

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report 9/17/2019

Auditor Information

Name: Kila Jager Email: kilajager@preauditor.com

Company Name: Jager Associates LLC

Mailing Address: 537 Hermann st City, State, Zip: Myrtle Point, Oregon 97458

Telephone: 541-900-5560 Date of Facility Visit: 12/18-19/2019

Agency Information

Name of Agency Governing Authority or Parent Agency (If Applicable)

Twin Rivers Community Facility Washington DSHS Juvenile Rehabilitation

Physical Address: 1115 Washington st. SE City, State, Zip: Olympia, Wa 98504

Mailing Address: Click or tap here to enter text. City, State, Zip: Click or tap here to enter text.

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Marybeth Queral

Email: QueraMB@dshs.wa.gov Telephone: 360-902-7957

Agency-Wide PREA Coordinator

Name: Eric Crawford

Email: eric.crawford@dshs.wa.gov Telephone: 360-902-0230

PREA Coordinator Reports to: Number of Compliance Managers who report to the PREA Coordinator:

Marybeth Queral	8
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Facility Information

Name of Facility: Twin Rivers Community Facility

Physical Address: 605 McMurray

City, State, Zip: Richland, WA 99354

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: Click or tap here to enter text.

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

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

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Administrator/Superintendent/Director

Name: William Chapin

Email: chapiww@dshs.wa.gov

Telephone: 509-734-7120

Facility PREA Compliance Manager

Name: William Chapin

Email: chapiww@dshs.wa.gov

Telephone: 509-734-7120

Facility Health Service Administrator N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity: 16

Current Population of Facility: 16

Average daily population for the past 12 months: 14

Has the facility been over capacity at any point in the past 12 months? Yes No

Which population(s) does the facility hold? Females Males Both Females and Males

Age range of population: 13-20

Average length of stay or time under supervision 122 days

Facility security levels/resident custody levels minimum

Number of residents admitted to facility during the past 12 months 29

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 44

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more: 28

Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)? Yes No

Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):

- Federal Bureau of Prisons
- U.S. Marshals Service
- U.S. Immigration and Customs Enforcement
- Bureau of Indian Affairs
- U.S. Military branch
- State or Territorial correctional agency
- County correctional or detention agency
- Judicial district correctional or detention facility
- City or municipal correctional or detention facility (e.g. police lockup or city jail)
- Private corrections or detention provider
- Other - please name or describe: Click or tap here to enter text.

N/A

Number of staff currently employed by the facility who may have contact with residents:	22
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	6- main building, three green houses, two storage sheds
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	1
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	8 double resident rooms

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

		<input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department	
	<input type="checkbox"/> Local sheriff's department	
	<input type="checkbox"/> State police	
	<input type="checkbox"/> A U.S. Department of Justice component	
	<input checked="" type="checkbox"/> Other (please name or describe: CPS)	
	<input type="checkbox"/> N/A	

Audit Findings

Audit Narrative

Washington State Department of Social and Health Services, Juvenile Rehabilitation (JR) contracted with Kila Jager of Jager Adsit Associates LLC to conduct an audit of Twin Rivers Community Facility. The purpose of the audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) Standards. The contractor is a certified Department of Justice (DOJ) PREA auditor.

The lead PREA Auditor for this audit is Kila Jager owner of Jager Associates LLC, a Department of Justice (DOJ) certified PREA auditor for juvenile facilities and adult jails, prisons, and community facilities. This audit was conducted in accordance with PREA and all related statutes, rules, and regulations. No barriers were encountered that hindered the completion of this audit.

After agreement between this auditor and Twin Rivers for an audit to be conducted during the third year of the second audit cycle, online initiation instructions were sent, and an online audit was opened. Twin Rivers has completed one previous PREA audit.

This auditor sent the auditor's announcement and requirements for posting, training staff and residents, additional information about navigating within the online audit, links to the PREA Coordinator and PREA Compliance Manager manuals, and the Checklist of Documentation to be uploaded.

Six weeks in advance of the site visit, the auditor posting was posted throughout Twin Rivers Community Facility (TR) announcing the upcoming audit. These flyers explained the purpose of the audit and provided youth and staff with the auditor's contact information. Dated photos were sent to the auditor, by TR, verifying the flyers were posted consistent with DOJ auditing expectations.

Within one month of the on-site visit, the JR PREA Coordinator submitted the Pre-Audit Questionnaire and supporting documents to the auditor, in the online audit forum. Prior to the on-site visit, the auditor conducted a comprehensive evaluation of agency policies, facility procedures, program documents, and other relevant paperwork documentation provided by Twin Rivers Community Facility.

This auditor sent Twin Rivers information about the site visit and scheduling needs. This included scheduling time for resident interviews, including a list of targeted categories, time for file reviews, and types of files needed to review. In addition, scheduling time for random staff interviews and an additional list of needed interviews for specialized staff categories. Also, included was a list of staff files to be reviewed. Additional information requested included: a list of all staff, type, shifts, and days off, a list of residents, by age, gender, and including any disability—including non-visual disabilities. Schedule included an initial meeting the first day, a complete facility tour, and an exit meeting at the end of the site visit.

Twin Rivers does not use segregated housing or isolation. (this was verified on-site through observation and resident and staff interviews) Therefore, these rosters were not requested. Grievances and incident reports were not requested; however, were reviewed onsite.

This auditor did not receive confidential correspondence from residents or staff at Twin Rivers prior to the on-site visit.

On the site visit, the auditor conducted interviews with facility leadership, staff, and youth, as well as individuals selected for interviews (i.e. Facility Director, Facility PREA Compliance Manager, specialized staff, random staff, youth, volunteers, contractors etc.). The requisite interviews were conducted consistent with DOJ PREA auditing expectations, in content and approach. In addition to interviews, a facility tour was taken of all parts of the facility, observations made, and informal interviews conducted.

While on the tour, this auditor was permitted access to all areas of the facility. Observed during the tour were PREA posters in English and Spanish, hotline flyers with 800 number, SARC advocate posters with contact information, the auditor posting throughout the facility, and cameras covering inside and outside the facility,

This auditor did not observe any camera placement that would create privacy concerns. Shower and bathrooms are used by only one resident at a time. No camera placement shows residents when they are showering, changing, or toileting

Twin Rivers is not a secure juvenile facility and is not required to maintain the 1:8 staffing ratio; however, their staffing plan does require a 1:10 and 1:16 staffing ratio.

All current residents had completed the resident education process prior to the auditors' arrival and no new residents arrived while the auditor was on site. Therefore, the resident education, screening, and intake processes were not observed; however, the PREA Coordinator took this auditor through the process and areas used. This auditor observed cross-gender announcements consistently done on the site multiple times. Residents and staff confirmed the announcement is made consistently, every time.

The facility does not employ SAFE/SANE staff to conduct forensic medical exams

At the close of the on-site visit a total of 16 interviews with staff (including leadership, contractors, and volunteers) and 11 interviews with youth were conducted. Youth were selected to participate in the interview process by obtaining a current roster of youth and interviewing all residents available, since this was a very small facility.

A random sampling process was also used to determine staff, volunteers and/or contractor interviews. Twin Rivers leadership accommodated the auditor's request to interview specific staff and covered youth supervision while staff were participating in the interview process.

While at the facility, this auditor also reviewed youth case records, training records, investigative reports, and additional program information and documents. A random sampling method was used to review youth records. In addition, all training records of staff and all investigative reports of sexual abuse or harassment were reviewed by the auditor.

Following the site visit, this auditor compiled facility inspection, interviews, and documentation data, and followed up with the facility on additional clarification or documentation needed. This auditor sent the review of each set of standards to the facility for review, clarification, and further documentation.

An interim PREA audit report was completed outlining compliance and corrective action. Working with Twin Rivers to develop a corrective action plan was quickly completed, and Twin Rivers began the limited corrective action needed. During the corrective action period, additional communication occurred between Twin Rivers, this auditor, and JR. Additional documentation was uploaded, and clarifications made to assist the facility with the corrective action.

This PREA audit consists of auditing both facility (Twin Rivers) and parent agency (DSHS.JR) policies, practice, and culture. At the end of the corrective action period, the facility was compliant with all standards; however, JR did not attain compliance with the investigative standards.

This auditor was not kept up to date on what action the agency (DSHS.JR) was taking to comply with the corrective action beyond the fact that they were changing agencies from DSHS to DSYS. Due to the lack of communication and action on the part of the parent agency, this audit is not compliant with the PREA standards. This is very concerning as the investigation of sexual abuse and sexual harassment is a very important part of the requirements of these standards and the safety of residents in the facility.

Twin Rivers was extremely cooperative and worked diligently to become compliant with the few standards on which they needed to complete minimal corrective action. Most standards were just clarification of policy or procedure that was already in place and some clarification and training on a few points of action that they completed quickly

Residents and staff confirm they feel safe and have a positive reporting culture. At the end of the corrective action period, supervision, action, and training for both residents and staff were up to date and ongoing. Policies, paperwork, and documentation, at Twin Rivers, is compliant with the PREA standards, and they have ingrained the actions for compliance into the positive culture of their facility.

JR was active in needed policy updates, on all standards except investigative standards. Until they made their transition to the new part of DSYS, they felt that they could not move forward, with compliance, on the requirements of the investigation standards. The 6-month corrective action period ended one month after the agency change.

At the end of the corrective action period, a final non-compliant PREA audit report was submitted by this auditor.

Facility Characteristics

Twin Rivers Community Facility is located in Richland Washington. Twin Rivers provides Dialectical Behavior Therapy (DBT) to all youth with an emphasis on individualized treatment and transition. They are able to learn and generalize skills in a community-based setting. Twin Rivers provides youth opportunities to work towards their goals which include attending community-based programs such as attending local secondary school, community college, skills center, and employment opportunities. They work closely with each youth allowing opportunities to complete community service hours and restitution. Youth have many opportunities to be in the community to participate in shopping, recreation, field trips, local community activities, and family visits, including earning community involvement passes to go out in the community with family. Twin Rivers works collaboratively with youth and their families to support a successful transition back into their local community.

Twin Rivers Community Facility is one of 8 state group homes for Rehabilitation Administration/Juvenile Rehabilitation youth and houses up to 16 young men. Every youth residing at Twin Rivers has an

assigned counselor who serves as the youth's case manager. Counselors work with the youth to assess their needs and provide appropriate treatment. Some of this treatment will occur during counseling sessions with the case manager, while others will occur in a specialized setting.

DCHS's Juvenile Rehabilitation (JR) serves Washington state's highest-risk youth. Youth may be committed to JR custody by any county juvenile court. The juvenile courts follow prescribed sentencing guidelines to determine which youth will be committed to JR. These youth typically have committed many lower-level offenses or have committed a serious crime.

Washington is the only state that uses a "determinate sentencing" structure in committing juvenile offenders. Youth committed to JR custody have court determined minimum and maximum sentence terms; for example, 15 to 36 weeks. Sentencing length is determined using a point system that takes offense seriousness and criminal history into account. Ordinarily, Standard Range sentences are applied based on the offender's point level. However, juvenile courts have authority to sentence outside the Standard Range through a finding of Manifest Injustice

Juvenile Rehabilitation establishes criteria for release of a youth from residential care and has authority to do so at any point between the minimum and maximum release dates. JR does not have the authority to retain a youth in residential care beyond his or her maximum release date or authority to return a youth to long term residential care from parole, regardless of poor progress in the community. Post release, youth may be returned to residential care for up to 30 days for parole violation; this requires approval of an administrative hearings judge. Youth may be returned to residential care multiple times for parole violations but for no longer than 30 days per return.

