

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report October 15, 2019

Auditor Information

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Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O.Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: 484-999-4167	Date of Facility Visit: May 15,16, 2019

Agency Information

Name of Agency Community Counseling and Correctional Services	Governing Authority or Parent Agency (If Applicable) NA		
Physical Address: Community Counseling and Correctional Services	City, State, Zip: Butte, MT 59701		
Mailing Address: SAA	City, State, Zip: SAA		
Telephone: 406-782-0417	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: CCCS is a team of individuals dedicated to meeting the human service needs of youths and adults to promote healthy living through treatment, training and supervision			
Agency Website with PREA Information: cccscorp.com			

Agency Chief Executive Officer

Name: M. Thatcher	Title: Chief Executive Officer
Email: mthatcher@cccscorp.com	Telephone: 406-782-0417

Agency-Wide PREA Coordinator

Name: M. Saba	Title: PREA Coordinator
Email: msaba@cccscorp.com	Telephone: 406-491-0245
PREA Coordinator Reports to: M. Thatcher, Chief Executive Officer	Number of Compliance Managers who report to the PREA Coordinator Nine

Facility Information

Name of Facility:	Martin Hall Juvenile Detention Facility (MHJDF)			
Physical Address:	201 S. Pine Medical Lake, WA 99022			
Mailing Address (if different than above):	P.O. Box 670, Medical Lake, WA 99022			
Telephone Number:	509-565-8113			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input type="checkbox"/> Other

Facility Mission: The mission of the Martin Hall Juvenile Detention Facility is to provide a safe and secure environment for youthful offenders while promoting accountability, competency development and community safety. We will do this by role modeling, promoting education, ensuring due process and providing quality programs.

Facility Website with PREA Information: <http://www.cccscorp.com/programs/mhall/>

Is this facility accredited by any other organization? Yes No

Facility Administrator/Superintendent

Name: R. Palmquist	Title: Program Administrator (PA)
Email: rpalmquist@cccscorp.com	Telephone: 509-565-8118

Facility PREA Compliance Manager

Name: H. O'Cain, RN	Title: Nurse
Email: hocain@cccscorp.com	Telephone: 509-565-8638

Facility Health Service Administrator

Name: H. O'Cain, RN	Title: Nurse
Email: hocain@cccscorp.com	Telephone: 509-565-8638

Facility Characteristics

Designated Facility Capacity: 68	Current Population of Facility: 11
Number of residents admitted to facility during the past 12 months	616
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	199
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	373
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	10 to 18 years old
Average length of stay or time under supervision:	11.76 Days
Facility Security Level:	minimum to maximum
Resident Custody Levels:	minimum to maximum
Number of staff currently employed by the facility who may have contact with residents:	36
Number of staff hired by the facility during the past 12 months who may have contact with residents:	27
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0

Physical Plant

Number of Buildings: One	Number of Single Cell Housing Units: 2
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	4

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):
 Forty-six cameras that are primarily monitored by the JCO assigned to the Control Center, the Administrator, and the CJCO.

Medical	
Type of Medical Facility:	Physician's Office, Ambulatory Care
Forensic sexual assault medical exams are conducted at:	Sacred Heart Hospital, Spokane WA
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	9
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Martin Hall Juvenile Detention Facility (MHJDF) was conducted May 15-16, 2019, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to an encrypted thumb drive and mailed to the auditor's address via United States Postal Service. The same was securely packaged.

The documentation review included, but was not limited to, Community Counseling and Correctional Services (CCCS) and MHJDF Corporate and facility policies, staff training slides, completed forms regarding both staff and resident training, MOUs, organizational chart(s), MHJDF Juvenile Orientation Briefing, CCCS and MHJDF PREA brochures, resident education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resources documents associated with relevant PREA standard(s), and staff training certifications. This review prompted several questions and informational needs that were addressed with the MHJDF PA. The majority of informational needs were addressed pursuant to this process.

The auditor met with the PA, CCCS PREA Coordinator (CCCS PC), CCCS PREA Specialist, and MHJDF Chief of Security (COS) at 8:00AM on Tuesday, May 15, 2019. He provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 10:30AM on the same date, the auditor toured the entire facility with the PA.

It is noted the rated capacity of MHJDF is 68 residents and the institutional count on May 15, 2019 was 21 residents.

During the on-site audit, the auditor was provided a conference room from which to review documents and facilitate confidential interviews with staff and residents. The auditor randomly selected (from a resident roster provided by the PA) 11 residents for on-site interviews pursuant to the Random Resident Interview Questionnaire. Interviewees represented both facility wings, as well as, both genders. One of the 11 random resident interviewees was interviewed pursuant to both the Random Resident Interview Questionnaire and the Disabilities Questionnaire and another interviewee was interviewed pursuant to the Random Resident Interview and Disclosed Prior Sexual Victimization during Risk Screening Questionnaire.

According to the PA and COS, there were no resident(s), confined in the facility at the time of the on-site audit, who were Limited English Proficient (LEP), transgender/intersex resident(s), lesbian/gay/bisexual resident(s), physically handicapped, visual or hearing impaired (inclusive of blind or deaf) residents housed in isolation due to sexual victimization concerns, or who reported a sexual abuse. Accordingly, such interviews were not conducted.

It is noted the 11 random resident interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to residents for reporting sexual abuse and sexual harassment. Overall, random resident interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random residents advised they had received training by MHJDF staff.

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

The following specialty staff questionnaires were utilized during this review including:

Agency Head
Director
CCCS PC
MHJDF PCM
Designated Staff Charged with Monitoring Retaliation (1)
Incident Review Team (1)
Human Resources (1)
Investigator (1)
Medical (1)
Intermediate or Higher Level Staff (1)
SAFE/SANE Staff (1)
Staff Who Supervise Residents in Isolation (1)
Intake (1)
Staff Who Perform Screening for Risk of Victimization and Abusiveness (2)
Security and Non-Security Staff Who Have Acted as First Responders (1 Non-Security staff)
Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)
Contractors/Volunteers- (2)

The Contract Administrator interview was not conducted as MHJDF does not employ staff in that capacity.

It is noted CCCS is the umbrella company for MHJDF.

The following resident interviews were facilitated in addition to the random resident interviews. The interview sets are noted below:

Disabled (1- Mental Health)

The auditor reviewed 11 Staff Training records (inclusive of contractor/volunteer), 10 resident files, 9 staff HR files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same. The auditor also reviewed four investigative files.

On May 15, 2019, the auditor, the CCCS PC, and the CCCS PREA Specialist proceeded to the MHJDF Conference Room where they were greeted by the PA and COS. The opening meeting, as previously described, was conducted in the Conference Room.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of residents, unit layout (inclusive of shower areas), placement of PREA posters and informational resources, security monitoring, and resident programming.

It is noted that school was in session during the audit. It is noted that there are three showers in each of the two housing unit wings (male and female housing units) and the same are equipped with a door (window insert) to protect resident privacy. As reflected in the following standards narrative, same sex staff monitor showers (as validated by both staff and residents). Notices of the PREA audit were

generously posted throughout the facility and both residents and staff were aware that a PREA audit would be conducted from May 15-16, 2019.

The majority of MHJDF operations are facilitated on one floor of the facility however, Food Service operations and Intake operations are facilitated on other floors. The building contains 24,000 square feet of space, including 44 juvenile detention rooms, central and private visiting rooms, a booking area, medical clinic, Food Service operation, laundry, administration and academic education wings, and a 3,000 square foot addition for indoor exercise, Intake, and support services. It is noted that during the audit, all rooms were single bunked with a toilet in each and a duress button which residents can use to communicate with the Juvenile Correctional Officer (JCO) or Supervisor assigned to the Control Center. The Control Center is located between the two housing unit wings.

There are currently 46 cameras that are primarily monitored by the JCO assigned to the Control Center, the Administrator, and the CJCO. As reflected in the narrative for 115.318, 16 cameras have been added since the last PREA audit, providing further coverage to ensure sexual safety. In consideration of the staffing complement, camera configuration, training and education of both staff and residents, and sexual safety expectations articulated throughout the remainder of this report, the auditor feels confident that MHJDF is taking the necessary steps to ensure a sexually safe environment for both residents and staff.

Pursuant to the auditor's review of several different cameras, as well as camera angles, in the Control Center, he found no concerns with respect to resident privacy. Residents have sufficient protection from potential voyeurism.

Video surveillance is adequate and strategically located throughout the facility. The auditor's on-site observation of camera positioning and his review of facility schematics confirms cradle to grave coverage throughout the facility. The auditor noted no potential blind spots.

As mentioned throughout this report, sexual abuse reporting posters and zero tolerance posters are generously displayed throughout the facility. As mentioned in the individual standards narratives, the auditor finds that residents have ample opportunity to be aware of sexual safety protocols pursuant to numerous channels.

An On-site Audit Closeout meeting was facilitated on May 16, 2019 with the PA, CCCS PC, CCCS PREA Specialist, COS, and PCM/Nurse in attendance. The auditor expressed his gratitude for the hospitality displayed at the facility, as well as, staff's responsiveness during interviews, information gathering, etc. Additionally, the auditor thanked the COS for his diligence in terms of ensuring prompt reporting of interviewees.

While a rating is not provided during such Closeouts, the auditor complimented the PA regarding staff's general knowledge of PREA programs and operations. Additionally, he cited the general resident knowledge of PREA standards as good. MHJDF staff are clearly attentive to resident sexual safety and take PREA responsibilities seriously.

During the post-audit phase, the auditor contacted the Director of Victim Advocacy at Lutheran Community Services (LCS) Northwest relative to any PREA issues at MHJDF. The interviewee advises LCS Victim Advocates (VAs) often provide assistance to MHJDF residents who have been victimized in the past, generally in the home or the community. She relates she is not aware of any recurring sexual abuse issues perpetuated at MHJDF.

Since juvenile facilities do not fall under the purview of LCS PREA reporting guidelines, demographic data regarding reports is not tracked. As LCS VAs are mandatory reporters, such reports would be

immediately forwarded to law enforcement authorities. Should LCS tracking of such reports be required, she is amenable to the same pursuant to request from MHJDF.

Facility Characteristics

MHJDF staff are tasked with the provision of safe and secure confinement intended to hold juvenile offenders accountable for their unlawful actions. Up to 68 juveniles, 10-18 years of age, may be held at the facility including those accused of an offense pending an appearance in Court, juveniles adjudicated as guilty of an offense and sentenced to confinement, and other juveniles that can be legally detained by the counties. Pursuant to the Mission Statement, the mission of the Martin Hall Juvenile Detention Facility is to provide a safe and secure environment for youthful offenders while promoting accountability, competency development, and community safety.

MHJDF is located in Medical Lake, WA on the grounds of Eastern State Hospital, approximately 20 miles southwest of Spokane, WA. The facility was originally constructed in 1935 and served many purposes prior to its current use as a juvenile detention facility.

In the fall of 1995, nine Eastern Washington counties formed the Martin Hall Consortium (MHJFB) with the goal of developing an efficient and cost effective regional detention facility to house juvenile offenders in a safe, secure, and humane setting. In April, 1996, MHJDF became a County facility with the same being owned by the MHJFB. In August, 1999, Community Counseling and Correctional Services (CCCS), a not for profit private corporation, was awarded a contract to operate MHJDF, commencing operations on November 1, 1999.

Educational services are provided by Northeast Washington ESD 101. School attendance at MHJDF is mandatory. The core curriculum is comprised of Language Arts, Mathematics, Life Skills/Job Readiness, and History/Geography, with computer technology incorporated into classes. A Special Education Teacher, School Psychologist, and a Student Advocate are on staff to assist students with individual education plans. Students earn credit hours while attending school and hours are tracked. Pursuant to the Northeast Washington ESD 101 website, Case Managers work in the school setting to assess each youth and provide necessary services such as AIDS/STD awareness, drug and alcohol counseling, sex offender counseling, anger management, and job skills training.

Services provided at MHJDF include the following:

- Routine Medical services
- Food Services that include provision of three meals per day, two of which are hot
- Secure detention and placement services
- Spiritual Development through Non-Denominational services
- Recreational and Leisure-Time activities
- Telephone access
- Access to Juvenile Grievances

The MHJDF Level System is comprised of five levels (1-5). Level 1 is the beginning level while Level 5 is the advanced (Honors) level. Level advancement eligibility is contingent upon a specific number of days of good behavior. An increase in privileges accompanies each level advancement. Applications for advancement and assessment/decision-making by a multi-disciplinary team are required at Levels 4 and 5.

Summary of Audit Findings

Number of Standards Exceeded: 115.331 and 115.332

115.331 The PA self reports staff receive PREA training, minimally, on an annual basis. Training is substantive and plentiful. Given the fact 115.331(c) requires PREA refresher training every two years, MHJDF clearly exceeds standard expectations as the same is provided on an annual basis. Additionally, staff training clearly exceeds the topics identified in 115.331(a). Accordingly, the auditor finds MHJDF to exceed expectations related to 115.331.

115.332 The auditor's review of five 2018 Staff/Volunteer/Contractor PREA Acknowledgment Forms, forms entitled PREA, and Staff Development and Training Record forms for the same volunteers reveals the volunteers received either Orientation PREA training or annual refresher training, whichever is appropriate to their situation. The same is accurate for the auditor's review of relevant 2017 documentation related to three volunteers.

The two Education contract staff interviewees assert they have been trained in their responsibilities regarding sexual abuse/harassment prevention, detection, and response per agency policy and procedure. They received a PREA packet containing policies and handouts as defined above. Additionally, they view a Power Point Presentation and ask the PCM questions on an annual basis.

The auditor's review of four 2017 PREA Policy signature forms, four Volunteer Contractor PREA Acknowledgment Forms, and four Staff Development and Training Record forms reveals volunteers received the previously referenced materials/training and understand the subject-matter of the same. They attest to the same via signature and date on the respective forms. The auditor also reviewed five of each form for 2018 with the same findings. The auditor has validated that annual In-Service PREA training is provided to contractors and volunteers.

As 115.332 does not require refresher PREA training, the auditor finds MHJDF exceeds standard requirements with respect to the provision.

Number of Standards Met: 37 standards

Number of Standards Not Met: 0

115.317 The auditor's review of the previously referenced HR files wherein staff were hired during 2010 and 2011 reveals MHJDF is not compliant with 115.317(e). Specifically, affected staff hire dates are May 17, 2010, January 31, 2011, and May 17, 2011. Re-investigations are dated May 13, 2019, December 4, 2013 and May 13, 2019, and the same dates fro the last staff member, respectively. In view of the above, five-year re-investigations are untimely in all three cases reviewed.

Pursuant to conversation with the PA, the auditor advised many entities maintain a spreadsheet to ensure timely completion of these re-investigations. Shortly following the auditor's conclusion of the on-site audit, the CJCO forwarded to the auditor a spread sheet to be used at MHJDF to address the issue. Accordingly, corrective action has been implemented. It appears five-year re-investigations will not be due until calendar year 2021.

In view of the above, no further correction can be facilitated with respect to this finding. Clearly, provision of evidence of five-year re-investigations based on current staffing cannot be accomplished within 180-days.

In view of the above, the auditor is convinced MHJDF staff are aware of provision requirements and have taken proactive steps to remedy the shortcoming. As completion of this task is triggered at the PA level and the CJCO and PCM are aware of requirements, the auditor finds the same is institutionalized.

Accordingly, the auditor finds MHJDF substantially compliant with 115.317(e).

115.351 The auditor's review of the MOU between MHJDF and Lutheran Community Services Northwest Sexual Assault Family Trauma (SAFeT) Response Center reveals some compliance with 115.351(b). The MOU alludes to placement of placards by MHJDF staff regarding the charge free emergency reporting telephone number for the SAFeT 24-hour crisis sexual assault line which residents can call. The Lutheran Community Services web page reflects Mandatory Reporting issues and procedures wherein such information would be passed along to the appropriate entity.

The auditor notes there are no procedures identified in the MOU to address forwarding of sexual abuse reports to agency officials, allowing the resident to remain anonymous upon request. The auditor has not been provided any information or documentation specifying any such procedures. Accordingly, based on the literal requirements of the provision, the auditor finds MHJDF non-compliant with 115.351(b).

In view of the above, the auditor is assigning a 180-day corrective action period wherein MHJDF will attain compliance with 115.351(b). The corrective action period will end on January 17, 2020.

To demonstrate compliance with the afore-mentioned provision, MHJDF will co-develop procedures with either Lutheran Community Services or another qualified entity, meeting the requirements of 115.351(b). Upon completion of the agreement, the principals of both MHJDF and Lutheran Community Services or other provider, will sign and date the same. Training for both MHJDF and Lutheran Community Services or other provider may be required to ensure implementation.

