who are trained to support victims and efficiently conduct medical examinations and evidence collection.

Medical staff facilitate access to information on emergency contraception and preventive treatment for sexually transmitted infections while at the hospital. In compliance with RCW 7.68.170, the costs associated with sexual assault examinations performed for evidence collection are covered by the state and are never billed—directly or indirectly—to the victim.

Policy 2.1 page 9, (d), and interviews with Medical and Mental Health Staff addresses 115.382 (a).

Policy 2.1 page 9, (d), PREA Institutional Plan, page 1 1-9., addresses 115.382 (b).

Policy 2.1 page 10, (f), and interviews with Medical and Mental Health Staff addresses 115.382 (c).

Policy 2.1 page 10, (f), and RCW 7-68-170, addresses 115.382 (d).

The Chelan County Juvenile Detention Center complies with Standard 115.382: Access to emergency medical and mental health services.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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:</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Mental Health Staff <p>115.383 (a): Pursuant to Policy 2.1, pages 9-10, sections (d)-(e), the Chelan County Juvenile Detention Center ensures the provision of ongoing medical and mental health care for victims of sexual abuse and identified abusers. Services are rendered through designated community providers, including Central Washington Hospital, SAGE, and Catholic Social Services per the established Mental Health contract.</p> <p>115.383 (b): In accordance with Policy 2.1, pages 9-10, sections (d)-(e), individuals identified as victims shall receive treatment that, as deemed appropriate, encompasses follow-up services—including, but not limited to, emotional support, crisis intervention, and informational resources—alongside the development of individualized treatment plans. Where necessitated by clinical evaluation, referrals for continued care shall be arranged upon transfer to alternative facilities or upon release from custody.</p> <p>115.383 (c): In accordance with interviews conducted with Medical RN and Mental Health Staff, the Chelan County Juvenile Detention Center endeavors to ensure that victims are provided with medical and mental health services commensurate with the prevailing community standard of care.</p> <p>115.383 (d): In accordance with Policy 2.1, page 10, section (f), youth for whom allegations of vaginal penetration while incarcerated have been made shall be provided the opportunity for pregnancy testing and, where medically indicated, testing for sexually transmitted infections.</p> <p>115.383 (e): In instances where pregnancy results from sexual abuse occurring during incarceration, it is mandated that victims shall be furnished, in a timely manner, with comprehensive information pertaining to, and access to, all pregnancy-related medical services permitted by law (Policy 2.1, page 10, section (f)).</p> <p>115.383 (f): In accordance with Policy 2.1, page 10, section (f), any youth for whom</p>

allegations of vaginal penetration during incarceration have been made shall be afforded access to pregnancy testing and as deemed clinically appropriate, testing for sexually transmitted infections.

115.383 (g): In accordance with Policy 2.1, page 10, section (f), and pursuant to RCW 7-68-170, the provision of treatment services to identified victims shall occur irrespective of whether the victim elects to identify the alleged perpetrator or cooperates with investigative efforts stemming from the incident. Such services shall be rendered at no financial cost to the victim.

115.383 (h): Pursuant to Policy 2.1, page 11, section 3, facility staff shall endeavor to facilitate a comprehensive mental health evaluation for all known resident-on-resident abusers within sixty (60) days of acquiring knowledge pertaining to the individual's history of abuse. Subsequent to clinical assessment, any recommended treatment interventions shall be offered as determined appropriate by a qualified mental health practitioner.

Treatment services are administered exclusively through designated community providers in accordance with established protocol. Where clinically indicated, pregnancy testing and requisite follow-up care shall be made available to qualifying individuals. Testing for sexually transmitted diseases will be conducted as medically warranted. Pursuant to institutional policy and contractual agreements, no financial burden shall be imposed upon residents receiving these services. The Chelan County Juvenile Detention Center maintains all relevant policy documentation and Memoranda of Understanding to ensure compliance with the outlined statutory and procedural requirements. (Policy 2.1, pages 9-10, (d)-(e); Policy 2.1, page 10, section (f); RCW 7-68-170)

Policy 2.1, pages 9-10, (d)-(e), interviews with Medical RN and Mental Health Staff, addresses 115.383 (a).

Policy 2.1, pages 9-10, (d)-(e), interviews with Medical RN and Mental Health Staff, addresses 115.383 (b).