Twin Rivers Community Facility (TR) is operated by the State of Washington DSHS- Juvenile Rehabilitation. TR houses male residents between the age of 13 and 20 and their security level is rated as minimum. This facility has a designated capacity of 16.

The TR facility is comprised of one main building, three green houses, two storage sheds, and a large yard. There are 43 security cameras located in and around the facility. None of the cameras are located in, or have view of, the resident bedrooms, showering or toileting areas.

The main building consists of a day room, dining room, kitchen-pantry, classroom, laundry room, hallway to residents' rooms, four offices, five bathrooms, a workout/gym area, a mechanical room, maintenance office, two attached storage areas, and 8 double resident rooms. When staff enter the hallway, they yell "Staff in Hall" and repeat it as they continue down the hallway- to ensure residents have time to cover-up, if changing.

All medical and mental health services are provided by in the community. Only licensed and certified physicians and practitioners provide services for residents residing at Twin Rivers. Emergency medical services are provided through the 911 Emergency Response Network and emergency dental care is also available.

The Twin Rivers Youth Manual is clear on their stance on the PREA Rape Elimination Act, "Twin Rivers is committed to keeping you safe from all types of abuse while you are with us. A law was passed in 2003 called the Prison Rape Elimination Act. This law requires agencies like JR to provide certain information to youth regarding sexual abuse. This includes how to be safe from sexual abuse, but also how to report it if it occurs. Twin Rivers staff are committed to providing treatment to youth in safe environments. This means that we want to ensure that wherever you might be receiving treatment, whether it is an institution, community facility, or in the community, we want all youth to be safe from harm."

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 2

Standards Met

Number of Standards Met: 36

Standards Not Met

Number of Standards Not Met: 5 standards not met at the agency level

List of Standards Not Met: 115.321, 322, 334, 371, 372,

PREVENTION PLANNING

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.311: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

Standard Certification of Compliance: This auditor certifies compliance with standard 115.311, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Compliance Summary:

DSHS and Twin Rivers zero tolerance policy is in place and outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Staff and residents have received education on zero tolerance and the agency's policy and approach to preventing, detecting, and responding to sexual abuse, and signed statements of understanding. Interviews confirmed staff and residents understand the zero-tolerance policy and practice enforcing zero-tolerance in the facility and reinforcement of zero-tolerance is an ongoing topic at Twin Rivers.

In addition, JR has a dedicated PREA Coordinator with sufficient time and authority to oversee agency and facility efforts to comply with the PREA standards, Twin Rivers has designated a PREA Compliance Manager with sufficient time and authority to coordinate facility PREA compliance; and, documentation, interviews, reviews, and observations confirm a culture of zero tolerance and a demonstrated and comprehensive approach to preventing, responding to, and detecting sexual abuse and sexual harassment at Twin Rivers.

Reviewed:

Washington Juvenile Rehabilitation (JR) has in place a policy of zero tolerance, as required by this PREA standard.

Staff education/training, page 12 of the PREA online training, "Zero Tolerance Policy," page 2 "PREA Culture Continuum," and statements of understanding from all staff/contractors and volunteers in the facility, indicate staff are trained/educated, and understand the zero-tolerance policy.

100% of staff, contractors, and volunteers interviewed were able to articulate that the facility has a zero-tolerance policy that means NO tolerance for sexual abuse and sexual harassment; and, when and what training they received on this subject-before having contact with residents.

95% of staff and contractors were able to substantially answer all questions correctly about the agency and facility PREA policy, definitions of prohibited behaviors, sanctions, and actions to take when there is an allegation of sexual abuse and sexual harassment.

All residents were confirmed to have documented education and signature of understanding on the Residents Acknowledgement form, on intake date, and Acknowledgement form indicating understanding of the comprehensive education received within 10 days of intake.

100% of residents interviewed were able to articulate zero tolerance for sexual abuse and sexual harassment, education they had received at intake, second education they received shortly after intake (all within 10 days), and what zero-tolerance means in this facility.

Both staff and residents confirmed that PREA is an ongoing conversation in the facility.

In an interview with the JR PREA Coordinator (PC), he confirmed sufficient time and authority to oversee JR efforts to comply with the PREA standards in all of its facilities. He stated that DSHS established a dedicated PREA coordinator position in order to ensure sufficient time, and the organizational chart provided by DSHS clearly shows that the PC answers to JR management

In an interview with the Twin Rivers PCM, he confirmed that the JR PREA Coordinator assists anytime clarification is needed with PREA compliance in the facility.

JR, parent agency to Twin Rivers Community Facility, created a dedicated PREA Coordinator (PC) position and the current PC has been there for over 5 years. He is upper management at JR and reports to top management, as confirmed by the organizational chart and interviews. JR PREA policy requires the agency employ a PC with sufficient time and authority to oversee agency efforts to comply with the PREA Standards, and the longevity of the position confirms that this position and duties of this position are ingrained in the practice and culture of this agency

Twin Rivers PREA Compliance Manager (PCM) confirms the practice of DSHS designating a PCM at this facility. The TR PCM confirms having sufficient time and authority to coordinate the facility's efforts

to comply with the PREA standards The PCM demonstrated knowledge, understanding, and action in relation to the facilities coordinated efforts to comply with the PREA standards.

Designating a PCM at Twin Rivers illustrates policy turned into practice. Further demonstrating practice, review, observation, and interviews confirm the PCM has sufficient time and authority to coordinate the facility's PREA compliance. Organization of files, documentation, training, and practice clearly demonstrates the integration into the facility's culture of a dedicated PREA Compliance Manager.

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Paperwork review included:

1. DSHS policy 5.90, page 1, which states, "This policy establishes a zero-tolerance policy for any form of sexual abuse or sexual harassment of youth in the care of Juvenile Rehabilitation (JR), including youth on youth sexual assault and custodial sexual misconduct by staff."
2. DSHS policy 5.90 preamble and policy outlines how Twin Rivers implements their approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
3. Twin Rivers Policy, Zero-Tolerance of Sexual Abuse and Sexual Harassment, that states, "Twin Rivers Community Facility mandates a zero tolerance for any and all forms of sexual abuse or sexual harassment of any resident."
4. Youth Acknowledgement form, completed at intake, indicating by signatures of understanding that they understand the intake PREA training.
5. Youth Acknowledgement form indicating they received comprehensive PREA training within 10 days of intake and outlining what the content of that training included.
6. Staff statement of understanding of online and classroom training that covers all required topics (see standard 115. 331 for all topics training/education and sample of statements)
7. Review of staff and resident files—all required training/education forms, confirming training and understanding, are in every file. (Samples of resident and staff file documents in 115. 331).
8. Spreadsheet of all staff, including training title, and dates of hire, online and classroom training, and refresher trainings
9. Spreadsheet of all residents, date of intake, initial training, comprehensive training, and refresher or additional trainings.
10. DSHS policy 5.90, page 13-14 includes required definitions of prohibited behaviors regarding sexual abuse and sexual harassment

11. DSHS policy 5.90-Sections 6-9 provide the PREA required sanctions for those found to have participated in prohibited behaviors, up to and including termination
12. Policy 5.90 includes a description of the required strategies and responses, to reduce and prevent sexual abuse and sexual harassment
13. Agency organizational chart and Facility organizational chart
14. PREA Coordinator Job Description
15. DSHS policy 5.90, page 11 states; "Because JR operates more than one facility, each facility must designate a PREA Compliance Manager with authority to coordinate the facility's efforts to comply with the PREA standards."
16. Interview notes, tour notes
17. DSHS policy 5.90, page 11 states; "Because JR operates more than one facility, each facility must designate a PREA Compliance Manager with authority to coordinate the facility's efforts to comply with the PREA standards."
18. Twin Rivers organizational chart illustrates the PREA compliance Manager is the Community Facility Administrator and reports to DSHS regional management

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

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

Auditor Overall Compliance Determination

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

115.312 Contracting with other entities for the confinement of residents

Compliance Assessment: Standard Certification of Compliance: This auditor certifies compliance with standard 115.312, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

The State of Washington (DSHS JR) does contract with one community provider (not related to JR). State policies and contract language require all contracted facilities to be PREA compliant and be monitored by JR.

Practice is reinforced by JR Policy 5.90, page 11, section 50.3: 50.3. Because JR contracts with local juvenile courts for the confinement of its youth, JR must include in any new contract or contract renewal the court's obligation to adopt and comply with the PREA Standards. Contracts are monitored in accordance with Policy 1.60, Managing Contracts and. (PREA Standard 115.312)

Standard 115.313: Supervision and monitoring

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 - Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

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

115.313 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

115.313 Standard Requirements: Supervision and Monitoring

Compliance Assessment: Standard Certification of Compliance: This auditor certifies compliance with standard 115.313, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS.JR) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Assessment:

Twin Rivers Staffing Plan: Twin Rivers submitted a written staffing plan dated 1/22/2018, and states that it replaces the 2017 staffing plan. The current plan sustained the same staffing pattern as 2017; however, documents an additional 10 cameras installed to significantly reduce blind spots. The plan is signed by both Twin Rivers' Administrator and JR PREA Coordinator and dated 1/26/18.

The staff roster and schedule match the current staffing identified in the staffing plan: however, interviews consistently identify a lack of staffing to meet the demands. The facility tour and observations made by this auditor confirm that staff are stretched very thin; and, video technology, while assisting staff augment supervision and covering most blind spots identified by the facility, does not take the place of staff.

Twin Rivers is not a secure juvenile facility and gets very creative to ensure they maintain adequate staffing; however, additional staffing would assist in easing the demands, improve safety, and create an ability to fully implement programming and activities.

While this facility has an exemplary record of allegations/investigations for the last 12 months, past allegations/investigation/findings in 2016 include one founded incident of staff sexual misconduct and 3 founded allegations-including 1 staff on resident sexual misconduct-prior to the last audit, indicate the danger of possible incidents occurring when staff numbers are so low. Especially when just a few additional staff could make all the difference to the safety of this facility for both residents and staff.

Section B of this standard is covered in the staffing plan and compliant. "If a supervisor is not working and someone calls in sick for their upcoming shift, it is the responsibility of the permanent staff working to find coverage if needed using the following protocol: Call on-call staff on phone list; Permanent staff must stay and cover vacant shift if on-call is not available; staff may not call another permanent staff that is off shift or on their weekend; Program Administrator or officer of the day should only be contacted if n on-call cannot be found and overtime needs to be approved, or, if there are questions or concerns regarding appropriate coverage." Staff interviews confirmed this procedure is followed, and this auditor witnessed it in action when both graveyard staff called in and calls were made immediately to cover those shifts. Twin Rivers has not had any incidents of deviations from their staffing plan, according to interviews and the pre-audit questionnaire.

During corrective action, the Twin Rivers staffing plan was revised to include the 11 required elements of this standards requirements.

In addition, Twin Rivers updated their staffing plan to include current staffing and additional staffing needed to protect residents, given the layout, programming, and population. The new staffing plan documents

additional staff are needed at this facility, due to the community activities, medical and mental health community appointments, residents' jobs in the community, and make-up of the facility.

In the staffing plan review, the following concerns are documented or assessed: Changes to staffing plan—none; Changes to Technology—reduction of blind spots due to 10 new cameras. It is noted that a universal surveillance system is supposed to be installed in the near future; Resources—all resources to ensure adherence to staffing plan remain in place for this year; and, that they reviewed all 11 required elements of this standard.