Upon agreement signature and completion of training, the PCM will forward to the auditor a copy of the agreement and any training certifications surrounding the same for inclusion in the audit file.

115.316 Three of 12 random staff interviewees assert the agency allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or LEP residents when making an allegation of sexual abuse/harassment. The three proper respondents articulated further harm to the victim could result from an extended delay in securing the information.

As policy clearly allows for this practice pursuant to the limited circumstances articulated in 115.16(c) and the same has not been employed at MHJDF during the last 12 months, the auditor finds no basis for a non-compliance finding. However, it is apparent that further staff training is necessary. Of note, during the interview process, the auditor did provide interviewees with an interactive scenario to reinforce the mechanics of 115.16(c).

The auditor is requiring MHJDF to retrain staff relative to the subject-matter of 115.316(c). Re-training can be facilitated in a classroom setting, at which, the PC will provide to the auditor a copy of the lesson plan and a roster of attendees. The auditor will then randomly select a sampling of staff and the PCM will provide training certifications reflecting their receipt and understanding of the material presented. Staff participants must sign and date the appropriate documentation, certifying receipt and understanding of the material.

The target date for completion of this training is October 11, 2019.

October 15, 2019 Update:

All corrective action, as prescribed above, has been completed. Narratives regarding corrective action strategies employed to address any deficiencies are noted in the respective standards.

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the Program Administrator (PA) asserts the agency has a written policy mandating zero tolerance toward all forms of sexual abuse/harassment in facilities it operates directly or under contract. The facility policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse/harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse/harassment of residents.

Martin Hall Juvenile Detention Facility (MHJDF) Policy 2.4 entitled PREA, pages 1-24 address 115.311(a).

Pursuant to the PAQ, the PA self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the Community Counseling and Correctional Services (CCCS) organizational chart, the agency-wide PREA Coordinator (PC) reports to the Chief Executive Officer (CEO).

According to the CCCS PC, he has sufficient time to manage all of his PREA- related duties. He oversees eleven facilities with collateral Compliance Manager duties. Nine PREA Compliance Managers (PCMs) and one Compliance/PREA Specialist report to him and facilitate PREA- related duties at the respective facilities. As PC, he identifies the issue(s) and assesses whether policy development/modification is necessary. Review of the Staffing Plans is a critical step when confronted with any PREA issue, as well as, review of camera needs and placements.

Pursuant to the PAQ, the PA self reports there is a designated PCM at MHJDF. According to the PA, she does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The auditor's review of the MHJDF organizational chart reveals there is a designated PCM at MHJDF. According to the MHJDF Organizational Chart, the PCM reports directly to the PA.

The PCM asserts she does have sufficient time to manage all PREA- related responsibilities. She is able to audit PREA functions on a daily basis to ensure compliance, identifying problematic areas and maintaining contact with stakeholders. She assesses camera and staffing during daily facility tours. Additionally, she facilitates PREA training.

In view of the above, the auditor finds MHJDF substantially compliant with 115.311.

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

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

115.312 (a)

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

agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to both the CCCS CEO and the MHJDF PA, there are no MHJDF contracts with other agencies or providers for confinement of offenders designated to the custody of the facility.

In view of the above, the auditor finds MHJDF substantially compliant with 115.312.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

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

- 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? X Yes No
- 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? X Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? X Yes No
- 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)? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) X Yes No NA

- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) X Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) X Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) X Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? X Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? X Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? X Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? X Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? X Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) X Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) X Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) X Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports CCCS requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect offenders against sexual abuse. The PA further self reports since the last PREA audit, the average daily number of offenders is 15.68. The staffing plan is predicated upon an average daily number of offenders of 25.

The auditor's review of 2017, 2018, and 2019 staffing plans and annual reviews reveals substantial compliance with 115.313(a). The staffing plans adequately capture staffing numbers, positions, and work hours. Some language regarding supplementation is also included in the documents. The auditor notes each of the 11 factors, identified for consideration in staffing plan development, are identified and addressed in each staffing plan. There is a synopsis of developments during each calendar year and the impact of the same on staffing.

The PA asserts there is an MHJDF PREA or sexual safety staffing plan. Adequate levels of staffing to protect residents against sexual abuse are considered in the plan. The considerations for the same follow in the next few paragraphs. Video monitoring, with the intent to augment staff observation, is considered in the plan. The staffing plan is documented and maintained electronically by the PA, Chief Juvenile Correctional Officer (CJCO) and PCM.

With respect to the following 11 topics for consideration in staffing plan development, the PA asserts :

- a. Generally accepted juvenile detention and correctional/secure residential practices- MHJDF follows the 1:8 and 1:16 staffing patterns when calculating hours of waking and non-waking hour staffing. The staffing plan includes the afore-mentioned ratios in terms of programming/transportation/ and rovers;
- b. Any judicial findings of inadequacy- NA;
- c. Any findings of inadequacy from federal investigative agencies- NA;
- d. Any findings of inadequacy from internal or external oversight bodies- NA;
- e. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated- The PA discusses the staffing plan with the PCM. Daily rounds effected by the PA, PCM, and CJCO factor into this equation. Daily rounds or Management by Wandering Around (MBWA) always include assessments of blind spots, looking for necessary camera/mirror/staff placements;
- f. The composition of the resident population- Status offenders (e.g. shelter care) are primary considerations. Gang members are not a big consideration at MHJDF based on the numbers. Ethnicity and LGBTI status are not issues.;
- g. The number and placement of supervisory staff- The Supervisor's Office is located on the housing unit floor between the housing wings. Shift supervisor and shift leaders are on shift.;
- h. Institution programs occurring on a particular shift- A faith-based program is facilitated on Thursday Swing Shift. All other programming is facilitated on Day Shift. Accordingly, programming is adequately scheduled to accommodate staffing.;
- i. Any applicable state or local laws, regulations, or standards- MHJDF is heavily regulated by State of Washington regulations and accordingly, the contract guides programs and operations.;
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse- Staff knowledge of residents and close monitoring of both resident movement and individual residents are employed to offset incidents. Reassigning problematic residents to other cells aids in the reduction of substantiated incidents.;
- and
- k. Any other relevant factors- None.

With respect to staffing plan monitoring, supervisors monitor staffing roster on a daily basis. The PA actively receives daily information regarding call-outs, etc.

With respect to the following 11 topics for consideration in staffing plan development, the PCM asserts :

- a. Generally accepted juvenile detention and correctional/secure residential practices- MHJDF follows the 1:8 and 1:16 staffing patterns when calculating hours of waking and non-waking hour staffing. Also considered in the staffing plan are annual/sick leave projections, high resident traffic areas, and where are additional staff placements most prudent;
- b. Any judicial findings of inadequacy- NA;
- c. Any findings of inadequacy from federal investigative agencies- NA;
- d. Any findings of inadequacy from internal or external oversight bodies- NA;
- e. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated- Daily rounds effected by the PA, PCM, and CJCO factor into this equation. Daily rounds or MBWA always include assessments and brain storming of potential problem areas;
- f. The composition of the resident population- Status offenders (e.g. shelter care) are primary considerations;
- g. The number and placement of supervisory staff- The Supervisor's Office is located on the housing unit floor between the housing wings. In view of the above, supervision is adequate to facilitate effective oversight and monitoring;
- h. Institution programs occurring on a particular shift- The interviewee asserts corrective action with respect to program scheduling may entail rescheduling the program(s) or realigning staff resources;
- i. Any applicable state or local laws, regulations, or standards- MHJDF is heavily regulated by State of Washington regulations and accordingly, the contract guides programs and operations.;
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse- SART reviews assist in assessing PREA program needs and enhancements. Each assessment forces SART members to re-evaluate how we conduct business in an effort to facilitate efficiencies; and
- k. Any other relevant factors- None.

Pursuant to the PAQ, the PA self reports the facility does document and justify all deviations from the staffing plan each time there is non-compliance. The PA asserts there has been no incidences of staffing plan non-compliance during this audit period.

The PA asserts MHJDF is always compliant with the staffing plan. If any deviations from the staffing plan arise, the same is documented. Explanations for deviation from the staffing plan are documented.

Pursuant to the PAQ, the PA asserts the facility is not obligated by State of Washington law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. However, the facility maintains staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The PA further self reports during the last 12 months, there were 0 instances wherein staffing ratios deviated from 1 security staff member to 8 residents during waking hours and one security staff member to 16 residents during sleeping hours.

The auditor has been provided no evidence of deviation from the staffing plan and the requirements of 115.313(c) during this reporting period.

The PA asserts MHJDF is obligated by PREA standards to maintain the afore-mentioned security staffing ratios. Supervisors ensure proper ratios are maintained with spot checking by the PA, PCM, and CJCO.

During the facility tour, the auditor observed direct supervision in wings inhabited by residents. Additionally, the auditor observed a staff member moving from room to room in programs areas. The recreation yard was well supervised by staff with at least two staff in the same area.

Pursuant to the PAQ, the PA self reports that at least once every year, the facility, in collaboration with the CCCS PC, reviews the staffing plan to determine whether adjustments are needed to the same; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

The auditor's review of both annual staffing plans and annual reviews is addressed in the narrative for 115.313(a). It is noted the annual staffing plan is reviewed by the MHJDF PCM, the MHJDF PA, the CCCS PC, and the CCCS CEO.

Pursuant to the CCCS PC, the PA consults with him annually.

The auditor notes the Annual Staffing Plans provided in the Pre-Audit Questionnaire reflect the signature of the CCCS PC and CCCS CEO, as well as the PA and PCM. The Staffing Plan Reviews provided for 2017, 2018, and 2019 adequately address 115.313(d).

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

MHJDF Policy 2.4 entitled PREA, page 5, section 115.313(e) addresses 115.313(e).

The auditor's review of Supervisor Unannounced Rounds logs covering the time frames of March 23, 2017- March 31, 2017, September 1, 2017- September 9, 2017, and November 12, 2017- November 20, 2017 reveals substantial compliance with 115.313(e). Similarly, logs covering March 2, 2018- March 14, 2018, June 19, 2018- June 30, 2018, and August 18, 2018- August 28, 2018 validate completion of requisite rounds. Rounds cover each of the three shifts (on a daily basis) and the logs include the supervisor's initials and corresponding dates.

The auditor's review of the Administrator's Unannounced Rounds Logs likewise demonstrate compliance with 115.313(e). The PA and CJCO initial these logs, indicating the date and time of effectuation of their unannounced rounds. Rounds covered all shifts on a consistent basis. Seventeen entries from 2017 and 11 entries from 2018 were reviewed.

The intermediate or higher level staff interviewee asserts he has conducted unannounced PREA rounds and has documented the same. To prevent staff from alerting other staff that he is conducting unannounced rounds, the interviewee asserts rounds are always random and staggered, never predictable. He may start rounds, stop rounds, start again, and continually reverse direction, never showing a pattern.

During the facility tour, the auditor's random review of housing wing logs validated the conduct of intermediate or higher level staff unannounced PREA rounds. The auditor randomly checked dates throughout the logs and found appropriate notations.

In view of the above, the auditor finds MHJDF substantially compliant with 115.313.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
X Yes No

115.315 (b)

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

115.315 (c)

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

115.315 (d)

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

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? X Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? X Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? X Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? X Yes No

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the PA self reports cross-gender strip or cross-gender visual body cavity searches of residents are not conducted at MHJDF. Accordingly, no cross-gender strip or cross-gender body cavity searches of residents were conducted at MHJDF during the audit period.

MHJDF Policy 2.4 entitled PREA, page 5, section 115.315(a) addresses 115.315(a). Of note, policy allows for cross-gender strip or cross-gender body cavity searches of residents pursuant to exigent circumstances or when conducted by medical practitioners.

MHJDF Policy 7.3 entitled "Searches", page 2, B(1)(a), a search warrant is required prior to the conduct of a body cavity search by law enforcement. An exception arises when there is probable cause to believe that weapons or contraband will be found should a body cavity search be permitted. That "exigent search" requires authorization from the Administrator or designee and must be conducted by Medical staff.

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

The non-medical staff (who may be involved in cross-gender strip or visual searches) interviewee asserts the presence of a weapon secreted in a resident's rectum is an example of an urgent circumstance requiring cross-gender strip searches or visual body cavity searches. Such searches have not been conducted at MHJDF during the audit period, to the interviewee's knowledge.

Strip searches are conducted by same sex staff. A fire or riot situation requiring mass evacuation may be a basis for a cross-gender strip search, approved in accordance with policy.

The auditor has been provided no evidence validating the conduct of cross-gender strip or body cavity searches during the audit period.

Pursuant to the PAQ, the PA self reports the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The PA further asserts 0 cross-gender pat-down searches were conducted within the last 12 months.

MHJDF Policy 2.4 entitled PREA, page 5, section 115.315(b) addresses 115.315(b).

All 12 random staff interviewees assert they are restricted from conducting cross-gender pat-down searches except in exigent circumstances. Eleven of the 12 interviewees were able to cite at least one example of when cross-gender pat searches would be warranted. Examples included fire requiring mass evacuation, credible evidence a resident has hazardous contraband secreted in the rectum, and a required mass evacuation.

Ten of 11 random resident interviewees assert opposite gender staff have not performed a pat down search of their body while at MHJDF. The auditor finds no evidence validating the one resident's claim she was pat searched by a cross-gender staff member.

The auditor notes six random resident interviewees were female.

The auditor has been provided no evidence validating cross gender pat-down searches of female residents during the last 12 months.

Pursuant to the PAQ, the PA self reports facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches are documented and justified.

MHJDF Policy 2.4 entitled PREA, page 5, section 115.315(c) addresses 115.315(c).

MHJDF Policy 7.3 entitled "Searches", pages 2 and 3, B(1)(c) and (d) reflects documentation requirements whenever a search warrant accompanying body cavity search is conducted by law enforcement.

Pursuant to the PAQ, the PA self reports policies and procedures have been implemented at MHJDF that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The PA further relates policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.

MHJDF Policy 2.4 entitled PREA, page 5, section 115.315(d) addresses 115.315(d).

The auditor's review of 11 random 2017 and 12 random 2018 log entries reveals a 10:00PM announcement was made on each relevant date in accordance with the MHJDF Standard Operating Procedure (SOP) regarding Gender Announcement. The SOP is explicit in terms of procedures for opposite gender staff announcements prior to entering applicable housing units.

All 12 random staff interviewees assert all staff announce their presence when entering a housing unit that houses residents of the opposite gender. Additionally, residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Ten of 11 random resident interviewees assert opposite gender staff announce their presence when entering a housing area or any area where residents shower, change clothes, or perform bodily functions. All interviewees assert they and their peers are never naked or in full view of opposite gender staff (not including medical staff such as doctors, nurses) when they shower, toilet, or change clothes.

Pursuant to the PAQ, the PA self reports there is an MHJDF policy prohibiting staff from searching or physically examining a transgender/intersex resident for the sole purpose of determining the inmate's genital status. According to the PA, no such searches have been conducted during the audit period.

MHJDF Policy 2.4 entitled PREA, page 5, section 115.315(e) addresses 115.315(e).

All 12 random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender/intersex resident for the sole purpose of determining the resident's genital status. All interviewees assert they are well aware of the expectation.

The PA and PCM advised there were no transgender/intersex residents confined at MHJDF during the on-site audit.

Pursuant to the PAQ, the PA self reports 100 percent of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner, consistent with security needs.

MHJDF Policy 2.4 entitled PREA, page 5, section 115.315(f) addresses 115.315(f).

The auditor's review of two 2017 Staff Development and Training Record Forms regarding Conducting Cross-Gender/Transgender Pat Searches and accompanying Exigent Circumstances Worksheet and Scenarios reveals substantial compliance with 115.315(f). Additionally, eight 2018 Staff Development and

Training Record Forms (representing staff from various institutional disciplines) reveals staff received the requisite training and they understand the same.

The auditor's review of eight applicable random staff files reveals six staff received this requisite training.

All 12 random staff interviewees assert they received training relative to the conduct of cross-gender pat searches of female residents and searches of transgender/intersex residents in a professional and respectful manner. They either received the training during pre-service or in-service training. Training was presented with a video, Power Point Presentation, and some demonstration.

In view of the above, the auditor finds MHJDF substantially compliant with 115.315.

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? X Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? X Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? X Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? X Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? X Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) X Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? X Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? X Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? X Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? X Yes No

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports there are established procedures to provide disabled offenders 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.

MHJDF Policy 2.4 entitled PREA, pages 5 and 6,,section 115.316(a)(1) addresses 115.316(a).

Pursuant to conversation with the PA and CJCO, resident education for residents who are deaf or present with hearing disabilities, would be accommodated by the PREA slides during Orientation, the Resident

Handbook, and the PREA Brochure. These methods present opportunities for the resident to read procedures, etc. In regard to residents who are blind or present with visual disabilities, both administrators advised staff would read relevant information to the affected residents. In regard to those who have intellectual, psychiatric, or speech disabilities, staff reading the information to the affected resident(s) was also articulated.