Interviews with Medical RN and Mental Health Staff, addresses 115.383 (c).

Policy 2.1 page 10, (f), addresses 115.383 (d).

Policy 2.1 page 10, (f), interviews with Medical RN and Mental Health Staff, addresses 115.383 (e).

Policy 2.1 page 10, (f), addresses 115.383 (f).

Policy 2.1 page 10, (f), RCW 7-68-170, addresses 115.383 (g).

Policy 2.1 page 11, 3., addresses 115.383 (h).

The Chelan County Juvenile Detention Center complies with Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers.

115.386	Sexual abuse incident reviews
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 443 376">Documents</p> <ol data-bbox="341 443 946 562" style="list-style-type: none"> 1. Policy 12.7 Critical Incident Review 2. PREA Sexual Abuse Incident Review 3. CCJDC Investigative Report March 2025 <p data-bbox="280 600 437 633">Interviews:</p> <ol data-bbox="341 701 821 819" style="list-style-type: none"> 1. PREA Coordinator 2. Detention Manager 3. Incident Review Team Member <p data-bbox="280 857 1453 1021">115.386 (a): Upon the conclusion of the investigative process, personnel at the Chelan County Juvenile Detention Center initiate a comprehensive review of the incident, including cases where the allegation remains unsubstantiated, unless the allegation has been formally determined to be unfounded (Policy 12.7, page 2, E.).</p> <p data-bbox="280 1059 1481 1178">115.386 (b): A sexual abuse incident review shall be convened within a period not to exceed 30 days following the conclusion of the investigative process. (Policy 12.7, page 2, E.)</p> <p data-bbox="280 1216 1437 1413">115.386 (c): The composition of the review panel shall include the Juvenile Detention Manager (JDM), the Juvenile Probation Manager (JPM), and the Juvenile Court Administrator (JCA), with supplemental input solicited from line supervisors, investigators, and designated medical or mental health practitioners (Policy 12.7, page 2, E.).</p> <p data-bbox="280 1451 1481 2029">115.386 (d): The incident review panel shall systematically evaluate the following considerations: (1) whether the facts established during the investigation or allegation necessitate modification of policy, procedure, or practice to enhance the prevention, detection, or response mechanisms regarding sexual abuse; (2) whether the incident or allegation appears to have been precipitated or influenced by factors including, but not limited to, race, ethnicity, gender identity, actual or perceived identification as lesbian, gay, bisexual, transgender, or intersex, status or perceived status, gang affiliation, or other group dynamics; (3) whether the architectural environment or physical barriers present in the area of the facility implicated by the incident may have contributed to or facilitated abuse; (4) whether the deployment and sufficiency of staffing resources within the relevant facility area were adequate across all operational shifts; and (5) whether the implementation, augmentation, or optimization of monitoring technology is warranted as a supplement to staff supervision (Policy 12.7, page 2, E.).</p>

	<p>115.386 (e): Upon conclusion of each sexual abuse incident review, a formal report shall be generated utilizing the PREA Sexual Abuse Incident Review form, as stipulated in Policy 12.7, page 2, F. This report is required to detail the determinations rendered regarding the incident, in addition to outlining any recommendations for procedural or operational enhancement. The completed report shall be submitted to the Juvenile Court Administrator (JCA) and the Juvenile Detention Manager. Should any recommendations for improvement not be implemented, the report must be subsequently amended within a period not to exceed 30 days, with explicit documentation of the rationale for such non-implementation (Policy 12.7, page 2, F.).</p> <p>The Chelan County Juvenile Detention Center conducted an Incident Review pertaining to a substantiated case in accordance with established protocols. The investigative process commenced on March 18, 2025, with consistent coordination maintained between the Center and the designated Law Enforcement agency throughout the duration of the inquiry. It is noted that the staff member implicated in the incident tendered their resignation in March 2025; notwithstanding, the criminal investigation proceeded, with the Center sustaining communication with Law Enforcement authorities. The administrative component of the investigation reached its conclusion on July 31, 2025, contemporaneous with the convening of the Incident Review.</p> <p>Upon comprehensive evaluation, the review panel identified no exigent recommendations beyond the continued adherence to extant procedures regarding background screening and mandatory annual training requirements. The individual identified as a victim in this matter received notification of the closure of the administrative case and was appraised of the ongoing status of the criminal investigation.</p> <p>Policy 12.7, page 2, E., PREA Sexual Abuse Incident Review, and CCJDC Investigative Report March 2025, addresses 115.386 (a).</p> <p>Policy 12.7, page 2, E., PREA Sexual Abuse Incident Review, and CCJDC Investigative Report March 2025, addresses 115.386 (b).</p> <p>Policy 12.7, page 2, E., and the interview with the Detention Manager, addresses 115.386 (c).</p> <p>Policy 12.7, page 2, E., interviews with the Detention Manager, PREA Coordinator, and Incident Review Team member addresses 115.386 (d).</p> <p>Policy 12.7, page 2, F., addresses 115.386 (e).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.386: Sexual abuse incident reviews.</p>
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115.387	Data collection
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents