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Paperwork reviewed:

1. Twin Rivers Staffing Plan and revised staffing plan
2. Population reports for last 12 months (Pre-audit questionnaire)
3. Interview notes
4. Pre-audit questionnaire
5. Last PREA audit report
6. DSHS annual PREA report
7. Staff roster
8. Resident roster
9. Facility floor plan
10. PREA allegation/investigation (alleged exposure)
11. Allegations/investigations since last audit
12. Review and update of staffing plan adjustments

Standard 115.315: Limits to cross-gender viewing and searches

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Standard 115.315- Limits to cross-gender viewing and searches

Standard Certification of Compliance: This auditor certifies compliance with standard 115.315, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services Juvenile Rehabilitation (JR) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

PREA Standards evaluation of sections a-f:

This facility is prohibited from conducting cross-gender searches, but all staff are trained in conducting them and where and how to document these searches—in case of ever having an exigent circumstance (form 20-284). As reported by the Pre-audit questionnaire, and confirmed in staff and resident interviews, zero cross-gender searches have been conducted in the last 12 months; however, all staff know and understand how to put their training into practice if necessary. Residents interviewed confirmed they have never seen a cross-gender search performed or had one performed on them.

All Staff have been trained, in classroom, online, and refresher training, on DSHS, JR policy that prohibits cross-gender staff from viewing residents when they are toileting, changing, and showering.

Additionally, staff are trained to announce their presence when in the hall where resident's rooms and restrooms are. This training is documented by staff statement of understanding, on the staff spreadsheet of training, by documents in the file, and by interviews with staff--confirming their knowledge and that the training was attended by each staff.

During the site visit, this auditor observed staff announcing their presence when entering and walking down the hall that contains residents' rooms and bathrooms and reviewed all forms that documented accidental viewing. Interviews with staff and residents confirmed the practice of staff announcing their presence.

All staff have been trained on never searching or physically examining a transgender or intersex resident for the sole purpose of determining their genital status, and by online, classroom, policy training and refresher. This training and understanding of it is documented in each staff's file. Interviews overwhelmingly demonstrated staff understanding of this and 100% confirmed they would never, ever, conduct a search or exam a resident this purpose.

DHS Policies: 5.70 section 5, 5.1 and 6, and, 5.90 section 46 and 47 follow this standards requirement for content. (see above for policy language)

Policy supporting Practice:

DSHS Policy 5.70, section 5 prohibits cross-gender strip or cross-gender frisk/pat down searches and cross gender strip searches-s which complies with the requirement of this standard

DSHS Policy 5.70 section 5.1 All cross-gender frisk/pat down searches and cross-gender strip searches must be documented on the Cross-Gender Search form (DSHS Form 20-286). Documentation must be accessible for review at any time

DSHS Policy 5.90 section 46: Youth must be allowed 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 during graveyard shifts or per Policy 5.50, Assigning Youth Isolation and Policy

DSHS Policy 5.90 section 47: Staff must announce themselves when entering an area where youth of the opposite gender may be showering, performing bodily functions, and changing clothing. Staff will document accidental viewing of youth breasts, buttocks, or genitalia on the Accidental Exposure form (DSHS Form 20-284).

DSHS Policy 5.70 section 6: Transgender and intersex youth will not be searched or physically examined in a manner that is humiliating or degrading or for the sole purpose of determining a youth's anatomical sex. Determination of a youth's anatomical sex must be made by self-identification or as a part of a general medical exam conducted by a medical practitioner.

All staff files contained the signed statement of understanding, that lists the high points of the cross-gender search training.

Staff Training:

The Cross-Gender training outline is included in this audit documentation—this was conducted in February/March 2016 for all staff and in new employee training after that date—also in yearly refresher training. This training includes: Ensuring the health and safety of LGBTQ youth, understanding the definition of intersex, being sensitive to the needs of Transgender/intersex resident's needs, importance of pat-down searches—cross gender pat down searches are never performed at TR, even in exigent circumstances, basic facts about being LGBTQ, LGBTQ resources, keeping LGBTQ youth safe in Juvenile Justice and Delinquency placements, what exigent means, searches on intersex residents, prohibiting cross gender pat downs, searches are no to be not done to verify genital status, least intrusive manner for searches, and resident's preference (transgender) taken into consideration.

All staff signed the training outline to verify they have received this training and agree to act in a professional and sensitive manner. Review of curriculum, staff statements of understanding, staff files, and interviews confirm that staff received this training, understand it, and the actions taught are deeply ingrained in the facility culture.

In the last 12 months, there have been no cross-gender searches—as certified by the pre-audit questionnaire, and staff and resident interviews.

Paperwork reviewed for standard 115.315

1. Policy 5.70 section 5; Cross-gender frisk/pat down searches and cross-gender strip searches are prohibited except in exigent situations.

2. PREA staff training checklist completed on all new staff (uploaded in section f of this standard) before they can have access to residents
3. Staff Search Training Acknowledgement form
4. Cross Gender/Intersex PREA Online training understanding form and policy 4.60 review February-March 2016
5. Online and Classroom Staff PREA Curriculum and statements of understanding
6. Spreadsheet of all staff and training dates
7. Statement of understanding of cross gender/intersex search training
8. Pre-audit questionnaire
9. Policy 5.70 section 5.1 All cross-gender frisk/pat down searches and cross-gender strip searches must be documented on the Cross-Gender Search form (DSHS Form 20-286). Documentation must be accessible for review at any time
10. Policy 5.90 section 46: Youth must be allowed 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 during graveyard shifts or per Policy 5.50, Assigning Youth Isolation and Policy 3.30, Assessing and Treating Youth Suicide and Self-Harm Risk.
11. 46.1. Staff will document accidental viewing of youth breasts, buttocks, or genitalia on the Accidental Exposure form (DSHS Form 20-284).
12. Signage posted at entry to hall where residents rooms are (ATTENTION ALL STAFF Please announce your presence before going down the hallway. Please let Kiosk know if you are going down the hallway. No Visitors or Interns beyond this point. Thank You)
13. Policy 5.70 section 6: Transgender and intersex youth will not be searched or physically examined in a manner that is humiliating or degrading or for the sole purpose of determining a youth's anatomical sex. Determination of a youth's anatomical sex must be made by self-identification or as a part of a general medical exam conducted by a medical practitioner.
14. New Employee training checklist
15. Cross-gender training outline and signature of understanding

Practice and Culture review included:

1. Interviewing: Interviewing: 16 staff- including specialized staff, contractors and volunteers,
2. PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland
3. PD; Washington State Police; and a staff member from the Advocate/Crisis Organization.
4. Touring the entire facility, asking questions, talking to residents and staff.
5. Observing staff and residents over the site visit; facility daily operations; and, talking to
6. staff and residents.
7. Comparing policy, training, interviews, and observations to practice and culture. Type text here...

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

115.316 (a)

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

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Standard Certification of Compliance: **This auditor certifies compliance with standard 115.316, based upon review** of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Twin Rivers has addressed this standard in a reflection of Washington DSHS.JR's policy 5.90. This standard requires established procedures (steps) to provide residents with disabilities (including residents who are blind or have low vision, or those who have intellectual, psychiatric, speech disabilities, deaf or hard of hearing, and who are limited English proficient) with equal opportunity to participate or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

During corrective action DSHS/TR enhanced their staff training on disabilities to include non-visual disabilities, updated youth PREA materials to ensure they are at a 5th-6th grade reading level, and reviewed and revised posters, youth handbook, and education materials to ensure youth with disabilities have full access to all PREA education, materials, and resources.

DSHS/TR completed an assessment of agency and facility policies/procedures, resident forms, education, posters, signs, announcements, and training, and, inserted common accommodations to assist a resident with all forms of disabilities (captions, language, and placement of posters, and accommodations for non-verbal signals for deaf residents...) Posters and PREA information are be placed in every area that youth

occupy, and by phones. DSHS worked with the Visual Communications Department to develop posters and brochures in Spanish and English, at a reading level of less than 8th grade, requiring staff to go over the materials and ask questions of understanding for residents who have learning, intellectual disabilities, psychiatric disabilities or hearing and sight impaired (interpreters/TTY, video phone). Staff are trained on using TTY and provide this as needed. All youth education materials are read to the resident, explained, and both staff and resident sign statements of presentation and understanding.

In addition, DSHS. JR created enhanced training, for staff, on all disability categories (including non-visual), inserted automatic accommodations into the facility process, and enhanced how to ensure staff are thinking first about residents with disabilities—to assist all residents. All JR staff completed the new disability training during corrective action, and it was added to the checklist of required training for new staff. DSHS agency policy 5.90 and 2.50 were updated to include services and requirements to ensure residents are provided with accommodations and clarified.

Twin Rivers developed and implemented a standard operating procedure (SOP) called Ensuring Resident Understanding of PREA Information to back up practice at the facility and comply with parent agency's PREA policy.

Twin Rivers starts providing accommodations to residents who have disabilities even before they arrive. Information received is evaluated and plans are put in place to provide accommodations for the incoming resident, as needed. They partner with the Aging and Long-Term Support Administration and the Office of the Deaf and Hard of Hearing to provide education and training for all Twin Rivers Staff.

If a resident is hard of hearing or deaf, staff members use non-verbal signals to announce when a female staff enter the housing unit. This is done by flashing the light switch labeled "resident hallway" before continuing down the hallway to residents' rooms. Residents are trained on understanding the meaning of this action. In addition, contractors are available to provide sign language services to residents, as needed and TR has a list in their SOP of those contractors and contact information. Assisted listening systems are available and can be used for groups and meetings to improve the usability of hearing aids and cochlear implants, and CART provides real-time translation on location and remotely. It can be displayed on a computer, screen or combined with a video presentation to appear as captions. Instructions are included in the SOP on how to borrow ALS systems

Residents who are do not speak English are provided with an interpreter and an interpreter line is available. Contact information is in the TR SOP. Residents who are blind are provided by OHDD and contact information is provided in the Twin Rivers SOP. The Deaf-Blind Service Center serves the area where Twin Rivers is located.

All residents are educated on the services available for disabilities, including all contact information when they arrive and have to sign understanding of these services. PREA posters are in English and Spanish and contain limited and basic words to assist residents with learning, cognitive, psychiatric, or reading disabilities.

All Twin Rivers staff received and signed understanding of training on what disability services are available to residents and the new services resident intake form.