Within the PAQ packet, the PA provides evidence that deaf residents will be provided a video presentation with Language Link Solutions wherein a certified American Sign Language interpreter will translate materials. The interpreter will be used to complete the Intake process.

In addition to the above, an MOU between MHJDF and North East Washington Educational Service District 101 addresses translation services for those residents who present as cognitively impaired or low functioning.

The Agency Head asserts the agency has established procedures to provide residents with disabilities and residents who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. Pursuant to contract with Language Line, compliance regarding LEP residents is accomplished. In terms of MOUs for cognitively impaired, low functioning residents, there is a local agreement between MHJDF and a local school district to provide services to this population, when necessary.

The resident (with disabilities or who is LEP) interviewee asserts the facility provides information to her about sexual abuse/harassment that she is able to understand.

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

MHJDF Policy 2.4 entitled PREA, page 6, section 115.316(b)(1)(i-viii) addresses 115.316(b). Additionally, the auditor notes an SOP has been developed to address local procedures related to 115.316(a) and (b).

The auditor reviewed the contract between CCCS and Language Link Solutions for provision of services to non-English speaking inmates. Services for 240-plus languages are provided pursuant to this service.

Pursuant to the PAQ, the PA self reports agency policy prohibits use of offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or investigation of the resident's allegation(s). Staff subsequently document the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. Reportedly, there were 0 instances, within the past 12 months, wherein resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations.

MHJDF Policy 2.4 entitled PREA, page 6, section 115.316(c) addresses 115.316(c).

Three of 12 random staff interviewees assert the agency allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or LEP residents when making an allegation of sexual abuse/harassment. The three proper respondents articulated further harm to the victim could result from an extended delay in securing the information.

As policy clearly allows for this practice pursuant to the limited circumstances articulated in 115.316(c) and the same has not been employed at MHJDF during the last 12 months, the auditor finds no basis for a non-compliance finding. However, it is apparent that further staff training is necessary. Of note, during the

interview process, the auditor did provide interviewees with an interactive scenario to reinforce the mechanics of 115.16(c).

The auditor is requiring MHJDF to retrain staff relative to the subject-matter of 115.316(c). Re-training can be facilitated in a classroom setting, at which, the PC will provide to the auditor a copy of the lesson plan and a roster of attendees. The auditor will then randomly select a sampling of staff and the PCM will provide training certifications reflecting their receipt and understanding of the material presented. Staff participants must sign and date the appropriate documentation, certifying receipt and understanding of the material.

The target date for completion of this training is October 11, 2019.

October 15, 2019 Update:

The auditor's review of Power Point slides utilized to retrain staff relative to the subject-matter of 115.316(c) reveals substantial compliance with 115.316(c). Thirty employee training certifications also reflect receipt and understanding of the material presented. Staff participants signed and dated the appropriate documentation, certifying receipt and understanding of the material.

Attached to this e mail is a copy of the notices placed in each housing unit and a copy of the updated Resident Handbook which details the following information. "Residents submitting a grievance alleging sexual abuse or sexual harassment by a staff member do not need to submit the grievance to the alleged staff member, nor will a grievance be referred to a staff member who is the subject of the grievance."

In view of the above, the auditor finds MHJDF substantially compliant with 115.316.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes No

115.317 (b)

- 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? X Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? X Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? X Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? X Yes No

115.317 (d)

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

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? X Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? X Yes No

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

115.317 (g)

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

115.317 (h)

- 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.) X Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA asserts 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 in the preceding bullet.

CCCS Policy 1.3.1.12 entitled Employee, Contractor and Volunteers Clearance Check, pages 1 and 2, section IV(B) addresses 115.317(a).

The auditor's review of a blank MHJDF application reveals two of the three questions articulated in 115.317(a) are addressed. Additionally, review of the Disclosure of PREA Employment Standards Violation document reveals the three questions articulated in 115.317(a) and the sexual harassment question articulated at 115.317(b) are asked.

The auditor's review of five of 9 random staff HR files reveals the three questions identified in 115.317(a) were asked pursuant to the application and/or Disclosure of PREA Employment Standards Violation document mentioned above. The questions were asked prior to date of hire. Of note, four employees were hired in either 2010 or 2011. Of note, two of these staff were also promoted during the audit period and one of two completed the afore-mentioned Disclosure form prior to promotion.

As reflected in the narrative for 115.317(d), 0 contractors were brought on board during the last 12 months.

Pursuant to the PAQ, the PA self reports 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.

CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraphs b addresses 115.317(b).

The auditor's random review of employee HR files as referenced in the narrative for 115.317(a) reveals prior institutional employer(s) in two cases and there is evidence a CCCS Reference Check Form was forwarded to the previous institutional employer prior to the employee's selection in one case. The auditor's review of the form clearly reveals the requisite question regarding sexual harassment is asked. In the other case, the applicant previously worked for MHJDF and, as such, selecting officials have first hand knowledge of the prospective employee through document reviews and communication with prior supervising MHJDF officials.

In view of the above, the auditor finds MHJDF substantially compliant with 115.317(b).

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

Pursuant to the PAQ, the PA self reports agency policy requires that before it hires any new employees who may have contact with residents, it a. conducts criminal background record checks; b. consult any child registry maintained by the state or locality in which the employee would work; and c. consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The PA further self reports in the past 12 months, 27 staff who may have contact with residents have had criminal background record checks. The PA reports this equates to 100% of staff hired who may have contact with residents who have had criminal background record checks.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, section IV(A)(1 and 2) addresses 115.317(c).

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.

Five of the nine random staff HR files reviewed by the auditor reveals a criminal background record check was completed prior to the entry on duty date for the respective employee. Of note, three of the remaining staff to whom these files pertain were hired during 2010 and 2011. One file reflected the conduct of the requisite investigation four days past the designated date of hire, clearly within a time

frame wherein the offer of employment could be withdrawn in the event of adverse information in conflict with the standard..

The auditor notes consultations with child registries is included in the WATCH criminal background records check.

The auditor's random review of employee HR files as referenced in the narrative for 115.317(a) reveals prior institutional employer(s) in two cases and there is evidence a CCCS Reference Check Form was forwarded to one previous institutional employer prior to the employee's selection. The auditor's review of the form clearly reveals the requisite questions are asked. In the other case, the applicant previously worked for MHJDF and, as such, selecting officials have first hand knowledge of the prospective employee through document reviews and communication with prior supervising MHJDF officials.

Pursuant to the PAQ, the PA self reports agency policy requires that a criminal background record check and consultation with child registries is completed before enlisting the services of any contractor who may have contact with residents. The PA further self reports, in the past 12 months, there were 0 contracts for services where criminal background record checks were conducted.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 1, section IV(A) addresses 115.317(d).

Pursuant to the PAQ, the PA self reports agency policy requires that either criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 2, section IV(C) addresses 115.317(e).

The HR interviewee asserts WATCH conducts criminal background record checks for current employees and contractors.

MHJDF staff may utilize a spreadsheet to track due dates for employee 5-year re-investigations. Additionally, initial requests for criminal background record checks are facilitated by MHJDF staff.

The auditor's review of the previously referenced HR files wherein staff were hired during 2010 and 2011 reveals MHJDF is not compliant with 115.317(e). Specifically, affected staff hire dates are May 17, 2010, January 31, 2011, and May 17, 2011. Re-investigations are dated May 13, 2019, December 4, 2013 and May 13, 2019, and the same dates fro the last staff member, respectively. In view of the above, five-year re-investigations are untimely in all three cases reviewed.

Pursuant to conversation with the PA, the auditor advised many entities maintain a spreadsheet to ensure timely completion of these re-investigations. Shortly following the auditor's conclusion of the on-site audit, the CJCO forwarded to the auditor a spread sheet to be used at MHJDF to address the issue. Accordingly, corrective action has been implemented. It appears five-year re-investigations will not be due until calendar year 2021.

In view of the above, no further correction can be facilitated with respect to this finding. Clearly, provision of evidence of five-year re-investigations based on current staffing cannot be accomplished within 180-days.

In view of the above, the auditor is convinced MHJDF staff are aware of provision requirements and have taken proactive steps to remedy the shortcoming. As completion of this task is triggered at the PA level and the CJCO and PCM are aware of requirements, the auditor finds the same is institutionalized.

Accordingly, the auditor finds MHJDF substantially compliant with 115.317(e).

CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph f addresses 115.317(f).

The three questions noted in 115.317(a) are asked pursuant to the application, during interviews, and annually in conjunction with the performance review process. A detailed explanation of the process is reflected in the narrative for 115.317(a) above.

The auditor's review of nine random staff HR files reveals current Disclosure of PREA Employment Standards Violation forms were completed for 2018 and some in 2019, dependent upon the date of hire.

The HR interviewee asserts the facility asks all applicants and employees who may have contact with residents about previous misconduct as described in the narrative for 115.317(a) in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. Additionally, the facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

Pursuant to the PAQ, the PA asserts agency policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph g addresses 115.317(g).

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses both 115.317(f) and (g). The auditor's random review of completed documents (relative to the auditor's randomly selected HR files referenced throughout the narrative for 115.317) validates these forms were completed in conjunction with both of the afore-mentioned standard provisions for 2018 and some in 2019.

It is noted the auditor did render findings during previous PREA audits of CCCS facilities in reference to 115.317(f) and the same is now corrected commensurate with the 2018 performance appraisal period. The afore-mentioned document is executed annually, in conjunction with the performance appraisal process. The auditor finds MHJDF substantially compliant with 115.317(f) and (g).

CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph h addresses 115.317(h).

The HR interviewee asserts when a former employee applies for work at another institution, the facility provides information on substantiated allegations of sexual abuse/harassment involving the former employee, unless prohibited by law.

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

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
Yes No NA

115.318 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility has not made any substantial expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

Pursuant to the PAQ, the PA self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

The Agency Head asserts the agency uses monitoring technology (either newly installed or updated) to enhance the protection of residents from incidents of sexual abuse. The agency considers line of sight, blind spots, potential obstructions which may inhibit effective supervision. Camera systems are always considered to augment direct staff supervision. Therefore, camera upgrades and expansions, as well as, necessary basic staffing patterns are considered. Contractor(s) often assist in evaluation of blind spots, etc.

The PA asserts when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, the facility has used technology to enhance resident protection from sexual abuse. Specifically, twenty-four cameras have been added since the last PREA audit at MHJDF.

The auditor's review of a memorandum request for additional cameras based, at least partially on PREA concerns, dated March 10, 2016 reveals a request for 24 additional cameras. A separate listing of current cameras and location(s)/area(s) of coverage, is also included in the PAQ for 115.318(b). The auditor's cursory review of these documents reveals substantial compliance with 115.318(b).

The auditor notes MHJDF video coverage is substantial in terms of "hot spots" for sexual abuse.

In view of the above, the auditor finds MHJDF substantially compliant with 115.318.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
X Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) X Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) X Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? X Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? X Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? X Yes No

115.321 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? X Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? X Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? X Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? X Yes No

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) X Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). According to the PA, Spokane County Sheriff Office (SCSO) investigators facilitate criminal investigations of sexual abuse at MHJDF. When conducting administrative investigations, PREA investigators follow a uniform evidence protocol.

The three MHJDF investigators utilize an investigative protocol presented through the National Institute of Corrections (NIC). The NIC training is intended to accomplish compliance with PREA standards, as advertised on the NIC website, inclusive of evidence protocol for administrative sexual abuse investigations in a confinement setting.

A copy of the SCSO Child Abuse Investigative Protocol has been uploaded to the PAQ. The same is both detailed and comprehensive, clearly identifying action steps to enhance the potential for obtaining usable physical evidence for criminal prosecutions.

All 12 random staff interviewees assert they are aware of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. All interviewees correctly assert the victim and perpetrator are separated. Eleven of 12 interviewees assert the crime scene is preserved. Six of 12 interviewees assert they request/instruct the victim to not destroy physical evidence as defined in 115.364(a) and they ensure the perpetrator does not destroy physical evidence. The victim is moved to Medical while the perpetrator is moved to a Holding Cell.

Nine of 12 interviewees appropriately advise the CJCO (primary) and PA (secondary) facilitate administrative sexual abuse investigations and SCSO investigators facilitate criminal investigations at MHJDF.

Pursuant to the PAQ, the PA self reports the protocol is developmentally appropriate for youth. The PA further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The administrative and criminal investigative protocols are addressed in the narrative for 115.221(a).

Pursuant to the PAQ, the PA self reports all residents who experience sexual abuse are afforded access to forensic medical examinations at an outside medical facility. Forensic medical examinations are offered without financial cost to the victim pursuant to both standard and Washington State regulations. Specifically, Washington State regulation RCW 7.68.170 stipulates that no costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault. Such costs shall be paid by the State pursuant to this chapter.

Martin Hall PREA Policy 2.4, page 7, 115.321(b) addresses the offer to 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.

Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANEs). As reported by the Administrator, SCSO investigators advise sexual assault victims go to Sacred Heart Hospital or Deaconess Hospital. The nurses at both facilities are well versed in conducting sexual assault examinations and evidence collection. The nurses produce a sexual assault kit (SAK) which includes the collection of DNA, bodily fluids, etc. The SAK is given to the Detectives who send the same to the Washington State Police crime lab.

When SAFEs/SANEs are not available, a qualified medical practitioner performs forensic medical examinations. During the last 12 months, 0 forensic medical exams were conducted.

Pursuant to a nurse manager at Sacred Heart Hospital, it was learned there are two health systems in the Spokane area. Specifically, Sacred Heart and Holy Family Hospitals fall under the Providence umbrella and Deaconess and Valley Hospitals fall under the Community Health/Redwood umbrella.

There are few SANE trained nurses at Sacred Heart Hospital and accordingly, they cannot handle all sexual abuse/assault cases. SANE trained nurses receive 40 hours of specialized training. Accordingly, during regular business hours, sexual abuse victims are referred to Partners and Families (SAFE/SANE Nurses on staff).

When a SANE Nurse is not available, a trained Emergency Room Nurse handles the forensic exam. These nurses receive four hours of training regarding adult and pediatric patient care under sexual assault/abuse circumstances. They practice under a physician's orders. This group of nurses constitutes the bulk of practitioners in regard to the conduct of forensic examinations.

Training for nurses in this category includes the following:

1. Patient Care
2. Patient Interviews (in most instances, such interviews are facilitated by law enforcement/Child Protective Services (CPS) interviewers.
3. Evidence Collection
4. Chain of Custody- (e.g. sealing kit, logging procedures)
5. What to Look for- (e.g. drug induced sexual abuse, assault)
6. Aftercare

Pursuant to the PAQ, the PA self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and the efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

The PA advises that Martin Hall and Lutheran Community Services have entered into a Memorandum of Understanding specifically addressing provision of advocacy services. The auditor's review of the same reveals substantial compliance with 115.321(d).

The auditor's review of Victim Advocacy Training Certificates for the PCM (Lutheran Community Services) and a JCO reveals substantial compliance with 115.321(d).

The PCM asserts MHJDF has entered into an MOU with Lutheran Community Services and there are two trained staff Victim Advocates (VAs). A case manager and the PCM fulfill this role at the facility.

To ensure Lutheran Community Services provides victim services, the PCM relates she maintains close contact with the entity. The PCM completed her VA training through Lutheran Community Services and she is very familiar with staff at Lutheran and the training, in general. The training provided by Lutheran Community Services is commensurate with the Training-for-Trainers course from the Washington Coalition of Sexual Assault Programs.

The PA advises 0 residents who reported a sexual abuse at MHJDF, were housed at the facility at the time of the on-site audit. Accordingly, such interview could not be conducted.

Pursuant to the PAQ, the PA self reports that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

The auditor reviewed the MOU mentioned in the narrative for 115.321(d) above and the same is compliant with presence during the forensic medical examination process however, there is no mention regarding presence during investigatory interviews. Facility victim advocacy options are also discussed in the narrative for 115.321(d).

The PCM asserts if requested by the victim, a VA, qualified agency staff member or qualified community-based organization staff member, accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

Pursuant to the PAQ, the PA self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21(a through e) of the PREA standards.

The auditor notes there is a plethora of evidence provided from SCSO and the investigative protocol, demonstrating compliance with this provision.

In view of the above, the auditor finds MHJDF substantially compliant with 115.321.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? X Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? X Yes No
- Does the agency document all such referrals? X Yes No

115.322 (c)

- 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).] X Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the PA, five allegations of sexual abuse and sexual harassment were received, all five were administratively investigated, and one of these allegations was referred for criminal investigation. The PA asserts all administrative and/or criminal investigations were completed.