1. Policy 2.1 Preventing Sexual Abuse of Youth in Detention
2. CCJDC Web page PREA
3. 2023 PREA Annual Report
4. 2024 PREA Annual Report

115.387 (a): Pursuant to established protocols, standardized data collection mechanisms are employed to ensure the accurate documentation of all allegations pertaining to sexual abuse, as referenced in Policy 2.1, page 13, E.3.

115.387 (b): The Chelan County Juvenile Detention Center systematically aggregates incident-based sexual abuse data on an annual basis, consistent with the procedures delineated within Policy 2.1, page 13, E.3.

115.387 (c): The compiled data encompasses all requisite elements necessary to respond to queries contained within the most current iteration of the Survey of Sexual Violence promulgated by the United States Department of Justice, in accordance with Policy 2.1, page 13, E.3.

115.387 (d): The Chelan County Juvenile Detention Facility is committed to the maintenance, review, and collection of data derived from all available incident-based records, including but not limited to reports, investigation files, and sexual abuse incident reviews, in alignment with Policy 2.1, page 13, E.3.

The PREA Coordinator bears responsibility for the systematic collection of data required to address all inquiries issued by the U.S. Department of Justice Bureau of Justice Statistics Survey of Sexual Violence. The results of the annual review are published electronically.

The Chelan County Juvenile Detention Center ensures public accessibility to these annual reviews via its designated web portal at <https://www.co.chelan.wa.us/juvenile/pages/prison-rape-elimination-act>. Annual reports covering the period from 2015 through 2021 are available for review on said website.

Policy 2.1, page 13, E.3, and a review of the Annual Reports from 2015-2021 address 115.387(a).

Policy 2.1, page 13, E.3, and a review of the Annual Reports from 2015-2021 address 115.387(b).

Policy 2.1, page 13, E.3, and a review of the Annual Reports from 2015-2021 address 115.387(c).

Policy 2.1, page 13, E.3, and a review of the Annual Reports from 2015-2021 address 115.387(d).

	<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>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ol style="list-style-type: none"> 1. CCJDC Web page PREA 2. 2023 PREA Annual Report 3. 2024 PREA Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator <p>115.388 (a): The Chelan County Juvenile Detention Center systematically reviews all relevant data, identifies areas of concern, initiates corrective actions as necessary, and prepares a comprehensive final report. This report evaluates the agency's progress in preventing, detecting, and responding to sexual abuse. The Agency Head is responsible for the review and approval of the report, which is made accessible to the public via https://www.co.chelan.wa.us/juvenile/pages/prison-rape-elimination-act.</p> <p>115.388 (b): The Juvenile Court Administrator confirmed that incident-based sexual abuse statistical data are regularly analyzed to identify and assess recurring patterns or trends. Based on these evaluations, the agency considers and, where appropriate, implements modifications to staff training, resident education, the facility staffing plan, policies and procedures, and operational routines.</p>