Paperwork reviewed for standard

1. Policy 5.9 section 40: JR must provide youth education in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, in accordance with 2.50,

2. Policy 2.50 section 1: Accessing Interpreter and Translation Services for Youth and Families: JR staff and contractors must provide equal access to services significant to the treatment of youth and families who are LEP, deaf/blind, or hard of hearing.
3. Policy 2.50, section 2.4: JR must not rely on youth to provide interpretation, translation of written material, or other types of assistance except in limited exigent circumstances where an extended delay in obtaining an effective interpreter could compromise youth safety, the performance of first-response duties, or the investigation of youth allegations. 2.4.1. If youth are asked to interpret or translate in exigent circumstances, it must be documented on the Youth Served as Interpreter or Translator form (DSHS Form 20-291)
4. Policy 2.50 section 2: JR must use interpretation/translation services from authorized persons: A person authorized to provide interpreter services for JR must be: 2.1.1. a certified or authorized bilingual employee;2.1.2. a certified or authorized interpreter;2.1.3. certified sign language interpreter for the deaf, deaf/blind or hard of hearing; A person authorized to provide translation services for JR must be a certified or authorized translator, Children, family members, relatives and friends of the youth may not be used as interpreters.
5. DSHS Form 20-2091
6. Policy 2.50, section 3: Oral interpretation and/or written translations must be provided to youth and their families. 3.1 Major written communications and oral information routinely provided to youth and their families whose primary language is English must be provided in the preferred primary language of youth or their families whose primary language is other than English or who are deaf, deaf/blind, or hard of hearing. 3.2: Written summaries of communications that do not meet the definition of a major written communication must be made available to clients in the preferred primary language at no cost and without significant delay unless, as provided in DSHS Administrative
7. Policy 2.50 section 5: JR regional offices and residential facilities must :5.1.1. Post multilingual signs which explain the availability of interpreter [translator services at no cost to the youth or the youth's family. 5.1.2. Establish the primary language preference of the youth and the youth's family at intake and record the primary language preference in ACT. 5.1.3. File copies of translated information in the case file along with the English versions. 5.1.4. Maintain a master file of translated documents used by the agency along with the corresponding English versions of the documents. 5.1.5. Identify all certified, authorized bilingual employees and their languages in the Human Resources Management System (HRMS). 5.1.6. Maintain a monthly accounting of translation and interpretation services provided
8. Policy 2.50, definitions: Certified Bilingual Employee: A DSHS staff member who is certified by DSHS language fluency examination or a DSHS recognized professional association or has passed a DSHS recognized interpreter examination offered by another organization.
9. Policy 2.50, Definitions: Major Written Communication: DSHS or JR publications, forms, and documents that: describe services, clients' rights and responsibilities, or changes in benefits, eligibility, or services; request information or a response from a youth or a youth's family; require the signature. of a youth or a youth's family member; are essential in the treatment of a youth.
10. DSHS form 20-291
11. PREA Standards in Focus 115.316
12. Department of Justice (DOJ) clarifications
13. Twin Rivers Protocol for accessing Interpreter Services
14. Contract with corporate Translation Services Inc, language link line
15. PREA Coordinator written response to disability questions
16. New Twin Rivers SOP on Ensuring Resident Understanding of PREA information

Practice and Culture review included:

1. Newly developed disability training, staff roster,

2. Assessment of PREA education material and changes made Interviewing: Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents;
3. Touring the entire facility, asking questions, talking to residents and staff.
4. Observing staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
5. Comparing policy, training, interviews, and observations to practice and culture.
6. Auditor guides and instruction used to assess this standard.
 - a. <https://www.prearesourcecenter.org/training-technical-assistance/prea-101/juvenile-facility-standard>
 - b. <http://www.prearesourcecenter.org/training-technical-assistance/PREA-essentials>
 - c. <https://www.prearesourcecenter.org/sites/default/files/library/preadisabilityguide.pdf>
 - d. <https://www.prearesourcecenter.org/training-and-technical-assistance/webinars/3543/making-prea-and-victim-services-accessible-people>Type text here...

Standard 115.317: Hiring and promotion decisions

115.317 (a)

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

115.317 (b)

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

115.317 (c)

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

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

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

115.317 (g)

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

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Standard: 115.317 - Hiring and promotion Decisions

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Practice is backed up by DSHS policy 1.23 section 1, 2 and 3, described in the paperwork review, comply with the PREA requirements of this standard, 115.317 a and b. These policies direct the agency and the facility, Twin Rivers, on specific requirements that prohibit hiring an employee or engaging the services of a contractor 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 victim did not consent or was unable to consent or refuse; or, a3.has been civilly or administratively adjudicated the have engaged in this activity. Further, that Juvenile Rehabilitation must consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor if the employee or contractor may have contact with youth

As evidenced in employee files and staff spreadsheet: Every Employee and contractor sign the DSHS JR Disclosure Form stating that they have not engaged in, been convicted of, or been civilly or administratively adjudicated in the activity described above. This form is signed annually reaffirming this disclosure requirement. It is also signed when an employee is promoted. All forms are in the Twin Rivers confidential files and documented on the staff spreadsheet included in this audit documentation

As evidenced by review of staff files: All new employees fill out and sign the PREA Institutional Employment form, that includes a requirement for them to list any prior institutional employers. Interviews and file review confirm that DSHS.JR, 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. Every new employee, since 2015, has filled out the PREA Institutional Form- that lists prior institutions of employment, documents the calls made to the institutional employer, response received from that employer, and is documented in each staff file at Twin Rivers. Included in the file is a BCCU determination of employability. If there are any incidents that arise from the background check, the BCCU letter states that it must be further reviewed. There were such forms in employee files, including the BCCU letter and review.

As evidenced by Interviews with random and specialized staff, Administration, and Human Resource staff, the practice of completing: a BCCU background check, required online PREA training, PREA classroom training (or have it scheduled), signing the PREA Disclosure Statement, and annually reaffirming that statement was completed by all staff interviewed.

Further interviews confirmed the action if the background check comes back with an issue listed for review. Before employing, promoting, or contracting, that issue must be formally reviewed and signed off--with reason and signature from agency management. This review would include any sexual harassment reports.

100% of interviewees confirmed that the background checks (details included in this audit documentation), online training, PREA Disclosure Form were completed before having access to residents. Interviews also confirmed the review of any question about the background check and confirmed a review done in every case- including any sexual harassment reports or incidents.

Review of employee and contractor files confirm that every file contains the results of the background check, background negative review(if issue comes back on BCCU check), training statements of understanding (classroom, online, cross gender, and annual refresher), PREA Disclosure form, annual reaffirming form (if employee has been employed at TR for over a year), and completed Employee Institutional Form (new hires). Samples of all forms found in reviewed files are a part of this audit documentation.

Paperwork reviewed for standard

1. DSHS Policy 1.23: this policy addresses specific criteria that prohibit the hiring and promotion of staff, volunteers and interns, and contractors, if they have contact with youth. Background checks, institutional reference checks based on PREA, and disclosure of sexual misconduct, prior to hiring. It complies with the requirements of this standard.
2. DSHS Policy 1.23 page 2: Juvenile Rehabilitation must consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services
3. of any contractor if the employee or contractor may have contact with youth
4. DSHS Policy 1.23, sections 4 and 11: section 4: requires National fingerprint criminal background check on all initial hiring and contractor awards. In addition, JR and DSHS conducts a criminal background check and child abuse registry check. It also states that a review of DSHS negative actions is conducted as part of the (BCCU) background check process. Section 11: Section 11: Lists additional reference

checks required prior to hiring or contracting. Those include PREA Institutional/Employment/Service Disclosure form, contact of each prior institutional employer.

5. DSHS Policy 1.23 sections 7 and 9: Section 7 states: Employees in department-covered positions will be required to complete a mandatory national fingerprint criminal background re-check through the DSHS BCCU every five years. Section 9: Contractors will be required to complete a mandatory national fingerprint criminal background re-check through the DSHS BCCU no less than every five years. The background check must include a consultation with the child abuse and neglect records maintained by
6. DSHS in accordance with statement 4.2.
7. DSHS Policy 1.23, section 23 and 24: 23: Prospective employees, current employees, contractors and volunteers will be required to complete the PREA Sexual Misconduct Disclosure form (DSHS Form 20-296) prior to any hiring or promotion decision (PREA Standard 115.317(f)). Section 24: Employees, contractors and volunteers must immediately disclose any incidents of sexual misconduct to the Superintendent,
8. Regional Administrator or designee, if incidents occur in the period between background checks.
9. DSHS Policy 1.23, section 12; Unless prohibited by law, all hiring managers at JR institutions and community facilities must provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, contractor or volunteer upon receiving a request from an institutional employer for whom the individual has applied to work.
10. DSHS Policy 1.23 Section 25: section 25 states: Material omissions regarding such misconduct or the provision of materially false information must be grounds for termination.
11. PREA Disclosure Forms: All employees have signed a PREA disclosure form asserting they have never engaged in sexual abuse or sexual harassment in a facility or the community
12. PREA Disclosure Form yearly reaffirmed: All current employees have signed the Annual PREA Disclosure Form and it is in their facility file and documented on the Staff spreadsheet included in this audit
13. 10) PREA Institutional Employment Form: All employees must disclose if they have worked for another institutional employer. Form (3) shows the answer and contact with those employers.
14. Pre-audit Questionnaire states that 100% of employees have had criminal background checks
15. Employee spreadsheet—lists all employees and dates of hire, trainings-and refresher training since 2015, background checks, PREA Disclosure Form- completed and annually reaffirmed, promotions and new disclosure form as well as additional background
16. check, and PREA Institutional form completed and checked.
17. Personnel files: Review of every staff and contractor file confirmed that background checks were completed and facility received the clearance to hire, PREA disclosure form was in every file and annual disclosure form-if employed more than one year, training statements of understanding for classroom, online, community safety, all refresher
18. PREA trainings since 2015, and promotional background check and new disclosure form.
19. Online Training curriculum
20. Classroom training curriculum
21. Online training signed statements of Understanding
22. Classroom training signed statements of Understanding
23. BCCU statement letter of employee/contractor clearing all background checks
24. BCCU background check form and application:
25. Interview notes:

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.

3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture. Type text here...

Standard 115.318: Upgrades to facilities and technologies

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Standard 115.318 - Upgrades to facilities and technologies

Compliance Rating Standard Certification of Compliance: This auditor certifies compliance with standard 115.318, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

DSHS contracted a security surveillance assessment and report. This was completed and it identified issues at Twin Rivers with their video systems. Twin Rivers was identified as the number 1 priority for existing cameras and performance of existing video system and camera upgrades were completed.

Interviews with management/PCM confirms that the blind spots documented because of a PREA assessment were key to the increase of 10 cameras. Cameras were increased to enhance supervision and decrease risk of sexual abuse to residents.

Paperwork reviewed for standard:

1. Pre-audit questionnaire: Marked yes to acquiring a new facility or made a substantial expansion or modification to existing facility since the last PREA audit; however, no updates but security
2. Pre-audit questionnaire; Marked yes to, the agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.
3. Interview notes--management/PCM confirms that the blind spots documented because of a PREA assessment were key to the increase of 10 cameras. Cameras were increased to enhance supervision and decrease risk of sexual abuse to residents.
4. Camera Schematic showing updates to cameras.
5. Floor plan with security updates

Practice and Culture review included:

1. **Interviewing:** Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Organization.
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, file reviews, and observations to practice and culture

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

115.321 (a)

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

115.321 (b)

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

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

115.321 (e)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 e

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Standard: 115.321 – Evidence protocol and forensic medical examinations

Compliance Rating: Non-compliant with section A and B--**at the agency (DSHS JR) level Compliance**

Assessment by standard requirement:
A: Not Compliant at agency level

Twin Rivers Community Facility is not responsible for conducting criminal or administrative sexual abuse or sexual harassment investigations. Washington State Patrol and local law enforcement conducts criminal

investigations. DSHS CPS conducts child abuse investigations. DSHS JR conducts sexual abuse and sexual harassment administrative investigations. After corrective action, non-compliant at agency level

B: not Compliant at agency level

Washington State Patrol and Richland Police Department are responsible for obtaining physical evidence in an allegation of sexual abuse. Twin Rivers is only responsible for securing the scene. The protocol used for investigations and forensic examination, including advocate and crisis service is based upon the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,"

DSHS JR (parent agency to Twin Rivers) and the PREA Investigator/Coordinator is working towards compliance on this standard; and, will need to include compliance for their investigator, ensuring their investigator has the required sexual abuse investigative background, experience, training, and understanding of this protocol and use of it. This standard is non-compliant at the agency level after corrective action.

C: Compliant

Twin Rivers offers any resident that experienced sexual abuse, a forensic medical exam at the local hospital that has SAFE and SANE medical professionals, and policy (DSHS 4.30 and 5.90) and practice ensure the alleged victim does not bear any financial cost for any medical service pertaining to the sexual abuse incident and follow-up services. Twin Rivers documents all coordinated response, including efforts to provide SAFE/SANE and advocate services as listed and documented in the Twin Rivers Coordinated Response Plan. Twin Rivers does not use a staff person to fill in for an advocate, they always use the advocate/Crisis service posted.