MHJDF Policy 2.4 entitled PREA, page 8, section 115.322(a)(1) addresses 115.322(a). The Agency Head asserts the agency absolutely ensures an administrative or criminal investigation is completed for all allegations of sexual abuse.

An administrative investigation addresses the merits of the allegation, program weaknesses, and need for staff disciplinary action(s). The same involves a review of video footage, review of staff memorandums, and any staff or resident interviews are conducted. Criminal investigations are facilitated by SCSO investigators, taking into account a higher standard of evidence and possible referral for prosecution.

The auditor's on-site review of four random sexual abuse/harassment investigations reveals substantial compliance with 115.322(a).

Pursuant to the PAQ, the PA self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PA further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment allegations for criminal investigation.

MHJDF Policy 2.4 entitled PREA, page 8, section 115.322(b) addresses 115.322(b).

The investigative interviewee asserts agency policy requires that allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. He refers credible sexual abuse cases for criminal investigation. The interviewee asserts credible cases equal "some substantive evidence".

The auditor's review of the CCCS website reveals the afore-mentioned policy and an SOP entitled "MHJDF Sexual Abuse Coordinated Response Plan" are maintained on the same. Within the SOP, investigative specifics as applied to SCSO and MHJDF investigators are delineated.

In view of the above, the auditor finds MHJDF substantially compliant with 115.322.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? X Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? X Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment X Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? X Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? X Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? X Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? X Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? X Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? X Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? X Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? X Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? X Yes No
- Is such training tailored to the gender of the residents at the employee's facility? X Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? X Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training? X Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? X Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? X Yes No

115.331 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency trains all employees who may have contact with residents regarding the 11 topics listed in 115.331(a).

MHJDF Policy 2.4 entitled PREA, pages 8 and 9, section 115.331(a)(1-11) addresses 115.331(a).

The auditor's review of the MHJDF PREA Training Curriculum reveals a comprehensive program encompassing all requirements of 115.331(a). The 2019 Update- Annual PREA Review and its predecessor, the SOP regarding Coordinated Response, a CO Handbook entitled Breaking the Code of Silence- Identifying and Addressing Sexual Misconduct, and a Power Point and video regarding Guidance on Cross-Gender/Transgender Pat Searches serve as exceptional training resources.

All 12 random staff interviewees assert they received training regarding the 11 topics identified in 115.331(a). They received the training during either Orientation or annual In-Service training, or both, dependent upon their date of hire.

The auditor's review of two 2017 and four 2018 Staff Development and Training Record Forms regarding Cross-Gender/Transgender Pat Searches, three 2017 and six 2018 Annual PREA training forms, one Orientation training form, and three Breaking the Code training forms/accompanying tests, reveals substantial compliance with 115.331(a) and (d). The auditor notes this training is provided across all staff disciplines. Training forms clearly include an "I understand caveat" and training recipients sign and date each form.

The auditor's on-site review of eight random staff training files reveals two of three staff received requisite training in accordance with 115.331(a). Specifically, these staff were hired during 2018 and 2019. Of note, one of these staff completed requisite Orientation PREA training three months following his date of hire. It is noted he has completed annual In-Service PREA training.

The other five random staff were hired during 2009, 2010, and 2011. Four of the five random staff received requisite annual (as required by MHJDF policy) In-Service PREA training.

In view of the above, the auditor finds MHJDF substantially complies with 115.331(a).

Pursuant to the PAQ, the PA self reports training is tailored to the gender of the residents assigned to the facility. The PA further self reports employees who are reassigned from facilities housing the opposite gender, are given additional training.

MHJDF Policy 2.4 entitled PREA, page 9, section 115.331(b) addresses 115.331(b). Pursuant to review of the Power Point training slides, the auditor has determined the training is tailored to the MHJDF male and female resident populations.

Pursuant to the PAQ, the PA self reports 37 staff employed by the facility, who may have contact with residents, were either trained or retrained in PREA requirements. This equates to 100% of all such staff employed at MHJDF. Between trainings, staff are expected to review policies periodically.

The PA self reports staff receive PREA training, minimally, on an annual basis. Training is substantive and plentiful. Given the fact 115.331(c) requires PREA refresher training every two years, MHJDF clearly exceeds standard expectations as the same is provided on an annual basis. Additionally, staff training clearly exceeds the topics identified in 115.331(a). Accordingly, the auditor finds MHJDF to exceed expectations related to 115.331.

Pursuant to the PAQ, the PA self reports the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

MHJDF Policy 2.4 entitled PREA, page 9, section 115.331(d) addresses 115.331(d).

In view of the above, the auditor finds MHJDF exceeds standard expectations with respect to 115.331.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? X Yes No

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports all contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The PA further self reports that one contract physician and nine individual volunteers who have contact with residents, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. This constitutes 100% of those similarly situated.

It is noted volunteers/contractors are provided MHJDF Policy 2.4 and a brochure entitled, "A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders" and they are also provided classroom training. The pamphlet is detailed and provides a good understanding of volunteer duties with respect to sexual safety within the facility.

The classroom portion of the volunteer/contractor training includes presentation of several Power Point slides. The auditor's review of the MHJDF PREA Training for Volunteers Power Point presentation reveals all volunteers/contractors receive substantial PREA information prior to and throughout provision of services to residents.

Other training includes review of the "Keeping Our Children Safe" DVD.

The auditor's review of five 2018 Staff/Volunteer/Contractor PREA Acknowledgment Forms, forms entitled PREA, and Staff Development and Training Record forms for the same volunteers reveals the volunteers received either Orientation PREA training or annual refresher training, whichever is appropriate to their situation. The same is accurate for the auditor's review of relevant 2017 documentation related to three volunteers.

The two Education contract staff interviewees assert they have been trained in their responsibilities regarding sexual abuse/harassment prevention, detection, and response per agency policy and procedure. They received a PREA packet containing policies and handouts as defined above. Additionally, they view a Power Point Presentation and ask the PCM questions on an annual basis.

The auditor's review of four 2017 PREA Policy signature forms, four Volunteer Contractor PREA Acknowledgment Forms, and four Staff Development and Training Record forms reveals volunteers received the previously referenced materials/training and understand the subject-matter of the same. They attest to the same via signature and date on the respective forms. The auditor also reviewed five of each form for 2018 with the same findings. The auditor has validated that annual In-Service PREA training is provided to contractors and volunteers.

As 115.332 does not require refresher PREA training, the auditor finds MHJDF exceeds standard requirements with respect to the provision.

Pursuant to the PAQ, the PA self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The PA further self reports all contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

It is noted a plethora of PREA topics are addressed during the classroom PREA training. The auditor has validated the same pursuant to review of a training agenda provided with PAQ materials.

The Education contractor interviewees assert training includes articulation of the MHJDF zero tolerance policy regarding sexual abuse/harassment and reporting of such incidents.

In view of the above, the auditor finds MHJDF exceeds standard expectations with respect to 115.332.

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? X Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? X Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? X Yes No

115.333 (c)

- Have all residents received such education? X Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
X Yes No

115.333 (d)

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

115.333 (e)

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

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The PA further self reports 616 residents were admitted to MHJDF during the last 12 months, of which 100% were

provided the requisite information at intake. According to the PA, the information is provided in age appropriate fashion.

The intake staff interviewee asserts he provides residents with information about the agency's zero tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, he provides a pamphlet and Orientation within 24 hours of arrival. PREA video is displayed on weekends. The interviewee asserts he discusses the PREA pamphlet with incoming residents.

Eleven of the 12 random resident interviewees assert they were told about the following when they first came to MHJDF:

- a. Their right not to be sexually abused or sexually harassed;
- b. How to report sexual abuse/harassment;
- c. Their right not to be punished for reporting sexual abuse/harassment.

According to the interviewees, they received a pamphlet bearing the facility's rules against sexual abuse/harassment at intake. Some interviewees report staff explained some of the pamphlet to them at that time. A more extensive overview was provided at Orientation on the day following intake.

The auditor's review of 12 2017 Rules of Conduct/Verbal Orientation Briefing Receipts reveals the resident has read PREA or has had read to him/her PREA materials and he/she understands the same.

The auditor's on-site review of 10 random resident files reveals nine residents completed initial PREA education within 24 hours of arrival at MHJDF. Eight of the 10 random resident files revealed timely conduct of Orientation. Orientation was not completed in two cases.

The auditor's review of a brochure entitled "End the Silence" and the MHJDF Juvenile Orientation Briefing reveals requisite information is provided in both resources.

The auditor's review of a brochure entitled "End the Silence" and the MHJDF Juvenile Orientation Briefing reveals requisite information is provided in both resources.

The intake staff interviewee asserts every resident is educated regarding his/her right to be free from sexual abuse/harassment, to be free from retaliation for reporting such incidents, and regarding agency policies/procedures for responding to such incidents. This is accomplished pursuant to resident review of the PREA video and the Hotline number is posted near the blue resident telephones. Residents are quizzed subsequent to viewing the weekend PREA video. Additional information is provided during Orientation (within 24 hours of arrival at MHJDF).

The auditor's review of 20 2017 and 12 2018 Comprehensive PREA Education forms reveals residents affirm they received Comprehensive PREA Education at MHJDF. The resident signs and dates the same, affirming receipt and understanding of the training.

The auditor's review of the MHJDF Comprehensive Education Plan provides further substantiation of compliance with 115.333(b). Additionally, the auditor's review of the PREA video reveals substantial compliance with requisite PREA education requirements.

Pursuant to the PAQ, the PA self reports all residents, received within the last 12 months, have been educated within 10 days of Intake. The PA further self reports agency policy requires residents who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/sexual harassment, retaliation for reporting such incidents, and on agency policies/procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

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

Pursuant to the PAQ, the PA self reports education is available in accessible formats for all offenders including those specific groups listed in the verbiage of 115.33(d).

MHJDF Policy 2.4 entitled PREA, page 9 and 10, section 115.333(c)(1) addresses 115.333(d).

Specific strategies regarding provision of PREA education to special needs residents as defined in 115.333(d) are provided in the narrative for 115.316.

Pursuant to the PAQ, the PA self reports the agency maintains documentation of resident participation in PREA education sessions.

MHJDF Policy 2.4 entitled PREA, page 10, section 115.333(d) addresses 115.333(e). Documentation of participation in requisite PREA education activities is addressed in the narrative for 115.333(a).

Pursuant to the PAQ, the PA self reports the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The auditor's review of six posters (both English and Spanish) and the previously mentioned MHJDF Juvenile Orientation Briefing and brochure reveal substantial compliance with 115.333(f). Zero tolerance, reporting, facility policies and procedures against sexual assault/harassment are plentiful and readily available to residents.

During the facility tour, the auditor observed significant presence of posters in numerous areas, especially in intake, the housing wings, and program/operational areas.

In view of the above, the auditor finds MHJDF substantially compliant with 115.333.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] X Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] X Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] X Yes No NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] X Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] X Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] X Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

MHJDF Policy 2.4 entitled PREA, page 10, section 115.334(a) addresses 115.334(a).

The investigative staff interviewee asserts he has received training specific to conducting sexual abuse/ harassment investigations in a confinement setting. Specifically, he has completed the Basic and Advanced on-line National Institute of Corrections (NIC) courses regarding the conduct of sexual abuse investigations in a confinement setting. The advanced course involved scenario based investigations.

The auditor's review of NIC Certificates for PREA: Investigating Sexual Abuse in a Confinement Setting relevant to the PA, CJCO, and a Supervisor reveals substantial compliance with both standard and policy. The CJCO has also completed the Advanced Course.

MHJDF Policy 2.4 entitled PREA, page 10, section 115.334(b) addresses 115.334(b).

The auditor's review of the syllabus for this training reveals the requisite topics identified in 115.334(b) are addressed.

The investigative staff interviewee asserts the basic class included the following topics:

Techniques for interviewing juvenile sexual abuse victims;
Proper use of Miranda and Garrity warnings;

Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative or prosecution referral.

Pursuant to the PAQ, the PA self reports the agency maintains documentation showing investigators have completed the required training. The PA further self reports MHJDF currently employs three PREA Investigators and all completed the required training.

Certifications of Completion are addressed in the narrative for 115.334(a).

In view of the above, the auditor finds MHJDF substantially compliant with 115.334.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.335 (b)

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

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? X Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? X Yes No

- 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? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the PA, one medical practitioner works regularly at the facility and has received the requisite training. Accordingly, the PA asserts 100% of medical practitioners who work at the facility received requisite training.

MHJDF Policy 2.4 entitled PREA, page 10, section 115.335(a) addresses 115.335(a).

The case manager completed an on-line NIC course re: Communicating Effectively and Professionally with LGBTI Offenders and The Nurse/PCM completed a 36 hour course entitled Core Sexual Assault and Crime Victims Service Center Training through Lutheran Community Services Northwest. The CJCO completed the NIC PREA Behavioral Health Care for Sexual Assault Victims in a Confinement Setting course.

The medical staff interviewee asserts she has received other specialized training regarding sexual abuse/harassment. The same was a three hour on-line NIC course wherein the following topics were presented:

How to detect and assess signs of sexual abuse/harassment;
How to preserve physical evidence of sexual abuse;
How to respond effectively and professionally to juvenile victims of sexual abuse/harassment; and
How and to whom to report allegations or suspicions of sexual abuse/harassment.

Pursuant to the medical staff interviewee, the training she completed was based on Washington State Association of Sexual Assault Programs training and preservation of physical evidence was not covered in the training. However, pursuant to the uploaded Certificate in the PAQ, the Nurse also completed the Advocate Core Training curriculum, facilitated by Lutheran Community Services Northwest. A JCO has also taken this training and her certificate was uploaded in the PAQ.

Pursuant to the Advocate Core Training curriculum, physical evidence collection is a covered topic. Thus, compliance with 115.335(a) and (c) is established.

In addition to the above, the auditor has been provided Staff Development and Training Record Forms for the PCM/Nurse reflecting completion of all requisite National PREA Resource Center (NPRC) topics as identified in 115.335(a). Additionally, the PCM/Nurse completed the Washington Coalition of Sexual Assault Programs' Annual Conference, accruing additional training hours in the subject-matter.

Although the auditor has not been provided any documentation regarding Continuing Medical Education (CMEs), the contract physician has been vetted as a medical professional with requisite training being demonstrated. Accordingly, the auditor has determined the contract physician is properly trained for purposes of this audit.

Pursuant to the PAQ, the PA self reports forensic exams are not conducted at MHJDF. Accordingly, the auditor finds 115.335(b) to be N/A to MHJDF.

Pursuant to the PAQ, the PA self reports the agency maintains documentation showing medical and mental health practitioners have completed the required training.

A discussion of Certificates and documentation verifying completion of requisite training is identified in the narrative for 115.335(a).

The auditor's review of the medical staff member's training file reveals she completed the In-Service PREA training during 2018 and 2019. Additionally, she completed the searches course described in the narrative for 115.315.

The auditor's review of a PREA certification dated 2019 and an MHJDF Contractor PREA Acknowledgment Form dated 2017 reveal the contractor received copies of relevant PREA policies, pamphlets, and other materials and he understands the subject-matter of the same.

In view of the above, the auditor finds MHJDF substantially compliant with 115.335.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? X Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? X Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? X Yes No
- 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? X Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? X Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? X Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? X Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? X Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? X Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? X Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? X Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? X Yes No
- 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? X Yes No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. Pursuant to the PAQ, the PA self reports policy requires residents be screened for risk of sexual victimization or risk of abusing other residents within 72 hours of their intake. In the past 12 months, the PA self reports 616 residents entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of entry into the facility. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence. The policy requires that a resident's risk level be reassessed periodically throughout their confinement.

MHJDF Policy 2.4 entitled PREA, page 11, section 115.341(a) and CCCS Policy 1.3.5.12 entitled PREA, page 11, 115.341(a) address the requirements of 115.341(a). Additionally, MHJDF Policy 7.13 entitled Behavior Management Team (BMT), pages 1-4 addresses 115.341(a).

According to the PA, the BMT is the vehicle through which new information bearing on the status of the risk screening is addressed. Meeting notes would address the same and trigger re-screening.

The auditor has requested copies of any relevant documentation regarding re-assessments, to include BMT Meeting Minutes and the re-assessment, and has not been provided the same. The auditor notes MHJDF is generally a short term facility and accordingly, it would be conceivable no re-assessments were conducted during the audit period.

The auditor's review of 11 2017 and 11 2018 initial assessments reveals substantial compliance with 115.341(a). All initial assessments were completed the same day as Intake.

One staff member responsible for risk screening interviewees asserts he screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization/abusiveness toward other residents. This screening is completed within 24 hours of arrival at the facility.