	<p>115.388 (c): Annual reports are subject to review by both the Juvenile Court Administrator and the PREA Coordinator prior to publication on the agency's website. These reports document the Chelan County Juvenile Detention Center's ongoing strategies for advancing a culture of staff and resident sexual safety, with particular emphasis on the facility's zero-tolerance policy for sexual abuse and sexual harassment.</p> <p>115.388 (d): The Juvenile Detention Manager indicated that, in instances where information is redacted from an annual report prior to publication, such redactions are limited to materials for which disclosure would pose a clear and specific threat to the safety and security of the facility. It was further noted that the most recent annual reports contain no such redactions.</p> <p>The Juvenile Detention Manager further stated that demographic information regarding allegations and investigations is consistently maintained. All records are securely stored within the Juvenile Detention Manager's Office and utilized in the preparation of the Chelan County Juvenile Detention Center Annual Report.</p> <p>The annual report provides a comparative analysis of the current year's data and corrective actions in relation to prior reporting periods. The Juvenile Detention Manager additionally asserted that the annual report serves as a formal assessment of the facility's ongoing efforts and progress in addressing sexual abuse.</p> <p>2023 PREA Annual Report, 2024 PREA Annual Report, interviews with the Agency Head and the PREA Coordinator, addresses 115.388 (a).</p> <p>2023 PREA Annual Report, 2024 PREA Annual Report, addresses 115.388 (b).</p> <p>CCJDC Web page PREA, and the interview with the Agency Head, addresses 115.388 (c).</p> <p>2023 PREA Annual Report, 2024 PREA Annual Report, CCJDC Web page PREA, and the interview with the PREA Coordinator, addresses 115.388 (d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.388: Data review for corrective action.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <p>1. Policy 7.3 Records Retention</p>

	<ol style="list-style-type: none"> 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>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>The Chelan County Juvenile Detention Center Policy 7.3 Records Retention was reviewed. The Auditor further evaluated the applicable retention schedules, specifically those pertaining to fire and emergency medical records, superior and county court records, and local government common records.</p> <p>Data management within the Chelan County Juvenile Detention Center is subject to rigorous oversight by the designated PREA Coordinator. Authority to access files and associated data is restricted to the PREA Coordinator and the Juvenile Court Administrator. Information disseminated to the public is appropriately redacted to remove all personal identifiers, thereby ensuring confidentiality.</p> <p>The Chelan County Juvenile Detention Center retains collected data for a minimum period of ten years following the initial date of collection. All records are maintained in a secure environment, specifically within the locked and restricted-access office of the Juvenile Detention Manager.</p> <p>The Chelan County Juvenile Detention Center Policy 7.3 Records Retention, pages 1-5, and the interview with the PREA Coordinator addresses 115.389 (a).</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 Policy 7.3 Records Retention, pages 1-5, addresses 115.389 (c).</p> <p>The Chelan County Juvenile Detention Center Policy 7.3 Records Retention, pages 1-5, addresses 115.389 (d).</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.89: Data storage, publication, and destruction.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 (a-b): The Chelan County Juvenile Detention Center participated in Prison Rape Elimination Act (PREA) audits conducted in October 2019, and September

	<p>2022. The Auditor observes that the Center underwent audit procedures during the first year of both the third and fourth cycles. The present audit, conducted in August 2025, pertains to the first year of the fifth cycle.</p> <p>115.401 (h): Full access to all operational areas of the audited facility was duly provided to the Auditor for direct observation and assessment.</p> <p>115.401 (i): The Auditor conducted a comprehensive review of relevant organizational policies, established procedures, incident reports, and recognized accreditations. Documentation pertinent to the most recent one-year operational period was made available for sampling. The Auditor retained authority to request and receive copies of all materials deemed relevant to the audit process.</p> <p>115.401 (m): Staff members, supervisors, and administrative personnel were subject to structured interviews. Further, the Auditor was accorded with the requisite opportunity to conduct confidential interviews with facility residents.</p> <p>115.401 (n): Residents were afforded the capability to transmit confidential correspondence or documentation to the Auditor, utilizing the same protocols as communications with legal representation.</p> <p>The Chelan County Juvenile Detention Facility is determined to be in full compliance with Standard 115.401 regarding the frequency and scope of audits.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f). The Chelan County Juvenile Detention Center participated in Prison Rape Elimination Act (PREA) audits conducted in October 2019, and September 2022. The Auditor observes that the Center underwent audit procedures during the first year of both the third and fourth Cycles. The present audit, conducted in August 2025, pertains to the first year of the fifth cycle. Upon receipt of the final audit reports, the Chelan County Juvenile Detention Center publishes the audit results on its website. This task is completed within 90 days of the completion of the Audit.</p> <p>The Chelan County Juvenile Detention Center complies with Standard 115.403 - Audit contents and findings.</p>

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

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	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 responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	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	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

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

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

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

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

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

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

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	no

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

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

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

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	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	yes

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

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

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

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