D/E: Compliant

Twin Rivers has a flyer posted where residents can see it, and information about this service is included in youth education. 93% of residents interviewed knew where this flyer is and how to obtain contact information. Also interviews with residents confirmed that the call would be confidential. The tour of the facility confirmed the posting of flyers for this service with contact information. Offering the contact with this agency is documented on the Coordinated Response Plan

F: Compliant

Washington State Patrol has a signed and agreed upon DSHS/WSP Protocol for DSHS Investigations, this includes DSHS/WSP Scenario Guidelines, a referral form for investigations, and written clarifications provided to DSHS. Twin Rivers Community Facility Administrator and Richland PD confirmed that they have developed a very good partnership and Richland PD has agreed that they conduct investigations that comply with a-f of this standard, as documented by email confirmation included in this audit.

G. N/A for Twin Rivers Community Facility

H: N/A:

Twin rivers uses a victim advocate from a rape crisis center if there is an incident of sexual abuse. Twin Rivers uses a community non-profit Crisis/Advocate Organization which complies with the requirements of this standard in training and education regarding knowledge of sexual assault and forensic examinations. Twin Rivers does not use staff members for advocate services.

Not completed during Corrective Action:

1. Sections A and B are non-compliant at the agency level. Currently JR is moving to another agency under DSHS and their administrative investigator does not meet the guidelines of a PREA

investigator and therefore cannot use a uniform evidence protocol to meet the PREA Standards. All investigative standards are out of compliance and were not corrected during the corrective action period. Law enforcement conducts criminal investigations and they are compliant with the uniform protocol based on the latest VOWA standards.

Paperwork reviewed for standard:

1. Interview notes: Washington State Patrol confirmed that they have a set and signed and protocol between DSHS and WSP. WSP confirmed that they would conduct sexual abuse or sexual harassment investigation for staff-on-resident allegations—given local PD had first turn down.;
2. Richland PD: confirmed that there is a good relationship between them, and Twin Rivers and they would conduct any resident-on-resident sexual abuse or sexual harassment investigation necessary in a manner consistent with the PREA requirements;
3. Facility Administrator; 100% interviewed stated that they are responsible to secure the scene and not collect physical evidence. Also confirmed the facility and Richland PD has a respectful relationship and the referral would be made to Richland PD in the case of a sexual abuse or sexual harassment incident;
4. PREA investigator: Administrator: Confirmed that forensic exam and all medical expenses related to a sexual abuse incident are provided to the resident without cost to the resident; Crisis Service: confirmed that they provide advocate service if needed at Twin Rivers Community facility. Also confirmed they can and will provide education services, follow-up services, and follow-through during exam, court, and follow-up;
5. Resident Interview: 93% told me where the poster and contact information were for the advocate/crisis service— the other resident could not remember but said any call to such would be confidential: Radom Staff: 100% of staff, both random and specialized knew where the Advocate/Crisis flyer was and confirmed that residents could make a call to this service confidentially.
6. DSHS Policy 5.90 section 15: Upon learning of an allegation that a youth was sexually abused, the first staff member to respond to the report must: 15.1. Separate the alleged victim and abuser, (PREA Standard 115.364 (a)(1)) 15.2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 15.3. If the abuse occurred within 120 hours, the first responder must request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including (but not limited to) washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 15.4. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.
7. DSHS Policy 5.90 section 19 states, “forensic exam will be performed by medical providers at the local hospital
8. Policy 4.30 section 24; states, “Treatment services must be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperated with the investigation.”
9. Administrative Report of Incidents: Includes law enforcement (LE) referral; if LE conducted the investigation; CPS report filed; if CPS report is attached; if family was contacted, incident description; if it is PREA—what allegation does it fall under (i.e. Non-Consensual Sexual Act...); People involved; Outcomes—did incident take place, CPS finding, PREA finding—if charged and information, if the PREA investigation was internal or external: Medical outcome; and Law Enforcement Referral outcome).
10. Children’s Administration Investigative Assessment: lists participants; gathering questions—Describe nature and extent of maltreatment, surrounding circumstances that accompany the maltreatment,; Resident functioning on a daily basis, how facility disciplines resident; overall child care practices of the facility, describe behavior/condition that parent/caregiver presents that contributes to a threat to

child safety and how the caregiver manages on a day to day basis; comprehensive narrative of investigative details; contacts made; substance abuse; general details of living arrangement and child characteristics/conditions; Law enforcement referral for prosecution; resident strengths; and disposition

11. PREA Investigator Findings Form
12. PREA Sexual Abuse Incident Review Form
13. DSHS-WSP Interagency Referral Guide: Executive Order 96-01-providing transfer of criminal and major administrative investigations involving DSHS employees to the State Patrol; WSP supervisory letter outlining administrative review—when employees conduct, performance or behavior violates department policy, rules, procedures, or training and are narrowly focused on specific allegations being brought against the employee and as fact finders will not draw conclusions for the appointing authority—burden of proof 51% . Criminal Review: Refer employee, once alleged criminal activity is known to DSHS, refer to local law enforcement for the first right of refusal—if declines, then WSP (SIU) will review documentation and either accept or decline the criminal case; After criminal case filed with local prosecutor’s office, prosecutor will determine if the administrative investigation can proceed.
14. SIU investigative chart
15. WSP Interagency Referral Report (IRR):
16. IRR rejection form guidelines and Unacceptable IRR form
17. DSHS list of crimes and Negative actions for use by all programs
18. DSHS/WSP Protocols for DSHS Investigations
19. DSHS/WSP Scenario Guidelines
20. Advocate posters at Twin Rivers—include contact information and services
21. Coordinated Plan—specific to Twin Rivers, covers all required areas, ha area to document each step.
22. Email requesting Richland PD to follow investigative PREA standards and response

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Standard 115.322: Policies to ensure referrals of allegations for investigations

115.322 (a)

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

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.322 Policies to ensure referrals of allegations for investigations

Compliance Rating: Not compliant—at agency level at the end of corrective action

DSHS and Twin Rivers ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the event a youth alleges sexual abuse, staff members are required to immediately contact Washington Child Protective Services (CPS), Law Enforcement (Richland or Washington State Patrol for Twin rivers); however, the JR administrative

investigator does not meet the requirements of the PREA standards and JR was not able to comply with this during the corrective action.

Richland Police Department and WSP are responsible for conducting all investigations of abuse for youth placed at Twin Rivers community Facility (TR). JR has several policy sections (5.90 sections 22-28, 1.23 conducting Investigations in JR, 5.90 Reporting Abuse and Neglect) that detail the investigation process and the role of CPS, WSP, and local Law Enforcement; however, JR is out of compliance with conducting investigations and was not able to attain compliance during the corrective action period.

Once an allegation is reported, there is a specific process by which investigations are assigned and conducted. If an incident may result in a criminal case, the Community Facility Administrator (CFA) will contact the local police department and CPS. If law enforcement chooses, they will work alongside the CPS investigator to interview the victim and alleged perpetrator; however, CPS conducts child abuse/neglect and staff responsibility investigations and not PREA investigations. This is not compliant at the agency level.

An executive Order, from the Governor of Washington, Order 96-01, orders WSP to investigate criminal and major administrative investigations involving DSHS JR employees, and a WSP DSHS Agreement that details the investigation process and the role of WSP and DHS in the process.

In addition, DSHS JR publishes their policy, that describes the investigative process, and also publishes DSHS Criminal Investigations agency Responsibilities document that identifies the responsibilities of CPS, WSP, local law enforcement, and JR. This process and documentation adequately reflect PREA standards related to the investigatory process (i.e. steps in the response chain, collaborative effort between the involved parties, etc.). <https://www.dshs.wa.gov/sites/default/files/JJRA/jr/documents/JR-Policies/Policy5.90.pdf>; however, the policy is not compliant as JR does not comply with 115.371 and was not able to comply by the end of the corrective action period.

The PREA Compliance Manager has a comprehensive form to track the date of the abuse report, when the investigation was completed, on what date of any referral to local law enforcement, CPS, or WSP was completed, the outcome of the investigation, and the date a youth was notified of a finding.

Currently, CPS is tasked with conducting PREA administrative investigations, and JR conducting them if CPS declines based on their child abuse protocol. Child abuse reporting and investigations are vital to the safety of children in confinement; however, have a different purpose than PREA administrative investigations.

In the last 12 months, there has been 1 allegation of sexual harassment at Twin Rivers, as evidenced by the PREA Investigation Report, and this investigation concluded as unsubstantiated. This investigation was conducted by the Twin Rivers Administrator and approved by the agency PREA investigator; and was not a PREA compliant investigation as required by the PREA standards.

In regard to required Administrative Investigations, JR's ongoing work to be compliant with the PREA investigation standards continues. DSHS JR, has made changes in their investigative process, from facility identified staff as investigators to a centrally identified investigator-DSHS JR PREA Coordinator/PREA Investigator; however, the designated staff member does not have the investigative background required by the PREA standards and has ongoing contact with staff and residents at the facilities.

DSHS has a policy that follows PREA standard requirements for criminal or administrative investigations; however, because the qualifications for a PREA Investigator are not met, the policy, practice, and

responsibilities laid out in this document are not compliant with this standard and DSHS continues to be non-compliant at the end of the corrective action period.

The PREA Coordinator, while very skilled and experienced, cannot maintain the additional position of PREA Investigator because the skill set required of the PREA Investigator is not consistent with his impressive skill set. In addition, the ongoing contact the PREA Coordinator has with the facilities, staff, and management, involving PREA compliance efforts, training, and assessment, could be seen as a conflict in conducting an objective and detached investigation.

Corrective Action not completed at the end of the corrective action period—at agency level

An administrative investigation must be completed on all sexual abuse or sexual harassment allegations that are not completed, to a finding, by Law Enforcement.

A PREA Investigator with the required qualifications, experience, and training--and then receiving the additional high-level training--investigating sexual abuse in juvenile confinement- must be in place to conduct PREA administrative investigations for DSHS JR and facilities, including Twin Rivers.

Agency policy and facility procedure must be adjusted to reflect this change, as well as a step by step referral and investigative process developed and implemented for Agency PREA Sexual Abuse and Sexual Harassment Administrative investigations.

The policy and document of responsibilities must clearly state that the JR PREA Investigator is responsible for conducting sexual abuse and sexual harassment administrative investigations- when law enforcement does not complete an investigation to a finding consistent with the PREA standards. In addition, administrative investigation policy must be detailed as to the tasks, responsibilities, and advanced sexual abuse investigator qualifications required-when entering this position.

The PREA sexual abuse and sexual harassment administrative investigator(s) must have a strong investigative background and relevant training in conducting sexual abuse investigations, (i.e.: law enforcement with experience conducting sexual abuse investigations on the sexual abuse task force) and in addition, receive higher level training in conducting such investigations in confinement. Such investigators must be removed from the ongoing interaction, or control over, residents or staff they may be called on to investigate.

Training for staff, investigators, and facility must be completed, and curriculum, understanding statements, and interviews documenting compliance completed.

The Department of Justice (DOJ) clarification states: "Investigators must already have relevant experience and training, as a foundation, upon which specialized training is added. High level, advanced training for an individual who brings strong investigatory skills and experience. Persons who do not have a background in investigations, law enforcement or similar roles should not be put in a position of investigating sexual cases." "Such investigators should be removed from the daily interaction, or control over, residents or staff they may be called on to investigate."