The interviewee asserts responsive information is obtained from the resident during an interview and review of the county intake sheet. Any available court documentation is also reviewed by the interviewee prior to the actual screening. Similarly, any available medical information is reviewed. A second interviewee adds court resource documents, mental health documents, and information from the probation officer or parents is also relied upon to facilitate assessments.

The interviewee asserts risk level is reassessed whenever an incident occurs or allegation arises.

Eight of 11 random resident interviewees assert when they first came to MHJDF, they were asked questions like whether they have ever been sexually abused, whether they identify as being lesbian/gay/bisexual / transgender (LGBTI), whether they have any disabilities, and whether they think they might be in danger of sexual abuse at MHJDF. Interviewees related they were asked these questions during intake.

The auditor reviewed the files of the three interviewees who assert certain questions were not asked and finds all questions were asked on the date of intake. Validation was accomplished pursuant to the auditor's review of the completed screening tool.

With respect to the 10 random resident files reviewed, reassessments were not located in any of the same.

Pursuant to the PAQ, the PA self reports the risk assessment is conducted using an objective screening instrument.

The auditor's review of the Initial PREA Assessment Tool reveals the same is based on objective criteria.

The auditor's review of the Initial PREA Assessment reveals the screening considers, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

1. Prior sexual victimization or abusiveness;
2. Any gender non-conforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore, be vulnerable to sexual abuse;
3. Current charges and offense history;
4. Age;
5. Level of emotional and cognitive development;
6. Physical size and stature;
7. Mental illness or mental disabilities;
8. Intellectual or developmental disabilities;
9. Physical disabilities;
10. The resident's own perception of vulnerability; and
11. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Both staff responsible for risk screening interviewees were able to cite multiple topics/issues considered in the screening tool. Topics considered are as follows; history of violence, age, physical stature, history of sexual abuse, history of domestic abuse, self-identification as LGBTI, and history of violence in an institutional setting.

As articulated in the narrative for 115.341(a), validation of compliance with 115.341(d) is established.

Martin Hall PREA Policy 2.4, page 11, 115.341(e) and CCCS PREA Policy 1.3.5.12, page 11, 115.341(j) address the requirements of this element.

The PCM asserts the agency has outlined who can have access to a resident's risk assessment within the facility in order to protect sensitive information from being exploited. At MHJDF, the PCM receives all assessments from screeners. Classifications are discussed at weekly Behavior Management Team (BMT) meetings for both case managers.

Both staff responsible for risk screening interviewees assert the agency has outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. Access is limited to the PCM/Nurse, case managers, CJCO, and PA.

In view of the above, the auditor finds MHJDF substantially compliant with 115.341.

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? X Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? X Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? X Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? X Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? X Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? X Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? X Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? X Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? X Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? X Yes No

115.342 (c)

- 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? X Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? X Yes No

- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? X Yes No
- 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? X Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? X Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? X Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? X Yes No

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- 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?) X Yes No 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?) X Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The 2017 and 2018 Initial PREA Assessments (referenced in the narrative for 115.341) reveal a scoring system whereby residents are ultimately classified as Potential Victims (PVs)/Known Victims (KVs)/Unrestricted/Potential Aggressors (PAs)/ and Known Aggressors (KAs). Residents are then housed according to their status, separating the Victims and Aggressors by not placing them in the same cell.

MHJDF Policy 2.4 entitled PREA, page 11, section 115.342(a) address the requirements of 115.342(a).

The PCM asserts the screening assessment allows staff to identify PVs/KVs and PAs/KAs, managing housing assignments appropriately by not placing the two groups together in the same cell. Of note, all cells are single cells. Placement within the wings is controlled. For example, aggressors may be housed at the front of the wing, near the staff work station/control center, and in close proximity to a camera.

Both staff responsible for screening interviewees validate the above statement of the PCM. Additionally, one interviewee relates the screening identifies potential red flags.

The auditor's on-site review of housing assignments reveals housing in accordance with the statement of the PCM.

Pursuant to the PAQ, the PA self reports the facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. Additionally, he self reported the facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. Finally, pursuant to the PAQ, the PA self reports no residents at risk of sexual victimization were placed in the IMU during the past 12 months.

MHJDF Policy 2.4 entitled PREA, page 12, section 115.342(b) addresses the requirements of 115.342(b).

The PA asserts residents are only isolated from others 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. The PA further asserts residents are ordinarily placed in isolation for this purpose for 0 days.

The staff who supervise residents in isolation interviewee asserts when residents are placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, they still have access to programs, privileges, and education. Work is generally not approved for any residents similarly situated. Residents housed in IMU are not separated or assessed consequences as a victim.

Residents placed in IMU based on the above are placed in involuntary isolation only until an alternative means of separation from likely abusers can be arranged. They would be placed in this status pending establishment of appropriate housing, generally no more than three days.

Residents placed in IMU in this status can receive visits Monday through Friday from medical/mental health practitioners. However, such residents in this status are not confined to their cell and thus, access is quite easy.

The medical interviewee asserts residents placed in isolation for this purpose could see the Nurse Monday through Friday as they are not restricted to their cell.

The PA and PCM report 0 residents were involuntarily housed in isolation at the time of the on-site audit, for risk of sexual victimization/who alleged to have suffered sexual abuse. Accordingly, such interview could not be conducted.

The auditor's observations during the facility tour confirmed the statements as reflected above.

Pursuant to the PAQ, the PA self reports the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. Additionally, the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

MHJDF Policy 2.4 entitled PREA, page 12, section 115.342(c) addresses the requirements of 115.342(c).

The CCCS PC and MHJDF PCM assert the facility does not have a special housing unit(s) for lesbian, gay, bisexual, transgender/intersex residents.

The PA/PCM assert 0 transgender/intersex residents were housed at MHJDF during the on-site audit. Accordingly, the same questionnaire was not administered.

Pursuant to the PAQ, the PA self reports MHJDF staff make housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

MHJDF Policy 2.4 entitled PREA, page 12, section 115.342(d) addresses the requirements of 115.342(d).

The PCM asserts transgender/intersex resident housing and programming assignments are determined in the same manner as any other resident.

MHJDF Policy 2.4 entitled PREA, page 12, section 115.342(e) addresses the requirements of 115.342(e). MHJDF Policy 7.13, page 2, section IV is also applicable to 115.342(e).

The PCM asserts the agency considers whether the placement will ensure the resident's health and safety.

Both staff responsible for risk screening interviewees assert transgender/intersex residents' views of their safety are given serious consideration in placement and programming assignments.

The PA self reports transgender/intersex resident twice per year reassessments are conducted during BMT meetings with minutes of the meeting being generated. He further reports a transgender/intersex resident has never been housed at MHJDF for a period of time in which such reassessments would be conducted.

MHJDF Policy 2.4 entitled PREA, page 12, section 115.342(f) addresses the requirements of 115.342(f).

The PCM asserts the agency considers whether the placement would present management or security concerns.

MHJDF Policy 2.4 entitled PREA, page 12, section 115.342(g) addresses the requirements of 115.342(g).

The PCM asserts transgender/intersex residents are given the opportunity to shower separately from other residents. Such showers can be facilitated in the Intake (Holding shower) or the IMU shower.

Both staff responsible for risk screening interviewees assert transgender/intersex residents are given the opportunity to shower separately from other residents, generally in the Holding Shower or in the wing shower room with no other residents in the Day Room or shower area.

During the facility tour, the auditor did validate the statements as reflected above.

As previously indicated, the PA self reported no residents were housed in Isolation during the past 12 months as the result of risk for sexual victimization. Accordingly, there were no files for requisite review.

As previously indicated, the PA self reports no residents were housed in IMU for risk of sexual victimization during the past 12 months.

MHJDF PREA Policy 2.4, page 12, section 115.342(i) addresses 115.342(i).

The staff who supervise residents in isolation interviewee asserts once a resident is placed in involuntary isolation, the facility reviews the resident's circumstances every 30 days to determine if continued placement in involuntary isolation is needed.

In view of the above, the auditor finds MHJDF substantially compliant with 115.342.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? X Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? X Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? X Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? X Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? X Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? X Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? X Yes No

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? X Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

MHJDF PREA Policy 2.4, pages 12 and 13, section 115.351(e)(1-6) and a(1) addresses 115.351(a).

The auditor's review of the MHJDF Juvenile Orientation Briefing provides instruction to residents regarding reporting sexual abuse/harassment, retaliation by other residents or staff for reporting sexual abuse/harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Additionally, the brochure referenced in the narrative for 115.333 addresses the same.

Of note, two reports are included in the PAQ materials which validate staff documentation of resident verbal reports of sexual abuse/harassment. The documents also reveal corrective action taken. All 12 random staff interviewees were able to identify at least two methods in which residents can report the afore-mentioned sexual abuse/harassment matters to staff. Reporting options include verbal report to staff, use of the Hotline, file an emergency grievance, third-party report, and verbal report to probation officer.

Ten of the 11 random resident interviewees were able to identify at least two methods for reporting the afore-mentioned sexual abuse/harassment matters. Reporting options include use of the Hotline, verbal report to staff, submit an emergency grievance, report to probation officer, and submit a written note.

Pursuant to the PAQ, the PA self reports the agency provides at least one way for residents to report sexual abuse/harassment to a public or private entity or office that is not part of the agency. The PA self reports the agency does not have a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials of the Department of Homeland Security (DHS). Specifically, MHJDF is not contractually obligated to house DHS civil immigration detainees and accordingly, DHS detainees are not housed at the facility.

MHJDF PREA Policy 2.4, page 13, section 115.351(b)(1) addresses 115.351(b).

The auditor's review of the MOU between MHJDF and Lutheran Community Services Northwest Sexual Assault Family Trauma (SAFeT) Response Center reveals some compliance with 115.351(b). The MOU alludes to placement of placards by MHJDF staff regarding the charge free emergency reporting telephone number for the SAFeT 24-hour crisis sexual assault line which residents can call. The Lutheran Community Services web page reflects Mandatory Reporting issues and procedures wherein such information would be passed along to the appropriate entity.

The auditor notes there are no procedures identified in the MOU to address forwarding of sexual abuse reports to agency officials, allowing the resident to remain anonymous upon request. The auditor has not been provided any information or documentation specifying any such procedures. Accordingly, based on the literal requirements of the provision, the auditor finds MHJDF non-compliant with 115.351(b).

In view of the above, the auditor is assigning a 180-day corrective action period wherein MHJDF will attain compliance with 115.351(b). The corrective action period will end on January 17, 2020.

To demonstrate compliance with the afore-mentioned provision, MHJDF will co-develop procedures with either Lutheran Community Services or another qualified entity, meeting the requirements of 115.351(b). Upon completion of the agreement, the principals of both MHJDF and Lutheran Community Services or other provider, will sign and date the same. Training for both MHJDF and Lutheran Community Services or other provider may be required to ensure implementation.

Upon agreement signature and completion of training, the PCM will forward to the auditor a copy of the agreement and any training certifications surrounding the same for inclusion in the audit file.

October 15, 2019 Update:

CCCS INC (MHJDF) has entered into a monthly agreement with Specialty Answering Service in order to meet the requirements of 115.351(b). The current use of SAS which is a live telephone answering service is now limited to MHJDF. The phone number (509-565-8802) is toll free and

allows for any individual to make a report of sexual harassment or sexual abuse from MHJDF. A specific script is followed by SAS (the auditor has reviewed and validated the same), each phone call is documented, and immediate notification is made to the CCCS PREA Coordinator (CCCS PC) and or the Assistant CCCS PREA Coordinator (APC). Notification is also made via email and text.

In the event the individual indicates they are in imminent danger, the caller is placed on hold and the PREA Coordinator is contacted and patched through to the caller. This allows the PREA Coordinator to be immediately notified of situations requiring immediate action.

The PA asserts SAS has nearly 30 years of experience in the call center industry. The SAS agents are trained twice as long as the industry standard and quality control measures ensure every caller receives nothing less than superior care.

This answering service was tested by the PA on four different occasions.

The first test call was made on August 2, 2019, at 1:34PM. The victim indicated he was touched on the buttocks by a staff member during showers. The victim indicated he was not in immediate danger and the CCCS PC was notified via text and e mail. The CCCS PC contacted the PA via text message at 2:15PM on August 2, 2019, requesting an investigation be completed. This was a test call and no investigation was completed.

The second test call occurred on August 5, 2019 at 9:12AM. This victim also indicated he was touched on the buttocks by a staff member during showers. The victim indicated he was in immediate danger and the CCCS PC was contacted via phone. The CCCS PC was connected to the victim, with the PA also included on the call. Again, this was a test call no investigation was conducted.

The third test call occurred on August 6, 2019 at 9:19AM. The victim indicated a staff member exposed himself to the victim. The victim indicated he was not in immediate danger and the CCCS PC was notified via text and email. The CCCS PC contacted the PA via text at 9:40AM on August 6, 2019, requesting an investigation be completed. This was a test call and no investigation was completed.

The fourth test call occurred on August 12, 2019 at 10:37AM. The victim did not give his name. The victim indicated he was touched on the buttocks by a staff member (hypothetical name provided) during showers. The victim indicated he was not in immediate danger and the CCCS PC was notified via text and email. The CCCS PC contacted the PA via text at 10:45AM on August 12, 2019, requesting an investigation be completed. This was a test call and no investigation was completed.

Specialty Answering Service follows a specific script which was designed by CCCS to allow for detailed information to be collected. A copy of the Script used by Specialty Answering Service has been reviewed by the auditor and found to be acceptable. In addition, the auditor reviewed copies of each phone call as notated by the individual who the victim (PA for purposes of these tests) spoke to. This same information is sent to the CCCS PC for documentation purposes.

Finally, the auditor reviewed the September, 2019 invoice. CCCS pays for this service on a monthly basis and one invoice has been received. The facility is charged any time a call is patched through to the CCCS PC, in this case the charge was \$.17. The facility is also charged at the rate of \$1.19 per minute for any phone call made to SAS.

The Chief Juvenile Corrections Officer (CJCO) and PCM have made appropriate changes to the Resident Handbook and weekly PREA Comprehensive Education classes (validated by the auditor's review of the afore-mentioned documents). The new hot line number has been posted above each of the resident telephones. Photographs (of the posted phone number), Resident Handbook information, the new Comprehensive PREA Education outline and resident sign in sheets (7- concerning class attendance) have been provided to the auditor and he has reviewed the same.

In view of the above, the auditor finds all corrective action with respect to this finding has been completed. Accordingly, the auditor now finds MHJDF substantially compliant with 115.351(b).

The auditor notes the blue telephones are not limited to sexual abuse/harassment telephone calls to Lutheran Community Services. Residents access the telephones for social calls, etc.

The PCM asserts the facility provides a Hotline with Lutheran Community Services as a method for residents to report sexual abuse/harassment to a public or private entity or office that is not part of the agency. The PCM further asserts Lutheran Community Services staff reports to the facility to talk to the reporting resident.

Eight of 11 random resident interviewees assert they can report to family, probation officer, or social worker about sexual abuse/harassment as they do not work at the facility. The same interviewees assert they can report via the Hotline as the same is not connected to the facility. Seven of 11 interviewees assert they can make reports of sexual abuse/harassment without having to give their name.

Pursuant to the PAQ, the PA self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The PA further self reports staff are required to immediately document verbal reports.

MHJDF PREA Policy 2.4, page 13, section 115.351(c)(1) addresses 115.351(c).

Eight of 12 random staff interviewees assert when a resident alleges sexual abuse/harassment, he/she can do so verbally, in writing, anonymously, and through third-parties. These interviewees assert they immediately document such reports.

Eight of the 11 random resident interviewees assert they can make reports of sexual abuse/harassment both verbally and in writing. Additionally, someone else can make the report for them so that they do not have to give their name.

Pursuant to the PAQ, the PA self reports the facility shall provide residents with access to tools necessary to make a written report.

MHJDF PREA Policy 2.4, page 13, section 115.351(d) addresses 115.351(d).

The PCM asserts forms and pencils are made available to residents to make Corporate reports. Paper is likewise made available to residents to make local reports.

The PA and PCM reported there were no residents, who reported a sexual abuse at MHJDF, in the facility at the time of the on-site audit. Accordingly, the same questionnaire could not be administered.

The auditor's observations during the facility tour validate the statement of the PCM in regard to tools for use in writing reports, etc..

Pursuant to the PAQ, the PA self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. A Standard Operating Procedure (SOP) regarding Staff Reporting Contact List reflects relevant telephone numbers for key players in the PREA reporting process.

MHJDF PREA Policy 2.4, page 13, section 115.351(e) addresses 115.351(e).

All 12 random staff interviewees were able to identify at least two methods for private reporting of resident sexual abuse/harassment. Options include call the Hotline, verbal report to supervisor behind closed doors, telephonic or written report to CCCS HR, telephonic or written report to CCCS PC, e-mail, submit separate written report, and telephonic report to the PCM.

In view of the above, the auditor finds MHJDF substantially compliant with 115.351.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) X Yes No NA

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

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) X Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) X Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) X Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) X Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) X Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) X Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
X Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) X Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

MHJDF PREA Policy 2.4, page 13, section 115.352(a) addresses 115.352(a).

Pursuant to the PAQ, the PA self reports agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PA further self reports agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff an alleged incident of sexual abuse.

MHJDF PREA Policy 2.4, pages 13 and 14, section 115.352(a)(1-4) addresses 115.352(b).

The auditor's review of the MHJDF Juvenile Orientation Briefing reveals an overview of reporting sexual abuse/harassment via the formal grievance procedure is provided to residents.

The auditor's review of the 2017 and 2018 Resident Grievance Logs reveals 0 sexual abuse/harassment grievances were filed during those time periods.

Pursuant to the PAQ, the PA self reports agency policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The PA further self reports agency policy and procedure requires that a resident grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.

MHJDF PREA Policy 2.4, page 14, section 115.352(b)(1 and 2) addresses 115.352(c).

Pursuant to the PAQ, the PA self reports agency policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The PA further self reports agency policy and procedure requires that a resident grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.

MHJDF PREA Policy 2.4, page 14, section 115.352(b)(1 and 2) addresses 115.352(c).

The auditor's review of the MHJDF Juvenile Orientation Briefing reveals language regarding the requirements of 115.352(c) is absent from the same.

While the auditor does not find sufficient basis for a non-compliance finding, it is important residents are aware of this information. Accordingly, the PCM will ensure 115.352(c) language is added to the MHJDF Juvenile Orientation Briefing. Upon completion of this addition, the PCM will forward a copy of the updated document to the auditor. This amendment must be completed on or before October 18, 2019.

October 15, Update:

The auditor's review of the amended MHJDF Juvenile Orientation Briefing reveals language regarding the requirements of 115.352(c) has been added to the same. Additionally, notices have been placed in each housing unit. The updated Resident Handbook also details the following information, "Residents submitting a grievance alleging sexual abuse or sexual harassment by a staff member do not need to submit the grievance to the alleged staff member, nor will a grievance be referred to a staff member who is the subject of the grievance."

In view of the above, the auditor is satisfied requisite notification has been provided to youth, thereby meeting the intent of 115.352.

Pursuant to the PAQ, the PA self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PA further self reports 0 grievances were filed within the last 12 months wherein sexual abuse was alleged. According to the PA, the agency always notifies the resident, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.

MHJDF PREA Policy 2.4, page 14, section 115.352(c)(1-3) addresses 115.352(d).

Pursuant to the PAQ, the PA self reports agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist the resident in filing requests for administrative remedy relating to allegations of sexual abuse and to file such requests on behalf of residents. The PA further self reports agency policy and procedure requires if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

MHJDF policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. The PA notes there were no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance.

MHJDF PREA Policy 2.4, page 14, section 115.352(d)(1-3) addresses 115.352(e).

Pursuant to the PAQ, the PA self reports the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The PA further self reports the agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the past 12 months.

The PA asserts agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days.

MHJDF PREA Policy 2.4, page 14, section 115.352(e)(1) addresses 115.352(f).

Pursuant to the PAQ, the PA self reports the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the resident filed the grievance in bad faith. The PA further self reports that during the last 12 months, there were 0 instances of resident discipline for incidents of this nature.

MHJDF PREA Policy 2.4, page 14, section 115.352(f) addresses 115.352(g).

In view of the above, the auditor finds MHJDF substantially compliant with 115.352.

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

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? X Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? X Yes No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? X Yes No

115.353 (b)

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

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? X Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? X Yes No

115.353 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations;
Residents are not housed at MHJDF solely for civil immigration purposes; and
Enabling reasonable communication between residents and these organizations in as confidential manner as possible.

MHJDF PREA Policy 2.4, page 15, section 115.353(a) addresses 115.353(a).

The auditor's review of the PREA brochure referenced in the narrative for 115.333 reveals the name and telephone number of a sexual abuse support service provider is clearly reflected in the same. The PREA brochure is provided to each resident at intake. Additionally, the PA self reports and the auditor has confirmed the telephone number and address for Lutheran Community Services is posted near the blue telephones in the housing wings.

The auditor notes significant disparity between answers to each respective question as some questions are answered while others are not. Many residents assert they do not know about external resources for support while still responding to some answers. The following represents a compilation of responses to each specific question.

Nine of the 11 random resident interviewees assert they are aware services are available outside of the facility for dealing with sexual abuse, if needed. Two interviewees identified such services as counseling, crisis network, and one interviewee identified Lutheran Community Services as a resource.

Four interviewees assert the facility provides mailing addresses and telephone numbers for the outside services. The information is available pursuant to the pamphlet provided during intake and secondarily, pursuant to a video. Three residents assert the telephone numbers are free to call.

Four interviewees assert they can talk with people from these services anytime and one interviewee asserts contact can only be made during recreation time.

Eight interviewees assert the content of their conversation with staff from this service(s) would remain private.

Based on the auditor's observation of the afore-mentioned educational resources and corroboration of receipt of those material by some interviewees, the auditor finds ample opportunities for residents to be informed regarding this important subject-matter.

Pursuant to the PAQ, the PA self reports the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The PA further self reports the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

MHJDF PREA Policy 2.4, page 15, section 115.353(b) addresses 115.353(b).

The auditor did preview the PREA video and information is provided regarding the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. As previously mentioned, the PREA video is presented as part of the Orientation program, generally on weekends.

Two of the 11 random resident interviewees asserts conversations with people from these services could be told to or listened to by someone else. The majority of interviewees assert either conversations could not be listened to or told to someone else or they didn't know the answer. One of the interviewees who responded in the affirmative asserted reports of physical/sexual abuse or self injurious behavior could be told to or listened to by someone else.

The auditor finds MHJDF staff provide to residents the information relevant to this important standard provision.

Pursuant to the PAQ, the PA self reports the facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The PA further self reports the facility maintains copies of the agreement.

The MOU between MHJDF and Lutheran Community Services clearly captures the requirements of 115.53. The auditor's review of the same reveals a comprehensive and complete agreement to provide requisite services.

Pursuant to the PAQ, the PA self reports the facility provides residents with reasonable and confidential access to their attorneys or other legal representation, as well as, reasonable access to parents or legal guardians.

MHJDF PREA Policy 2.4, page 15, 115.353(d) addresses 115.353(d).

The PA asserts residents sign a Call Sheet to facilitate contact with their attorney. The call is toll free and facilitated on staff telephones. Staff are positioned outside the office while the resident makes the call. The PA further asserts any requests for family or guardian contacts are arranged.

The PCM asserts attorneys request an appointment and the same is facilitated. Confidentiality is maintained throughout the visit. If an attorney requests telephonic contact with a resident, the same is facilitated.

Parents/legal guardians are able to visit on Visitation Days (Tuesday, Thursday, and Saturday). Special visits must be approved. Limitations may be necessary as the result of medical procedure scheduling.

Ten of 11 random resident interviewees assert the facility allows them to see or talk with their lawyer or another lawyer and they allow the resident to talk with that person privately. All 11 random resident interviewees assert the facility allows them to see or talk with their parents or legal guardian.

In view of the above, the auditor finds MHJDF substantially compliant with 115.353.

Standard 115.354: Third-party reporting

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

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? X Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. A third party reporting form is located on the www.cccscorp.com website. The PA further self reports the agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.

MHJDF Policy 2.4 entitled PREA, page 15, section 115.354 addresses the requirements of 115.354(a).

The auditor did review the Third Party Reporting information reflected on the C.C.C.S. website. The auditor also observed the Third Party Reporting Forms that are available in the Front Lobby.

Mailing addresses, e-mail addresses, and the PREA Coordinator's telephone number are listed on the forms. The forms are structured so that the basic investigative informational needs are contained therein. One form (maintained in the Front Lobby at MHJDF) reflects the facility address, e-mail addresses for the Administrator and CJCO, as well as, the Corporate PREA Coordinator. The C.C.C.S. website Third Party Reporting Form reflects the Corporate address, as well as, the Corporate PREA Coordinator's telephone number.

As reflected in the narrative for 115.351, residents are aware that third parties can report incidents of sexual abuse/sexual harassment, retaliation, etc.

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

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? X Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? X Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? X Yes No

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to

anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? X Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? X Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? X Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? X Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? X Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) X Yes No NA
- 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? X Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;

Any retaliation against residents or staff who reported such an incident; and
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

MHJDF Policy 2.4 entitled PREA, page 15 and 16, section 115.361(a)(1) addresses the requirements of 115.361(a).

All 12 random staff interviewees assert the agency requires all staff to report any of the afore-mentioned 115.361(a) incidents. Ten of the 12 random interviewees assert they are required to immediately report such incidents to their supervisor, PA, CCCS PC, CJCO, PCM, or CCCS HR.

Pursuant to the PAQ, the PA self reports the agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

MHJDF PREA Policy 2.4, page 16, section 115.361(b) address 115.361(b).

All 12 random staff interviewees assert they received training regarding reporting sexual abuse/harassment and reporting to comply with applicable mandatory child abuse reporting laws. They received the training during either Orientation or annual In-Service training, or both, dependent upon their date of hire.

Pursuant to the PAQ, the PA self reports apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

MHJDF PREA Policy 2.4, page 16, section 115.361(c) address 115.361(c).

MHJDF PREA Policy 2.4, page 16, section 115.361(d)(1) address 115.361(d).

The medical staff interviewee asserts at the initiation of services to a resident, she discloses the limitations of confidentiality and her duty to report. This practice is driven by formal education, training, CCCS policy, and Mandatory Reporting guidelines.

The interviewee further self reports she is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of it. She reports to the PA and CJCO.

The interviewee asserts she has not become aware of such incidents.

MHJDF PREA Policy 2.4, page 16, section 115.361(e)(1) and (2) addresses 115.361(e).

The PCM asserts she reports to the PA whenever an allegation of sexual abuse is received. The probation officer is notified and parents/guardian are subsequently notified.. The allegation is checked out to determine the fact pattern prior to reporting to the probation officer and family.

If the victim is under the guardianship of the child welfare system, the report would be provided to the social worker or guardian. Again, the allegation and fact pattern are first evaluated.
If a juvenile court retains jurisdiction over the victim, the probation officer handles the report.

The PA asserts when the facility receives an allegation of sexual abuse, the PA reports the matter to the CJCO to commence the investigation. He subsequently advises the CCCS PC of the same. Dependent upon the situation, he contacts the County Commissioners. The families and probation officer are contacted subsequent to investigation and a determination the allegation appears to be legitimate.

Notification to appropriate parties of an alleged sexual abuse, is ordinarily accomplished within 24 hours of notification of the alleged incident. If a juvenile court retains jurisdiction over the victim, the PA notifies the probation officer and he/she then contacts the attorney(s). Again, notification of the attorney(s) is completed within 24 hours of the time the incident is reported.

The auditor's review of progress notes dated May 29, 2018 reveals notification to the resident victim's mother and probation officer regarding her allegation of staff sexual abuse.

MHJDF PREA Policy 2.4, page 16, section 115.361(f) addresses 115.361(f).

The PA asserts he directly reports all allegations of sexual abuse/harassment (including those from third-party and anonymous sources) to the primary designated facility investigator.

Pursuant to the auditor's review of investigations as discussed in the narrative for 115.371, he has determined timely notification of allegations was effected in each case.

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

Standard 115.362: Agency protection duties

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

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports when the facility learns a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (e.g. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA further self reports in the past 12 months, there was 0 instances wherein the facility determined a resident was at substantial risk of imminent sexual abuse.

MHJDF PREA Policy 2.4, page 16, section 115.362 addresses 115.362(a).

The Agency Head asserts when staff learn a resident is subject to a substantial risk of imminent sexual abuse, they separate the potential perpetrator and potential victim within the facility. Contact the public partner to move respective parties, if the threat is credible and movement is prudent.

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

Ten of 12 random staff interviewees assert if they learn a resident is at risk of imminent sexual abuse, they immediately remove the resident from the danger zone. Two interviewees assert they immediately place the potential victim under direct staff supervision to ensure safety.

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

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy requiring that, upon receiving an allegation a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The PA further self reports the agency's policy also requires the head of the facility notify the appropriate investigative agency. In the past 12 months, reportedly, 0 allegations were received at the facility where a resident was abused while confined at another facility.

MHJDF PREA Policy 2.4, page 17, section 115.363(a) addresses 115.363(a).

Pursuant to the PAQ, the PA self reports agency policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

MHJDF PREA Policy 2.4, page 17, section 115.363(b) addresses 115.363(b).

Pursuant to the PAQ, the PA self reports the facility documents it has provided such notification within 72 hours of receiving the allegation.

Pursuant to the PAQ, the PA self reports the facility requires allegations received from other facilities/agencies (regarding allegations originating at MHJDF) are investigated in accordance with the PREA standards. The PA further self reports in the past 12 months, 0 allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at MHJDF.

MHJDF PREA Policy 2.4, page 17, section 115.363(d) addresses 115.363(d).

In regard to referrals of sexual abuse/harassment allegations (allegedly occurred at a CCCS facility), there is an Administrator who is generally the point of contact for receipt of the same.

The PA opens an investigation regarding the same. To the best of my knowledge, no such allegations have been received at MHJDF.

The PA asserts when he receives an allegation from another facility or agency regarding a sexual abuse/harassment incident originating at MHJDF, the same is immediately investigated in a thorough manner. There are no examples of receipt of such allegations from another facility or agency.

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

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
X Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? X Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X Yes No

115.364 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a first responder policy for allegations of sexual abuse. The PA further self reports agency policy requires that, upon learning a resident was sexually abused, the first security staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure 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.

In the past 12 months, there was one allegation that a resident was sexually abused. In this incident, the first security staff member to respond to the report separated the alleged victim and abuser. In the past 12 months, staff were notified, on this one occasion, within a time period that still allowed for the collection of physical evidence. In this one incident, the first security staff member preserved and protected the crime scene until appropriate steps could be taken to collect any evidence and requested the victim/ensured the perpetrator not destroy any physical evidence as stipulated above.

MHJDF PREA Policy 2.4, page 17, section 115.364(a)(1-4) addresses 115.364(a).

The auditor's review of the Sexual Abuse Coordinated Response SOP reveals substantial compliance with 115.364(a).

Additionally, the auditor's review of the "Responding to Sexual Abuse" response card reveals substantial compliance with 115.364(a). Each staff member carries this card on their person throughout their shift.

The non-security staff first responder interviewee describes first responder steps as follows:

Separate the victim and perpetrator;
Contact Medical and advise of the situation;
Place victim and perpetrator in separate housing;
Tell victim and perpetrator not to destroy physical evidence; and
Secure the crime scene.

The PA advises security and non-security first responders receive the same first responder training.

Pursuant to the PAQ, the PA self reports agency policy requires if the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PA further self reports there were 0 instances wherein non-security staff members were the first responders, during the last 12 months.

MHJDF PREA Policy 2.4, page 17, section 115.364(b)(1-4) addresses 115.364(b).

All 12 random staff interviewees assert they are aware of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. All interviewees correctly assert the victim and perpetrator are separated. Eleven of 12 interviewees assert the crime scene is preserved. Six of 12 interviewees assert they request/instruct the victim to not destroy physical evidence as defined in 115.264(a) and they ensure the perpetrator does not destroy physical evidence. The victim is moved to Medical while the perpetrator is moved to a Holding Cell.

Given the totality of the above evidence, the auditor is satisfied first responder procedures are institutionalized at MHJDF. While staff recitation of first responder steps was not totally accurate, possession and reference to the laminated first responder card, as well as, the training curriculum provide substantial resources to correctly respond to a sexual abuse allegation as a first responder.

Accordingly, the auditor finds MHJDF substantially compliant with 115.364.

Standard 115.365: Coordinated response

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

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The auditor's review of the Sexual Abuse Coordinated Response SOP reveals substantial compliance with 115.365(a). The document is well written and concise in terms of individual responsibilities related to groupings of staff.

The PA asserts the Sexual Abuse Coordinated Response SOP is very thorough. The same is well scripted and minutely detailed, addressing individual responsibilities of staff representing relevant disciplines. This procedure is trained during annual PREA In-Service.

In view of the above, the auditor finds MHJDF substantially compliant with 115.365.

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

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? X Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports that no Collective Bargaining Agreement has been ratified or updated since August 20, 2012. The Agency Head confirmed that there are no Unions or Agreements applicable to MHJDF.

The Agency Head asserts neither CCCS nor any governmental entity responsible for collective bargaining on the company's behalf, entered into or renewed any collective bargaining agreements or other agreements since the last MHJDF PREA audit. No Union, no Collective Bargaining Unit Agreement at MHJDF.