The criminal investigations completed by law enforcement are compliant with this standard.

Reviewed for standard 115.322

1. Policy 5.90 section 22-28:
2. Interview Notes:

3. Administrative Investigative Report
4. Pre-audit Questionnaire:
5. DSHS JR website: JR publishes their policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation: <https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance>
6. Washington State Patrol (WSP) IRR form: DSHS/WSP Criminal Investigations Agency Responsibilities Policy:

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

TRAINING AND EDUCATION

Standard 115.331: Employee training

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No

- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

115.331 - Employee training Compliance Rating:

Exceeds Standard

All TR employees have been formally trained on PREA related topics. All staff are required to read the agency's PREA policies, as well as complete the online and classroom PREA trainings before contact with residents. Staff are also required to complete a mandatory reporting training.

After completing these trainings, TR staff are required to sign a form stating they fully understand the Zero Tolerance rule, their responsibilities as mandatory reporters, agency policies (5.90, 1.23), for each training they complete, including refreshers. Staff complete a comprehensive checklist of training and checks before they are allowed contact with residents in the facility. Employees complete required trainings in many learning styles including hands on, visual, thought provoking, reading, role playing and testing of knowledge.

Staff training includes the unique characteristics of both male and female populations. Training includes factors contributing to delinquency (males and females); gender influenced socialization, communication styles and behaviors; abuse histories for boys and implications; abuse histories for girls and implications; mental health factors of boys and girls; gender differences to consider in aggressive behavior; differential incidence of anti-social and aggressive behaviors; expression of aggressive behaviors; development and consequences, boys' emotions, identity, characteristics, and emotions; and, girl's identity, connection emphasis, and verbal characteristics..

Every year, TR staff completed a PREA refresher training including a review of PREA history, basics, reporting and responding; incident reports; opposite gender searches and viewing; intake and screening; staff first responder duties; investigations; post investigation findings, incident reviews; PREA documents, staffing plan, coordinated response plan; and safe environment and maintaining a non-sexualized environment. 2017 training curriculum and statements of understanding were included in staff files also. Statements of understanding for all trainings were in each staff file.

Interviews with staff indicate they are aware and fully understand their responsibilities as mandatory reporters. At the time of the on-site audit review of training records indicate that all staff who interact with youth have been trained on PREA. A complete tracking sheet with employee names and dates on which the training was completed was submitted to the auditor for verification. In addition, a sample of signed forms indicating staff understood PREA and their responsibility as a mandatory reporter were submitted to the auditor, and tracking sheet was compared to staff files on site. In addition, PREA topics are discussed frequently and emphasized with staff and residents constantly.

The auditor reviewed the JR agency policies, trainings, and facility procedures and determined that the staff PREA trainings address and comply and exceed the requirements of this standard.

Paperwork reviewed for standard:

- 1) PREA online training
- 2) PREA Classroom training
- 3) Cultural continuum handout
- 4) Advocate training handout
- 5) Code of silence handout
- 6) LGBTQI handouts
- 7) Reflags and Higher risk handout 8) Policy 5.90, section 32.1, 16, C40
- 9) PREA staff training spreadsheet
- 10) Staff Files: statements of understanding, Disclosure Forms
- 11) Working with male populations training PowerPoint 12) Policies: 1.23, 2.10, 3.20, 4.30, 4.60, 5.70, 5.91, 6.20
- 13) Interview notes;

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture
5. Type text here...

Standard 115.332: Volunteer and contractor training

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

115.332 – Volunteer and contractor training

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

All volunteers and contractors, who have contact with residents have completed training about their responsibilities regarding sexual abuse and sexual harassment.

All current volunteers and contractors have completed the Twin Rivers PREA Contractor Volunteer Information Sheet including JR zero tolerance policy review, review of JR Guide to Prevention and Reporting Sexual Misconduct, completion of the National Institute of Corrections (NIC) online training: PREA: Your Responsibilities in Keeping Our Kids Safe, and completion and submission of the PREA Training and Policy Review Acknowledgement Form.

All contractors and volunteers have signed the PREA Acknowledgement form and the PREA Disclosure Form.

Twin Rivers has a process in place to ensure all staff, contracted staff, interns and volunteers are trained prior to having contact with residents. This practice is supported by JR Policy 5.90 section 36: entitled, "Applying the PREA Juvenile Standards in JR" (effective February 2015) which requires training on their responsibilities under the agency's current sexual abuse and sexual harassment prevention, detection, and response policies. JR maintains documentation confirming that volunteers and contractors understand the training they have received.

Documentation was confirmed by spreadsheet and file review.

Paperwork reviewed for standard:

1. Twin Rivers PREA Contractor Volunteer Information Sheet
2. Twin Rivers PREA JR Contractor Volunteer Brochure
3. Spreadsheet of confirmation of completion of training requirements (information sheet, Acknowledgement form, and Disclosure Form)
4. Signed PREA Acknowledgement Form
5. Signed PREA Sexual Misconduct Disclosure Form
6. Interview notes: Contractor: Volunteer:
7. Pre-audit questionnaire
8. JR Policy 5.90 section 36: JR must ensure that all volunteers, interns and contractors who have contact with youth have been trained on their responsibilities under the agency's current sexual abuse and

sexual harassment prevention, detection, and response policies. JR must maintain documentation confirming that volunteers and contractors understand the training they have received. 36.1. The level and type of training provided to volunteers, interns and contractors must be based on the services they provide and the level of contact they have with youth. 36.2. All volunteers, interns and contractors must be notified of JR's zero tolerance policy regarding sexual abuse and sexual harassment and provided procedures for reporting incidents or suspicions of sexual abuse or sexual harassment.

9. File Review

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture

Standard 115.333: Resident education

115.333 (a)

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

115.333 (b)

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

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Standard 115.333 Resident Education

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Twin Rivers demonstrates their commitment to ensuring residents understand their right to be safe by several avenues. Residents receive Zero Tolerance information and education at intake. At this point, the new resident receives the *Important Information About Sexual Abuse and Sexual Harassment Form* and the PREA Acknowledgement Form. Intake staff reads and reviews this information with the resident. Both staff and resident sign the *PREA Acknowledgement Form*, indicating presentation and understanding

Within 10 days of intake, the Youth Guide is presented, one-on-one to each resident. by the PREA Compliance Manager (PCM) or assigned staff. Presentation is done one-on-one so the resident feels more comfortable with this topic, to protect the resident's right to privacy, and ensure resident can ask all questions he has without embarrassment. The resident and staff sign the education form to document understanding and presentation.

The Youth Safety Guide clearly states, "JR is committed to protecting your right to be safe from sexual abuse and sexual harassment in our facilities. We have a ZERO tolerance policy toward all forms of sexual abuse and sexual harassment." This guide summarizes the agency's policy and provides a hotline number for youth to call if they have been abused. It ensures youth understand the Zero Tolerance policy and how to report abuse.

JR/Twin Rivers recently added a video to the comprehensive resident education, and all current residents have seen this video and discussed the main points. TR documented this education in the Youth Education Log.

Both intake and comprehensive resident education is read to residents at a pace that is comfortable for the particular resident, and acknowledgement is made that the information may make the resident feel uncomfortable, but that it's important they understand it. In addition, the resident is informed that staff are available to speak privately later. Twin Rivers takes sexual abuse and sexual harassment very seriously.

All youth interviewed could explain how they would report an incident of abuse and/or harassment, the zero-tolerance policy, how to report anonymously, and response procedures for reporting such incidents. In addition, posters throughout the units declare a Zero Tolerance policy and provide a hotline number for Washington Child Protective Services.

TR created a PREA Youth Education Log to ensure all residents have received training at intake and again within the targeted ten-day time frame. Review of facility documentation and youth interviews verified all youth placed at TR received the PREA related education sessions and signed statements affirming their understanding of that education.

TR, as per policy 5.90 section 39, ensures residents receive the required PREA training upon arrival, even if transferring from another facility. Tracking movement from another facility to Twin Rivers is documented on the Movement Roster.

44 residents have been admitted to Twin Rivers in the last 12 months and all residents received the required PREA education. Twin Rivers, in the past, has combined the intake and comprehensive training; however,

currently complies with presenting the resident education in two different sessions—intake and within 10 days of intake.

Using the PREA guide, Making PREA and Victim Services Accessible for Incarcerated People with Disabilities, DSHS JR reviewed current services provided and made changes to material, signage, and staff disability education, to ensure resident education is available in formats for all residents. Youth education materials are available in Spanish and English and have been made available in other languages as needed. Staff call a translation service, that is under contract with DSHS.JR, for needed services. Information is read to residents at their pace and discussed for understanding, and posters are formatted to be easily read and understood for those who have non-visual disabilities- including cognitive or developmental disabilities.

Paperwork reviewed for standard:

1. DSHS Policy 5.90 section 37, 39, 40;
2. Rollout plan and training for presentation of resident education—talking points, how to give presentation, requirements of staff and resident.
3. Resident Acknowledgement Form: What You Need to Know About Sexual Abuse and Sexual Harassment
4. JR Youth Safety Guide—English and Spanish
5. PREA Education Form
6. PREA poster in Spanish and English
7. Facility tour notes
8. Translator line and services
9. PREA educational material
10. File review notes
11. Interview notes: Resident, Screening Staff, Intake staff, Administrator, Random Staff, Residents who English is not their first language, PC.

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture...

Standard 115.334: Specialized training: Investigations

115.334 (a)

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

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.334 Specialized training: Investigations

Compliance Assessment: Not Compliant at the Agency level

JR conducts PREA Administrative investigations for sexual abuse and sexual harassment. In the past, DSHS.JR trained facility identified administrative staff to be PREA Investigators by providing the NIC online training, CPS investigative training, and additional classroom investigative training.

Recently, JR changed that process and identified the agency PREA Coordinator as the PREA Administrative Investigator; however, due to ongoing contact with staff and residents, as the PREA Coordinator, and being a staff who was trained up to be an investigator, instead of being an educated, trained and well-seasoned investigator, this was not compliant with this standard.

The PREA Coordinator completed all training provided to DSHS JR employees and in fact conducts trainings as the JR PREA Coordinator-a position he has had for over five years. He has completed the NIC online investigators training and advanced investigators training, for conducting investigations in confinement settings, as well as additional classroom investigative training. These trainings were designed to add additional high-level training for an “experienced and highly trained investigator” and not to train up a designated staff to be an investigator. In addition, the PREA Coordinator (PC), conducts training for staff, assists facility PREA Compliance Managers (PCM) and facilities comply with the National PREA Standards, visits JR juvenile facilities, works with administration and staff of each facility, interacts with residents, and maintains ongoing contact as part of his position at DSHS, and acting as a PREA investigator is a conflict of interest.

Due to the experience and training that a PREA Investigator, who conducts criminal “or” administrative investigations, is required to possess, prior to conducting PREA investigations, DSHS.JR is not compliant with this standard.

It is also the law and JR policy to refer all sexual abuse allegations to law enforcement-if there is a criminal element- and to Child Protective Services (CPS). Law enforcement conducts all criminal investigations; however, also works with CPS who conducts child abuse/neglect investigations.

DSHS.JR uses the CPS investigation as a PREA administrative investigation. While it is important and required to notify CPS when there is an allegation of sexual abuse in a DSHS.JR facility, their main focus is to ensure there is no facility or child neglect/abuse. CPS accomplishes this by working with law enforcement during a criminal investigation.