In view of the above, there is no deviation from either policy or standard. Accordingly, the auditor finds MHJDF substantially compliant with 115.366.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? X Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? X Yes No

115.367 (b)

- 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? X Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? X Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes No

115.367 (d)

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

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? X Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other staff and residents. The PA further self reports the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The PA asserts a case manager facilitates retaliation monitoring responsibilities at MHJDF while the CJCO coordinates the same.

MHJDF PREA Policy 2.4, page 18, section 115.367(a) addresses 115.367(a).

MHJDF PREA Policy 2.4, page 18, section 115.367(b) addresses 115.367(b).

The Agency Head asserts there is zero tolerance for retaliation at CCCS facilities. Allow affected residents and staff to move to another facility, change shifts, etc., if feasible. There are multiple layers of monitoring. Specific staff are charged with this responsibility. Given the numerous facilities under the C.C.C.S. umbrella, the interviewee was not able to specifically identify the monitoring team at MHJDF.

The PA asserts the CJCO coordinates and assigns staff to effect retaliation monitoring. Monitoring is initiated and facilitated for staff and resident potential victims or victims for a minimum of 90 days or until the victim feels comfortable.

The designated staff member charged with monitoring retaliation asserts he completes the investigation of the sexual abuse/harassment allegation. He subsequently assigns staff who will actually facilitate retaliation monitoring. Substantiated or unsubstantiated findings invoke retaliation monitoring for as long as the residents are in the facility. Reviews are completed on CCCS retaliation monitoring forms. In terms of strategies to address potential retaliation, removal of the perpetrator is central. Recommending emotional support services for the victim is also a central strategy.

In addition to the above, implementation of additional safety checks, monitoring of systems for relevant information, and placing staff perpetrators on administrative leave are effective strategies. Contact with residents who have reported sexual abuse is initiated. Daily conversations with victims may be employed, inclusive of documentation of contacts. Documentation is placed in the retaliation file.

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

MHJDF PREA Policy 2.4, page 18, section 115.367(c) addresses 115.367(c).

The PCM asserts the same retaliation monitoring procedures are employed whenever retaliation is suspected. The CJCO is responsible for handling the same. Corrective action is immediately implemented.

The designated staff member charged with retaliation monitoring interviewee asserts he looks for the following to detect possible retaliation:

- Is resident receiving multiple misconduct reports from specific staff;
- Is the resident filing an increasing number of grievances;
- Is the resident isolating;
- Is the resident exhibiting abnormal behavioral changes;
- Is the staff member exhibiting behavioral changes;
- Is there any increase in call-offs by the affected staff member;
- Is there decreased productivity exhibited by the staff member;
- Is the staff member submitting an increase in shift change requests?

Staff and residents who are monitored for retaliation are monitored until they depart the facility (residents). Otherwise, monitoring continues until the monitor is comfortable they are not being retaliated against. There is no maximum amount of monitoring time.

The auditor's review of four sexual abuse/harassment investigations conducted during the last 12 months reveals retaliation monitoring was completed in two of the four cases. One investigation was determined to be Unfounded and accordingly, retaliation monitoring was not required pursuant to 115.367(f). Two of the investigations are based on sexual harassment while one is based on sexual abuse.

MHJDF PREA Policy 2.4, page 18, section 115.367(d) addresses 115.367(d).

MHJDF PREA Policy 2.4, page 18, section 115.367(e) addresses 115.367(e).

The Agency Head advised there is zero tolerance for retaliation. Allow affected residents and staff to move to another facility, shifts, etc., if feasible. There are multiple layers of monitoring. Specific staff are charged with this responsibility.

In other words, staff who cooperate with an investigation and express fear of retaliation are treated in the same manner as all residents and staff who are placed on retaliation monitoring.

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

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility has a policy prohibiting the placement of residents who allege to have suffered sexual abuse in isolation unless the same is a last resort and if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires residents who are placed in isolation because they allege to have suffered sexual abuse, have access to legally required educational programming, special education services, and daily large-muscle exercise. The PA further self reports 0 residents alleged to have suffered sexual abuse were placed in isolation in the past 12 months.

If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

MHJDF PREA Policy 2.4, pages 11 and 12, section 115.342(a), (b), (h), and (i) addresses 115.368(a).

The PA asserts there were no circumstances within the last 12 months wherein isolation was used to protect a resident who was alleged to have suffered sexual abuse. He further asserts residents are only isolated from others 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. Residents are ordinarily placed in isolation for this purpose for 0 days.

The staff who supervise residents in isolation interviewee asserts when residents are placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, they still have access to

programs, privileges, and education. Work is generally not approved for any residents similarly situated. Residents housed in IMU are not separated or assessed consequences as a victim.

Residents placed in IMU based on the above are placed in involuntary isolation only until an alternative means of separation from likely abusers can be arranged. They would be placed in this status pending establishment of appropriate housing, generally no more than three days.

Residents placed in IMU in this status can receive visits Monday through Friday from medical/mental health practitioners. However, such residents in this status are not confined to their cell and thus, access is quite easy.

The interviewee asserts once a resident is placed in involuntary isolation, the facility reviews the resident's circumstances every 30 days to determine if continued placement in involuntary isolation is warranted.

The medical interviewee asserts residents placed in isolation for this purpose could see the Nurse Monday through Friday as they are not restricted to their cell.

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

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] X Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] X Yes No NA

115.371 (b)

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

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? X Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
X Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X Yes No

115.371 (d)

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

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? X Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
X Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? X Yes No

115.371 (g)

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

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? X Yes No

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was

committed by a juvenile resident and applicable law requires a shorter period of retention?
X Yes No

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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).) X Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility has a policy related to criminal and administrative agency investigations.

MHJDF PREA Policy 2.4, pages 18 and 19, section 115.371(a-l) addresses 115.371(a).

The investigative staff interviewee asserts sexual abuse/harassment investigations are initiated immediately following the notification to him. Generally, he reports to the facility in the event of a report received during non-regular business hours. There is no difference relative to the handling of anonymous/third-party reports vs. standard sexual abuse/harassment reports.

MHJDF PREA Policy 2.4, page 18, section 115.371(b) addresses 115.371(b). This policy stipulates when sexual abuse allegations arise, SCSD is utilized for investigation.

The auditor's cursory review of the investigative protocol used by SCSD investigators appears to be commensurate with juvenile victim investigations. Additionally, the auditor's review of the synopsis of the training referenced in 115.334 reveals requisite information is provided and facility investigators receive appropriate training.

The investigative staff interviewee asserts he received training specific to conducting sexual abuse/harassment investigations in confinement settings. Specifically, he completed the Basic and Advanced National Institute of Corrections (NIC) courses. They were on-line courses and the advanced course was scenario-based. The training did include the following topics:

Techniques for interviewing juvenile sexual abuse victims;
Proper use of Miranda and Garrity warnings;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative or prosecution referral.
MHJDF PREA Policy 2.4, page 18, section 115.371(c) addresses 115.371(c).

The investigative staff interviewee asserts he implements the following steps in terms of sexual abuse/harassment investigations:

Ensure first responder duties have been completed (15 minutes);
Conduct brief threshold interview of victim (15 minutes);
Direct movement of victim to Sacred Heart (forensic examination if warranted by the circumstances) (5 minutes);
Review staff reports, log, books, and establish a timeline (30 minutes);
Review video (30 minutes-3 hours);
Review resident and/or staff files [victim, witness(es), and perpetrator] (10 minutes);
Interview victim, witness(es), and perpetrator (1-4 hours); and
Draw conclusion(s) and write report (1 hour- 6 hours)

In regard to direct and circumstantial evidence for which the interviewee is responsible, he asserts video and staff/resident files and photographs of crime scene/observable injuries are examples.

The auditor's review of investigative techniques and direct/circumstantial evidence consideration/collection demonstrates the exceptional expertise of the investigator. The auditor's on-site review of the previously mentioned sexual abuse/harassment investigative files reveals compliance with 115.371(c).

Pursuant to the PAQ, the PA self reports the agency does not terminate an investigation solely because the source of the allegation recants the same.

MHJDF PREA Policy 2.4, page 19, section 115.371(d) addresses 115.371(d).

The investigative staff interviewee asserts an investigation is not terminated if the source of the allegation recants his/her allegation.

The auditor's on-site review of investigations reveals no incidents wherein the victim recanted the allegation.

CCCS Policy 1.3.5.12 entitled PREA, page 17, section 115.371(d) addresses 115.371(e).

The investigative staff interviewee asserts compelled interviews are not completed at or by MHJDF investigators. Rather, such interviews are completed by SCSO investigators.

The single sexual abuse allegation reviewed by the auditor reveals both an administrative and criminal investigation were completed regarding the same. With respect to the administrative investigation, there is no evidence compelled interviews were conducted.

MHJDF PREA Policy 2.4, page 19, section 115.371(e) addresses 115.371(f).

The investigative staff interviewee asserts an alleged victim/suspect/or witness is considered credible until proven otherwise. Under no circumstances would the interviewee require a resident, who alleges sexual abuse, to submit to a polygraph or other truth telling device as a condition for proceeding with an investigation.

MHJDF PREA Policy 2.4, page 19, section 115.371(f) addresses 115.371(g).

The investigative staff interviewee asserts he reviews video to assess Code of Conduct issues. The total staff culture surrounding the alleged incident is assessed. Training and policy violations are assessed to determine the impetus for the incident.

The interviewee also asserts he documents administrative investigations in written reports. Information included in written reports is as follows:

- Executive Digest identifying the allegation and a general synopsis of finding(s);
- Analysis of the fact pattern;
- Analysis of direct and circumstantial evidence and how the same applies to the fact pattern;
- Credibility assessments of the victim, witness(es), and perpetrator;
- Findings;
- Conclusion; and
- All attachments.

The auditor's review of the administrative investigation pertinent to the allegation referenced in the narrative for 115.371(h) reveals substantial compliance with 115.371(g). The report encompasses all requirements of 115.371.

The investigative staff interviewee asserts criminal investigations are documented. The same are similar to the administrative investigation in terms of content.

The auditor's review of one criminal report reveals substantial compliance with 115.371(h). The report is thorough, meeting all expectations articulated in the requirements of 115.371.

Pursuant to the PAQ, the PA self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The investigative staff interviewee asserts SCSO investigators refer cases for prosecution as facility investigator(s) conduct administrative investigations (differing standards of evidence).

It is the auditor's understanding that 0 MHJDF cases were referred for prosecution during the last 12 months.

Pursuant to the PAQ, the PA self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse/harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

MHJDF PREA Policy 2.4, page 19, section 115.371(i) addresses 115.371(j).

The auditor identified no deviations from 115.371(j).

MHJDF PREA Policy 2.4, page 19, section 115.371(j) addresses 115.371(k).

The investigative staff interviewee asserts the investigation continues whenever the alleged abuser or victim departs MHJDF from employment or control of the facility.

The PA asserts if an outside agency investigates allegations of sexual abuse, weekly contact with SCSO investigators is maintained by the PA or CJCO. The CCCS PC and PCM corroborate this statement, indicating the PA or CJCO maintains such contact.

The investigative staff interviewee asserts when an outside agency investigates an incident of sexual abuse/harassment at MHJDF, he provides assistance to investigators as a coordinator, providing whatever assistance is needed.

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

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

MHJDF PREA Policy 2.4, page 19, section 115.372 addresses 115.372.

The investigative staff interviewee asserts he requires a preponderance of evidence to substantiate allegations of sexual abuse/harassment. Preponderance signifies the likelihood is greater than not, that the incident occurred.

The auditor's review of four sexual abuse/harassment investigations conducted during the last 12 months reveals substantial compliance with 115.372(a) as the evidentiary burden has clearly been met.

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

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

- 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.) X Yes No NA

115.373 (c)

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

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? X Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? X Yes No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the PA self reports the agency has a policy requiring that any resident who makes an allegation he/she suffered sexual abuse in an agency facility is informed, verbally, or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The PA further self reports one criminal and/or administrative investigation of alleged sexual abuse was completed by the facility during the last 12 months.

Evidence reveals on May 31, 2018, the resident victim was advised the alleged staff member perpetrator was no longer employed at MHJDF [compliance with 115.373(c)]. However, it is noted in the memorandum that the administrative and criminal investigations were not yet concluded.

The auditor's review of the investigative file reveals the administrative investigation was completed on June 4, 2018 and the resident was released on June 1, 2018. Additionally, the criminal investigation was received following the resident's release from MHJDF.

Accordingly, pursuant to 115.373(f), compliance regarding said reporting has been accomplished.

MHJDF PREA Policy 2.4, page 19, section 115.373(a) addresses 115.373(a).

The PA and investigative staff assert the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The PCM or investigative staff generally make such notification.

Pursuant to the PAQ, the PA self reports if any outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the offender of the outcome of the investigation. The PA further self reports one alleged resident sexual abuse investigation was completed by an outside agency. The PA asserts the victim was notified of the results of the investigation.

The circumstances surrounding the notification of the victim are clearly articulated in the narrative for 115.373(a).

Pursuant to the PAQ, the PA self reports following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

the staff member is no longer posted within the resident's unit;
the staff member is no longer employed at the facility;
the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Pursuant to the PAQ, the PA self reports there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility within the past 12 months. The auditor's review of the investigation alluded to in the narrative for this standard reveals the staff-on-resident allegation was administratively "unsubstantiated". The criminal matter was declined for prosecution and affirmative finding. The notification to the resident involved in this matter is addressed in the narrative for 115.373(a).

MHJDF PREA Policy 2.4, page 19, section 115.373(c) addresses 115.373(c).

Pursuant to the PAQ, the PA self reports following a resident's allegation he/she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

MHJDF PREA Policy 2.4, pages 19 and 20, section 115.373(d)(1 and 2) addresses 115.373(d). The PA advises there were no investigations, indictments, or convictions meeting the description articulated in 115.273(d) during the last 12 months.

Pursuant to the PAQ, the PA self reports the agency has a policy that all notifications to offenders described in 115.373, are documented. The PA asserts in the past 12 months, one documented notification was provided to the resident victim.

MHJDF PREA Policy 2.4, page 20, section 115.373(e) addresses 115.373(e).

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

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

MHJDF PREA Policy 2.4, page 20, section 115.376(a) addresses 115.376(a).

The auditor's review of one staff-on-resident sexual abuse investigation reveals the staff member's employment was terminated based on a security violation. The investigation of the sexual abuse allegation was determined to be unsubstantiated.

The other three investigations of resident-on-resident sexual harassment allegations are not applicable to 115.376(a).

Pursuant to the PAQ, the PA self reports one facility staff member has violated agency sexual abuse or sexual harassment policies during the last 12 months. However, upon further discussion with the PA, the auditor has learned the staff member's employment was not terminated for engaging in sexual abuse with a resident but rather, a violation of security.

MHJDF PREA Policy 2.4, page 20, section 115.376(b) addresses 115.376(b).

The auditor's review of the investigation, in question, and termination documents validates the PA's statement.

Pursuant to the PAQ, the PA self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PA further self reports in the past 12 months, 0 facility staff have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

MHJDF PREA Policy 2.4, page 20, section 115.376(c) addresses 115.376(c).

Pursuant to the PAQ, the PA self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The PA further self reports in the past 12 months, one staff from the facility has been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The auditor notes the allegation and investigation mentioned in the narrative for 115.376(a) was referred to SCSO for criminal investigation. However, the matter was not prosecuted in view of lack of evidence.

MHJDF PREA Policy 2.4, page 20, section 115.376(d) addresses 115.376(d).

In view of the above, the auditor finds MHJDF substantially compliant with 115.376.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports any contractor or volunteer who engages in sexual abuse shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PA further self reports agency policy requires any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

MHJDF PREA Policy 2.4, page 20, section 115.377(a) addresses 115.377(a).

Pursuant to the PAQ, the PA self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

MHJDF PREA Policy 2.4, page 20, section 115.377(b) addresses 115.377(b).

The PA asserts in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, remedial measures are taken to prohibit further contact with residents. Rescinding access privileges is an example of a remedial measure that can be enforced.

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

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? X Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? X Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? X Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? X Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? X Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? X Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? X Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? X Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? X Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? X Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? X Yes No

115.378 (g)

- 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.) X Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The PA further self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past 12 months, there were 0 administrative findings of resident-on-resident sexual abuse that occurred at the facility. Similarly, there were 0 criminal findings (resident) of guilt for resident-on-resident sexual abuse that occurred within the facility during the past 12 months.

MHJDF PREA Policy 2.4, page 20, section 115.378(a) addresses 115.378(a).

The auditor's review of the MHJDF Juvenile Orientation Briefing clearly reveals residents are briefed regarding the administrative disciplinary consequences of sexual assault and obscene or sexual behavior to others, upon entry into the facility. Zero tolerance, administrative disciplinary action, and prosecution are clearly articulated in the document.

Pursuant to the PAQ, the PA self reports in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, facility policy requires residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the even a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents have access to other programs and work opportunities to the extent possible. Pursuant to the PAQ, the PA self reports there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services following the imposition of the disciplinary sanction, or who who were denied access to other programs and work opportunities following imposition of the disciplinary sanction, during the past 12 months.

MHJDF PREA Policy 2.4, page 20, section 115.378(b) addresses 115.378(b)-1, 2, and 3.

The PA asserts administrative disciplinary sanctions are imposed pursuant to the facility disciplinary process. As an administrative action, residents may be transferred to the Spokane Juvenile Detention Facility. Additionally, other sanctions range from completion of a work-off packet to a prescribed period of room restriction to placement in the IMU. Sanctions are proportionate to the nature and circumstances of the abuses committed, the resident's disciplinary history, and the sanctions imposed for similar offenses by other residents with similar histories. Mental disability or mental illness is considered when determining sanctions. We do not use isolation as a disciplinary sanction.

MHJDF PREA Policy 2.4, page 20, section 115.378(c) addresses 115.378(c).

Pursuant to the PAQ, the PA self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The PA further self reports the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

MHJDF PREA Policy 2.4, pages 20 and 21, section 115.378(d) addresses 115.378(d).

As 0 mental health staff are employed at MHJDF, the auditor could not facilitate requisite questioning.

Pursuant to the PAQ, the PA self reports the agency disciplines a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

MHJDF PREA Policy 2.4, page 21, section 115.378(e) addresses 115.378(e).

The auditor has been provided no evidence of resident-on-staff administrative disciplinary action as defined at 115.378(e). Furthermore, the auditor has not been advised of any such actions following inquiry regarding the same.

Pursuant to the PAQ, the PA self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

MHJDF PREA Policy 2.4, page 21, section 115.378(f) addresses 115.378(f).

Pursuant to the PAQ, the PA self reports the agency prohibits all sexual activity between residents. The PA further self reports the agency disciplines residents for such activity only if it is determined the sexual abuse activity is coerced.

MHJDF PREA Policy 2.4, page 21, section 115.378(g) addresses 115.378(g).

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

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? X Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? X Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? X Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.341, are offered a follow-up meeting with a medical or

mental health practitioner. The PA further self reports the follow-up meeting was/is offered within 14 days of the initial screening. Reportedly, medical staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

MHJDF PREA Policy 2.4, page 21, section 115.381(a) addresses 115.381(a).

The auditor applauds the PA in his efforts to enter into an MOU with the Martin Hall Juvenile Detention Technical Advisory Committee regarding the requirements of 115.381(a) and (b). Specifically, the juvenile court administrator and/or juvenile probation counselor of the county of residence agree to refer the juvenile for follow-up mental health counseling, as necessary, in both circumstances. This MOU is dated March 29, 2019.

The auditor notes the MOU is in follow-up to a recommendation from the last MHJDF audit. With the same in place, substantial compliance is and will continue to pervade.

The resident who disclosed sexual victimization at risk screening interviewee asserts he believes when he told someone at MHJDF he had been sexually abused, staff asked if he wanted to meet with a medical/mental health practitioner. He could not recall whether the meeting occurred.

The auditor has been provided case management progress notes reflecting the case manager's conversation with the resident regarding victimization. The resident stated he did not desire any services regarding the victimization incident. He also advised he did not desire further assistance with the matter upon release. The auditor notes the encounter was conducted in a timely manner.

The staff responsible for risk screening interviewee asserts if a screening indicates a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting with a medical/mental health practitioner is offered. Specifically, he writes a memorandum to the PCM/Nurse and she would facilitate scheduling. The interviewee was not aware of the time frame in which the meeting occurs following screening.

Pursuant to the PAQ, the PA self reports all residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.341, are offered a follow-up meeting with a mental health practitioner. The PA further self reports the follow-up meeting is offered within 14 days of the intake screening.

Reportedly, during the last 12 months, 100% of residents who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Pursuant to follow-up questioning, the CJCO self reports during the last 12 months and during their risk screening, no MHJDF residents presented with a history of perpetrating sexual abuse.

As there are no mental health staff reportedly at MHJDF, secondary materials (e.g., form, log) documenting compliance with the above required services, are not maintained at MHJDF.

MHJDF PREA Policy 2.4, page 21, section 115.381(b) addresses 115.381(b).

The staff responsible for risk screening interviewee asserts the same procedure is utilized to address previously perpetrated sexual abuse as articulated in the narrative for 115.381(a).

Pursuant to the PAQ, the PA self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

MHJDF PREA Policy 2.4, page 21, section 115.381(c) addresses 115.381(c).

Pursuant to the PAQ, the PA self reports 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.

MHJDF PREA Policy 2.4, page 21, section 115.381(d) addresses 115.381(d).

The CJCO self reports there were no instances during this audit period wherein informed consent was required under such circumstances. All affected residents were under the age of 18.

The medical staff interviewee asserts she does obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

In view of the above, the auditor finds MHJDF substantially compliant with 115.381.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? X Yes No

115.382 (b)

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

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? X Yes No

115.382 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports 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. Pursuant to the PAQ, the PA self reports Medical staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

MHJDF PREA Policy, page 21, section 115.382(a-c) addresses 115.382(a).

The medical staff interviewee asserts victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Timely is defined as As Soon As Possible (ASAP)- as soon as they can be transported to Sacred Heart Hospital. With respect to her role in the process, she makes the determination to recommend a forensic examination to the resident and the same is based on her professional judgment.

The CJCO asserts no residents have been subject to forensic examinations during the last 24 months.

MHJDF PREA Policy, page 21, section 115.382(b) addresses 115.382(b).

Security and non-security staff responder responses regarding first responder responsibilities are addressed in the narrative for 115.364. Eleven of 12 random staff interviewees and the non-security first responder interviewee assert they would contact medical staff regarding any such incidents of sexual abuse.

The auditor notes policy and training clearly require staff to notify the Medical Department.

Pursuant to the PAQ, the PA self reports resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

MHJDF PREA Policy, page 21, section 115.382(c) addresses 115.382(c).

The PA asserts victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis. The same are offered through the hospital, not MHJDF.

The auditor confirmed the above pursuant to the SAFE/SANE interviewee's statement. The same is also included in the Washington State Recommended Guidelines: Sexual Assault Emergency Medical Evaluation.

Pursuant to the PAQ, the PA self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

MHJDF PREA Policy, page 21, section 115.382(d) addresses 115.382(d).

In view of the above, the auditor finds MHJDF substantially compliant with 115.382.

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

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? X Yes No

115.383 (b)

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

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) X Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) X Yes No NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

MHJDF PREA Policy, page 21, section 115.383(a) addresses 115.383(a).

The auditor's review of a memorandum dated May 26, 2018 from the PCM/Nurse reveals she did assess the alleged sexual abuse resident's mental state on the same date, disseminating care directions. The resident was not referred for a forensic examination. This document pertains to the sole sexual abuse case to have occurred during the last 12 months.

Based on the auditor's review of the fact pattern in this matter, he concurs that a forensic examination was not warranted.

MHJDF PREA Policy, page 22, section 115.383(b) addresses 115.383(b).

The PCM/medical staff interviewee asserts at the commencement of evaluation and treatment of sexual abuse victims, she asks them to pull up their sleeve and pull their collar in a downward direction so she can visually observe any trauma. She may take vitals and offer first-aid. Subsequently, a decision regarding forensic examination would be effected.

MHJDF PREA Policy, page 22, section 115.383(c) addresses 115.383(c).

The PCM/medical staff interviewee asserts if a resident is transported for forensic examination at Sacred Heart Hospital, practitioners and care represent the community level of care.

Pursuant to the PAQ, the PA self reports female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

MHJDF PREA Policy, page 22, section 115.383(d) addresses 115.383(d).

The auditor notes, in follow-up to inquiry, he has not received any documentation regarding incidents of sexually abusive vaginal penetration at MHJDF during the audit period.

Pursuant to the PAQ, the PA self reports if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

MHJDF PREA Policy, page 22, section 115.383(e) addresses 115.383(e).

Provision of such information is addressed in the narrative for 115.382(c).

The PCM/medical staff interviewee asserts if pregnancy results from sexual abuse while incarcerated, the victim is provided timely information and access to all lawful pregnancy-related services either at the hospital or primary care physician. Such information and access to services is provided upon a determination of pregnancy.

Pursuant to the PAQ, the PA self reports resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

MHJDF PREA Policy, page 22, section 115.383(f) addresses 115.383(f).

Pursuant to the PAQ, the PA asserts treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

MHJDF PREA Policy, page 22, section 115.383(g) addresses 115.383(g).

Pursuant to the PAQ, the PA self reports the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

MHJDF PREA Policy, page 22, section 115.383(h) addresses 115.383(h).

In follow-up to written request, the auditor has received no documentation or information regarding situations wherein a mental health evaluation was conducted within 60 days of learning of a resident's institutional sexual abuse history. Such situations apply only to this audit period.

As previously indicated, no mental health practitioners are employed at MHJDF. The procedure for facilitation of 115.383(h) evaluations is articulated in the narrative for 115.381(a).

In view of the above, the auditor finds MHJDF substantially compliant with 115.383.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

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

115.386 (c)

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

115.386 (d)

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

115.386 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the last 12 months, one criminal and/or administrative investigation of alleged sexual abuse was completed at the facility.

MHJDF PREA Policy, page 22, section 115.386(a) addresses 115.386(a).

The auditor's review of the one sexual abuse investigation that occurred during the last 12 months and the accompanying PREA Incident Review reveals substantial compliance with 115.386. The incident occurred on May 25, 2018 and was reported the following day. The PREA Incident Review was completed on June 5, 2018 and the team was comprised of participants as prescribed at 115.386(c). All issues prescribed at 115.386(d) were considered and addressed in the report narrative. A training recommendation did result from the review and records reveal the same was completed.

Pursuant to the PAQ, the PA self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PA further self reports in the past 12 months, one criminal and/or administrative investigation of alleged sexual abuse completed at the facility was followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

MHJDF PREA Policy, page 22, section 115.386(b) addresses 115.386(b).

Pursuant to the PAQ, the PA self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

MHJDF PREA Policy, page 22, section 115.386(c) addresses 115.386(c).

The PA asserts there is a sexual abuse incident review team at MHJDF. The team is comprised of upper-level management officials, line supervisor(s), investigator, and medical practitioner.

Pursuant to the PAQ, the PA self reports the facility prepares a report of its findings from sexual abuse incident reviews, including, but not necessarily limited to, determinations made regarding the following:
Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
Considers whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification/status/or perceived status or gang affiliation/caused by other group dynamics at the facility;
Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
Assesses the adequacy of staffing levels in that area during different shifts; and
Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

MHJDF PREA Policy, pages 22 and 23, section 115.386(d)(1-6) addresses 115.386(d).

The PA asserts the team utilizes the sexual incident reviews to enhance the overall sexual safety program at MHJDF. Additionally, he asserts the review team:

Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
Considers whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification/status/or perceived status or gang affiliation/caused by other group dynamics at the facility;
Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
Assesses the adequacy of staffing levels in that area during different shifts; and

Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PCM asserts a findings report is prepared regarding sexual incident reviews, complete with any determinations regarding the criteria identified in the PA's above statement and recommendations for improvement.

The incident review team interviewee asserts the following issues are addressed by the team during reviews:

Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Considers whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification/status/or perceived status or gang affiliation/caused by other group dynamics at the facility;

Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assesses the adequacy of staffing levels in that area during different shifts; and

Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Pursuant to the PAQ, the PA self reports the facility implements the recommendations for improvement or documents its reason for not doing so.

MHJDF PREA Policy, page 23, section 115.386(e) addresses 115.386(e).

The auditor's review of training provided to staff during June, 2018 reveals completion of recommended training pursuant to the PREA Incident Review mentioned in the narrative for 115.386(a).

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

Standard 115.387: Data collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? X Yes No

115.387 (b)

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

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

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

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PA further self reports the standardized instrument includes, 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.

MHJDF PREA Policy, page 23, section 115.387(a and c) addresses 115.387(a/c).

The auditor's review of Annual Report PREA Data 2017 and 2018 reveals substantial compliance with 115.387(a)/(c).

Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.

MHJDF PREA Policy, page 23, section 115.387(b) addresses 115.387(b).

Annual aggregation of data is addressed in the narrative for 115.387(a)/(c). The auditor did review the annually aggregated data on the CCCS website.

Pursuant to the PAQ, the PA self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

MHJDF PREA Policy, page 23, section 115.387(d) addresses 115.387(d).

The auditor has learned neither CCCS nor MHJDF 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 MHJDF.

Pursuant to the PAQ, the PA self reports 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 MHJDF. In view of the above, the auditor finds MHJDF substantially compliant with 115.387.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? X Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? X Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? X Yes No

115.388 (b)

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

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? X Yes No

115.388 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency reviews data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

MHJDF PREA Policy, page 23, section 115.388(a) addresses 115.388(a).

The Auditor did review the CCCS 2017, 2018, and 2019 Annual Reports and the 2017, 2018, and 2019 MHJDF Annual Reports. The MHJDF Annual Reports are posted on the MHJDF website. The same are signed by the CCCS CEO and the CCCS PC. The overall reports capture Corporate strategies in terms of establishing a healthy staff and resident sexual safety culture, inclusive of zero tolerance for sexual abuse and sexual harassment. Reports capture the requirements of 115.388(a).

The Agency Head asserts incident-based sexual abuse data statistics are evaluated to identify and evaluate any patterns. Adjustments to staff training, resident education, the staffing plan, policies, and programming/ operations routines are considered for implementation based on such assessments.

The CCCS PC asserts the agency reviews data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies/ training. Relevant information is forwarded to Corporate (generally electronically) and when information is in hard copy, the same is locked in filing cabinets in the CCCS PC Office.

According to the CCCS PC, corrective action is taken on an ongoing basis pursuant to review and evaluation of the data.

The agency does prepare an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

The PCM asserts demographics are maintained regarding allegation and investigations. The documentation is maintained in the PA's Office. The documentation and data are used to compile the MHJDF Annual Report, tracking progress in terms of reducing sexual abuse/harassment and assessing what works.

Pursuant to the PAQ, the PA self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The PA further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

MHJDF PREA Policy, page 23, section 115.388(b) addresses 115.388(b).

All of the previously referenced reports clearly reflect a comparison of the current year's data and corrective actions with those from previous years and provide an assessment of the agency's progress in addressing sexual abuse/harassment.

Pursuant to the PAQ, the PA self reports the agency makes its annual report readily available to the public at least annually through its website. The PA further self reports the annual reports are approved by the agency head.

MHJDF PREA Policy, page 23, section 115.388(c) addresses 115.388(c).

The Agency Head asserts he approves annual reports written pursuant to 115.388.

Pursuant to the PAQ, the PA self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The PA further self reports the agency indicates the nature of the material redacted.

MHJDF PREA Policy, page 23, section 115.388(d) addresses 115.388(d).

It is noted the annual reports previously referenced contain no redactions.

The CCCS PC asserts information that would jeopardize safety/security and information that is a violation of personal privacy are typically redacted from the annual report. The agency does indicate the nature of the material redacted. The same is noted as to what and why information was redacted.

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

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregate data are securely retained.

MHJDF PREA Policy, page 23, section 115.389(a) addresses 115.389(a).

The auditor did observe relevant data collected pursuant to 115.387 is securely retained in the PA's locked and secure office.

The CCCS PC asserts the agency reviews data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies/ training. Relevant information is forwarded to Corporate (generally electronically) and when information is in hard copy, the same is locked in filing cabinets in the CCCS PC Office.

Pursuant to the PAQ, the PA self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

MHJDF PREA Policy, page 23, section 115.389(b) addresses 115.389(b).

Pursuant to the auditor's review of the MHJDF website, all relevant statistics captured on the SSVs are posted on the same.

Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

MHJDF PREA Policy, page 23, section 115.389(c) addresses 115.389(c).

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

Pursuant to the PAQ, the PA self reports the agency maintains sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

MHJDF PREA Policy, pages 23 and 24, section 115.389(d) addresses 115.389(d).

In view of the above, the auditor finds MHJDF substantially compliant with 115.389.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) X Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? X Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Facility staff were very accommodating throughout the audit process. Interviews were conducted in an efficient manner based on staff's efforts to expedite access. The auditor has no complaints regarding the process.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) X Yes No NA

Auditor Overall Compliance Determination

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

No comments.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

K. E. Arnold

October 15, 2019

Auditor Signature

Date

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

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