If CPS conducts a child abuse/neglect investigation, they coordinate with law enforcement to ensure they have permission to interview involved parties, so they do not compromise the criminal investigation. At times they accompany law enforcement on interviews in order to gather evidence to decide if there is facility/staff child abuse/neglect. The CPS investigation is not a PREA administrative investigation; however, is valuable information to use in the JR PREA administrative investigation, incident reviews, and agency and facility corrective action.

If the allegation is referred to Law enforcement, they conduct the criminal investigation. They collect and review the evidence, determines if there is enough evidence to ascertain that the sexual abuse allegation occurred and determine if the allegation is chargeable behavior. If it reaches that level, law enforcement refers the case to the District Attorney for possible charges. CPS determines if the facility/staff’s behavior or actions constitutes child abuse/neglect.

If law enforcement declines to investigate or does not investigate to a finding, CPS may choose to conduct a child/abuse neglect investigation or screen out the allegation as not meeting the criteria for child abuse/neglect. If both decline to investigate, the DSHS.JR PREA investigator (currently the PREA Coordinator) investigates the sexual abuse or sexual harassment allegation to a finding of: substantiated (51% that the allegation occurred- “preponderance of the evidence”); unable to determine (cannot make a determination either way (unsubstantiated); or unfounded (evidence that the incident did not occur).At that point disciplinary action can be taken. This does not prevent the facility from duty-stationing the staff away

from residents when an allegation is made, and the agency policy and union agreement ensure that is the practice.

A review of past incidents and news, for DSHS.JR, shows that a lawsuit was filed in 2018 alleging a Culture of sexual abuse at DSHS JR facilities, and there is ongoing litigation due to sexual abuse charges of several staff, at different facilities, alleged to have occurred since 2014 and before.

The JR PREA Annual PREA Compliance Report reflects the following information:

1. Youth-on-Youth nonconsensual sexual acts: 2015,2 allegations and 1 substantiated, 2016, 0 reported, 2017,2 reported and 1 substantiated;
2. Youth-on-Youth Abusive Sexual Contact: 2015,12 reported and 8 substantiated, 2016,12 reported and 1 substantiated, 2017,18 reported and 8 substantiated
3. Staff-on-Youth Sexual Misconduct: 2015,13 reported and 3 substantiated, 2016,14 reported and 3 substantiated, and 2017, 26+ reported and 0 substantiated.

It is always vital to ensure every sexual abuse and sexual harassment allegation is investigated fully, impartially, and objectively. This includes ensuring that your PREA investigator is a fully trained, educated, and well-seasoned investigative professional, who then attains additional high-level training on investigating sexual abuse in a confinement setting—as well as ongoing investigative trainings and updates.

JR has gone from training facility staff as PREA investigators, to using the CPS investigation as their administrative investigators, and designating the agency PREA Coordinator as the PREA investigator-when CPS declines or does not investigate to a finding. They have diligently attempted to ensure the process complies with the PREA standards; however, are still not compliant in employing or designating a PREA Investigator who has sufficient background, training, and experience as a trained investigator, and then providing additional high-level and specialized training as this standard requires. This is especially important due to the documented history of staff-on-youth allegations made, that investigations determined were unfounded, and later were proven to be true. All occurring during the current JR investigation structure.

On July 1st, Washington Department of Children, Youth, and Families (DCYF) merged with the Department of Social and Health Services (DSHS) Juvenile Rehabilitation. Juvenile Rehabilitation is now a part of a new state agency that states it, “*restructures how at-risk children and youth are served.*” Juvenile Rehabilitation is now DCYF.JR. This transition was documented as the reason that DSHS.JR could not become compliant with the investigation requirements of the PREA standards, during the 6-month corrective period of Green Hill and subsequent corrective action period for this facility, Twin Rivers. It is a grave safety concern and needs immediate action and attention. Below, under corrective action, are the actions that were not corrected during the corrective action for Green Hill, Twin Rivers, Woodinville, and Parke Creek Juvenile Facilities. This standard is about investigator training; however, PREA investigative standards 115.321, 322, 371, and 372 remain out of compliance in policy, practice and culture compliance.

Clarifications:

PREA Standards in Focus 115.334 <https://www.prearesourcecenter.org/sites/default/files/library/115.34.pdf>
“Agencies should ensure that the staff who are considered investigators for the purposes of obtaining the specialized training required in standard 115.34 have previous investigatory training and experience. Not all agencies have trained investigators on staff and rely on administrative or custodial staff to conduct administrative investigations without proper training or opportunities to gain meaningful experience.”

“The specialized training under §115.34 on its own will not be adequate to receive make unqualified staff into competent investigators capable of conducting a thorough and effective investigation. This training is

designed to ensure that experienced and qualified investigators also receive specific training regarding the challenges posed by investigating sexual abuse in confinement.

Agencies should ensure that any staff who conduct investigations into sexual abuse allegations have prior training and experience as an investigator before receiving the specialized training described in 115.34,”

Corrective Action not completed as of the end of the corrective action:

1. DSHS JR PREA Investigator, designated, employed, or contracted, must be an experienced, educated, and well-seasoned professional investigator who does not have ongoing interactions with staff or residents whom they may investigate.
2. Standard Variation: “The Juvenile Facilities PREA standard has one variation: it specifically requires that investigators receive specialized training that includes techniques for interviewing juvenile sexual abuse victims. The specialized training provided to investigators in adult facilities would not meet the juvenile standard unless it also included a section on interviewing juvenile sexual abuse victims.” (Standards in Focus 115.334) DSHS JR PREA Investigator, after meeting the qualifications listed above, must obtain higher level training in investigating sexual abuse in juvenile confinement. In addition, the PREA Investigator must have training provided to all DSHS JR employees pursuant to standard 115.31.
4. Create a job description for the PREA Investigator, based on standard requirements and change policy, training, and investigative process to reflect this change
5. Train management and staff on the investigative process and not to conduct investigations
6. Upload curriculum, signed statements of understanding, job description, updated agency policy and procedure, JR facility procedure (SOP) regarding referral of allegations, and create a working protocol for the PREA administrative investigations.
7. Update the responsibilities for DSHS/WSP Criminal Investigations Agency Responsibilities policy, and Investigator resume and training/experience.

Review included:

- 1) DSHS policy 5.90 section 25.1.2
- 2) PREA in Focus Standard 115.334
- 3) Interview notes
- 4) DSHS/WSP Criminal Investigations Agency Responsibilities Policy:
- 5) DOJ clarifications
- 6) Written response from PREA Resource Center
- 7) NIC investigator training and advanced investigator training
- 8) NIC investigator training documentation of completion
- 9) CPS investigations manual
- 10) PREA Coordinators resume and job description
- 11) PREA Coordinators training

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture

Standard 115.335: Specialized training: Medical and mental health care

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.335 (b)

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

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Twin Rivers does not have medical or mental health practitioners who work regularly in their facility. They do not conduct forensic exams.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Standard 115.341 - Obtaining information from residents

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

All youth who arrive to Twin Rivers are assessed for risk to self and others within 72 hours. The facility uses the SAVY, Sexually Aggressive Vulnerable Youth Assessment, an objective screening instrument, to gather important youth information related to history and behaviors associated with risk of sexual abuse. The SAVY is administered by the Twin Rivers Community Facility Administrator or designated counselor/supervisor, and records indicate these assessments are done well within the federal requirement of 72 hours.

Completion of this assessment is documented in each residents file. In addition to the SAVY, all youth who enter TR complete a SOGIE, Sexual Orientation, gender Identity, and Gender Expression Questionnaire.

Review of files indicate that the SAVY addresses important information in the required PREA areas: Prior sexual victimization or abusiveness; gender nonconforming appearance or manner; identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth would be vulnerable to sexual abuse; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual, developmental, and physical disabilities; and the residents own perception of vulnerability. Upon intake and at least every 6 months, the SAVY is assessed for changes to risk or vulnerability.

To support the current practice, JR Policy 5.90 section 43 entitled “Screening and Supervision,” requires the administration of the SAVY assessment within 72 hours of intake. In addition, JR policy 3.20 section 3, titled “Assessing Sexually Aggressive or Vulnerable Youth,” establishes policy and procedure for determining sleeping quarters assignments, supervision requirements and special community placement eligibility. This procedure details the requirements of gathering information in the requisite PREA areas.

Twin Rivers completes the following during Intake (summary), a pat search, UA, review of residents paperwork and history from former facilities/records, resident interview, documenting tasks required on the resident checklist to ensure all intake requirements are completed (goes in residents file), review of former SAVY and SOGIE, completion of new SAVY and SOGI, PREA initial education when completed it is put in

the PREA education binder), property check, education assessment, Suicide Caution Level (completed with the resident by Echo Glenn suicide specialist), a call home, tour and room assignment.

The JR Procedure 3.20 also requires the SAVY be used in conjunction with available relevant records and that it must be periodically updated at least every six months, or when a resident returns from time in a different JR facility, returns to JR from a parole revocation, returns from time in county detention, returns from a DOC facility, exhibits significant change in behavior, or when Staff learn of new incidents or disclosures related to sexual aggression or sexual victimization. Review of documents confirms that a resident is reassessed at least every 6 months.

The facility maintains Sensitive sexual abuse information obtained through the assessment in the Administrators office and it is provided only to designated staff. This ensures that confidential information is not exploited by staff, contractors, volunteers or other residents.

Review of resident records indicated that the SAVY and SOGIE was completed consistent with PREA standards and agency policy. 93% of residents confirmed being asked the questions required for the risk assessments and the remaining 7% could not remember if they were asked or not. (substantially compliant)

Reviewed for compliance:

1. JR Policy 5.90 section 43
2. JR Policy 3.20 section 3.20 section 3
3. JR Policy 1.40
4. SAVY
5. SOGIE
6. Confidential Resident files
7. Resident PREA intake acknowledgement form
8. Interviews: Community Facility Administrator/PCM, Residents, screening staff
9. Staff training curriculum
10. Pre-audit questionnaire- reported all residents received a screening for risk assessment
11. Resident files (all completed within 72 hours—usually the first day at intake)
12. Resident checklist
13. SAVY and SOGIE, initial and additional documents conducted during a resident's stay.

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Standard 115.342: Use of screening information

115.342 (a)

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

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

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

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

Standard: 115.342 - Placement of residents

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

The JR Policy/procedure 3.20 section 6-9 titled "Assessing Sexually Aggressive or Vulnerable Youth (SAVY)" outlines use of intake information, including the SAVY, to determine room assignment, supervision, restrictions, and includes residents' perceptions of vulnerability.

Additional JR Policy 5.90 section 43.1 reinforces practice by requiring JR to, "use all information collected by the screening tool to make housing, bed, program, education and work assignments with the goal of keeping youth safe from sexual abuse." The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Review of documentation and interviews with the Twin Rivers Administrator, and other facility staff indicated that the facility considers all factors when determining room assignments, consistent with PREA standards in

practice; however, during the corrective action period, JR updated their policy to clarify and reflect the standard requirement and action already in place at Twin Rivers.

This standard state: 115.342 “The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Standard 115.341a states: “Within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, the agency shall obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident.” And 341d states, “This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files.

Through the intake process, which consists of a pat search, UA, review of residents paperwork and history from former facilities/records, resident interview, documenting tasks required on the resident checklist to ensure all intake requirements are completed (goes in residents file), review of former SAVY and SOGIE, completion of new SAVY and SOGI, PREA initial education when completed it is put in the PREA education binder), property check, education assessment, suicide Caution Level (completed with the resident by Echo Glenn suicide specialist), a call home, and tour, before room assignment.

Review of youth cases verified completion of the SAVY and SOGI, during the intake process. This included an assessment of gender expression and the youth’s perception of their own safety.

JR policy 4.6, section 7, reinforces practice at Twin Rivers by stating that, “LGBTQI youth must not be placed in particular housing, bed or other assignments solely on the basis of identified or perceived sexual orientation or gender identity,” section 10, “LGBTQI youth must not be placed in particular housing, bed or other assignments solely on the basis of identified or perceived sexual orientation or gender identity,” and section 14.5, “Staff will provide transgender and intersex youth with safety and privacy when using the shower and bathroom and when dressing and undressing”

In the past 12 months there were no youth placed in Isolation as Twin Rivers does not use isolation include areas where it can be used. The facility tour and interviews confirmed isolation is not used and the Twin rivers housing does not include isolation cells or rooms. Interviews with facility leadership indicated that all information obtained during intake is used appropriately in making placement decisions. In addition, the facility is set up in a way, both physically and operationally, that allows all residents to shower separately. Therefore, transgender and intersex residents are never required to shower with other residents.

During corrective action, DSHS revised polity 5.90 to include the requirements of 115.341, and to establish and implement procedures that complies with the SAVY requirements for resident housing bed assignments, including supervision requirements, and reassessment of residents periodically. Practice was already in place.

Reviewed for compliance:

1. JR Policy 3.20 section 12
2. JR Policy 5.90 section 43.1
3. JR Policy 4.6 section 7, 10, 14.5
4. Interviews: PCM, random residents, Administrator, Random staff, Upper-level staff,
5. Pre-audit Questionnaire
6. PREA policy 114.341
7. Pre-audit questionnaire
8. Resident File reviews

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. 4.. Comparing policy, training, interviews, and observations to practice and culture.

REPORTING

Standard 115.351: Resident reporting

115.351 (a)

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

115.351 (b)

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

115.351 (c)

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

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

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

Auditor Overall Compliance Determination

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

Standard: 115.351 - Resident reporting

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Twin Rivers has multiple avenues by which residents can report sexual abuse, sexual harassment, or retaliation by other residents or staff. When a resident enters the facility and completes the intake process, he is educated about the multiple ways to report. The PREA Youth Intake form (Acknowledgement of Zero tolerance) includes Important Information About Sexual Abuse and Sexual Assault” and is read to each new resident and discussed. Both staff and resident sign the form signifying understanding and presentation.

This information includes ways to report including tell a staff, teacher, nurse, someone you trust, the hotline—and number, and a youth complaint form.

Within 10 days of intake, another PREA resident education session is completed reinforcing the ways to report and pointing out the posters, flyers, hotline number, complaint form and locked box posted throughout the living space. Residents are read this material, discuss it with a knowledgeable staff, and sign an acknowledgement form that again, in writing states the ways to report sexual abuse and sexual harassment, staff neglect or retaliation.

There are posters hung throughout the facility displaying the Child Protective Services (CPS) contact information. CPS investigates allegations of child abuse/neglect. All residents interviewed articulated that if someone was harming them, they would tell a staff member or write a complaint. The vast majority of youth also knew about the hotline number they could call to talk report to. All youth also indicated that they felt comfortable approaching Twin Rivers staff; that staff genuinely cared about them; and that staff would make

sure they were safe. Youth also verified that in the event of an emergency, such as in the case of reporting abuse, that staff would afford them privacy to make the phone call (staff would dial the phone number). Staff are also able to talk with CPS or law enforcement privately to report sexual abuse or sexual harassment.

Residents are permitted to call their attorneys. And residents reported the call would be confidential. All residents reported they have never been denied an attorney call, if they needed one and did not believe they would be turned down if they needed one in the future.

Twin Rivers staff documents all allegations of sexual abuse and sexual harassment in an incident report in ACT. This ensures that TR has detailed documentation about these incidents which will aid in the investigative process and better ensure facility procedures are followed.

TR Staff clearly articulated that they document any sexual abuse or sexual harassment report they receive, written, verbally, anonymously and from any third party. A majority of staff were quick to point out that if they report and it is not true nothing is lost, but if they report and it is true, it is worth doing all the time.

JR policies, 2.10 section 9-13, 3.20 section 3.2-3.4, 5.91 section 2, 2.1, 3, 3.4, and 5.90 section 14-14.3 reinforce practice at Twin Rivers. Requirements for the facility to have multiple internal ways for residents to report sexual abuse, harassment retaliation and staff neglect or violation of responsibilities; providing at least one outside source for residents to report, providing for anonymous and third party reporting, requiring staff to report allegations received verbally, in writing, anonymously and from third parties, providing residents have tools necessary to report, and ensuring staff have a method for staff to report privately any report of sexual abuse and sexual harassments of residents are all in JR policy and Twin Rivers practice.

Reviewed:

- 1) PREA Youth Intake Form
- 2) Signed Youth Intake Forms
- 3) PREA Comprehensive Education forms
- 4) JR Policy 2.10 section 9-13
- 5) JR Policy 3.20 section 3.2, 3.3 and 3.4
- 6) JR Policy 5.91 section 2, 2.1, 3, 4,7
- 7) JR Policy 5.90 section 14-14.3
- 8) Resident PREA Brochure
- 9) PREA Youth Education Forms
- 10) Interview notes: Random and targeted residents, random and intake staff, Administrator,
- 11) Pre-audit Questionnaire
- 12) Tour notes—posters, hotline number, CPS hotline, Crisis line, posted where residents can easily see them. Numbers posted by phone.

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Standard 115.352: Exhaustion of administrative remedies

115.352 (a)

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

115.352 (b)

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

115.352 (c)

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

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension,

may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

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

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

JR and Twin Rivers does not have a grievance procedure that covers sexual abuse or sexual harassment. If a resident fills out a complaint form and puts it in the complaint box, that alleges sexual abuse or sexual harassment, it is immediately removed and handled as an allegation of abuse, with all reporting and action requirements of the PREA standards requirements.

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

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

115.353 (a)

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

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

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

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

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Twin Rivers provides youth access to outside victim advocates for emotional support services related to sexual abuse. Contact information for the advocacy agency is posted on fliers hanging in the living area of the facility. 81% of residents interviewed revealed they are knowledgeable about these services; the others knew where to find the information.

Evidence revealed there was already a solid understanding between TR and the Support, Advocacy and Resource Center (SARC) at the time of the on-site review; however, they do not maintain a MOU between the two agencies. An Interview with SARC administration confirmed that they would provide services to Twin Rivers Residents for allegations of sexual abuse, legal and medical advocacy, any requested counseling, ongoing advocacy, and 24-hour crisis line availability

The SARC has a long history in the Tri-Cities and has served victims of sexual assault since 1977. SARC, in 2017, added a designated staff to work with sex trafficking, provides a 24-hour crisis line, hospital legal and medical advocacy, Psychosocial evaluation and counseling, survivor support groups, ongoing advocacy, and their services are free of charge. 47% of their clients are between 12 and 18 giving them a high level of experience in working with juveniles. They also provide education for this age group, including Technology Safety Programs, harassment and bullying prevention—covers sexual harassment, and Creating Healthy Relationship—for high school age. SARC also provides follow-up care for their clients. Each advocate receives a minimum of 32 hours of training certified through the Washington coalition of Sexual Assault Programs, and minimum of 12 hours ongoing training per year.

In interviews, residents stated they are afforded the opportunity to contact their lawyers as needed (i.e. staff ask youth, all youth stated they are or would be provided privacy when talking with their lawyer or with victim advocates. Staff confirmed residents can contact or accept calls from their legal representative.

Twin Rivers encourages and allows communication with a resident's family and prosocial relationships in order to promote a successful reentry into the community. There is no limit to number letters a resident can mail, phone calls can be as often as daily, and a minimum of two calls per week. Visits are encouraged and although mostly on weekends, can be arranged for most days of the week.

During corrective action, Twin rivers completed a Standard Operating Procedure called Resident Access to Outside Support Services and Legal Representation/Mandatory Reporting Requirements, that included the requirement to inform residents the resident making a call to these outside agencies that the report/concern will remain confidential unless they are required to report in accordance with mandatory reporting laws. Staff training was included to ensure all staff understood this procedure and put it into practice. Statements of understanding were signed by all staff indicating they completed and understood this training.

Reviewed:

1. Interview notes: SARC advocate and crisis advocate; random residents, PCM/Administrator; random staff,
2. DSHS Policy 6.20 section 37, 37.4, 37.5, (advocate)
3. Policy 6.20 section 32 to 34 (attorney contact)
4. Policy 6.20 section 3,1,2,10, 17, 20 (family communication)
5. SARC flyers posted in unit
6. SARC website <http://supportadvocacyresourcecenter.org/about-sarc.html>
7. SOP: Resident Access to Outside Support Services and Legal Representation/Mandatory Reporting Requirements
8. Statements of understanding for the new SOP

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Standard 115.354: Third-party reporting

115.354 (a)

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

Auditor Overall Compliance Determination

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

Standard: 115.354 - Third-party reporting

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

JR has a policy that requires all staff to take reports from third parties and to report them immediately to CPS/law enforcement. In addition, on the state of Washington website <https://www.dshs.wa.gov/node/6449/> there are instructions about how to make a report, with links to each facility's PREA Compliance Manage and a phone number to Child Protective Services (CPS).

The website includes the following, "upon receipt of a report we will ensure the alleged victim is protected and, depending on the type of allegation, provided medical and/or mental health services including forensic exams and victim advocate support. All reports are taken seriously, and all reports are investigated. on receipt of a report we will ensure the alleged victim is protected and, depending on

the type of allegation, provided medical and/or mental health services including forensic exams and victim advocate support. All reports are taken seriously, and all reports are investigated.

Reviewed:

1. JR website <http://www.dshs.wa.gov/node/6449/>
2. JR Policy 5.90 section 10
3. Pre-audit questionnaire
4. interviews

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture....

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

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

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Standard: 115.361 - Staff and agency reporting duties

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Washington's child abuse reporting law (RCW 26.44.030) "When any person (lists all mandatory reporters) has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040".

JR has several policies/procedures that clearly state all individuals who work at JR are mandatory reporters and that they are required to report allegations of sexual abuse immediately in the ACT system no later than the end of the staff's shift.

JR policy 5.91 states, "Juvenile Rehabilitation employees are mandatory reporters under Washington State Law (RCW 26.44.030 and RCW 74.34.035) and DSHS Admin Policy Section 2: JR staff must report any information received about abuse or neglect of a child to law enforcement or to Children's Administration immediately and without delay, in alignment with RCW 26.44." and Policy 5.90 section 10 states, "Staff must immediately report the following without delay- 10.1. Any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a jail, detention facility or JR facility, 10.2 Retaliation against youth or staff who reported such an incident, and 10.3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." This is further supported by the "WSP DSHS Agreement" and the "Criminal Investigations Agency Responsibilities" which mentions JR requirement for reporting.

Interviews with staff revealed they are aware of their responsibilities as mandatory reporters and they understood the process for reporting and assisting a youth who alleges sexual abuse or harassment. In addition, 100% of staff reported understanding and practice of keeping reported information confidential and on a need to know basis. (Policy 5.90 section 29) Review of facility incident report as well as investigation report indicate staff promptly report allegations of abuse. Review of the investigation report indicated that staff contacted CPS to report the allegations of abuse.

Twin Rivers staff receive online, classroom and yearly refresher trainings, beside PREA being a topic of conversation in the facility often. The preventive and preemptive practice of constant reminders, training, and accountability demonstrated at Twin Rivers indicates a culture of safety and responsibility.

Reviewed:

1. JR policy 5.90 section 10, 10.1-3, 12,12.3-3.1, 14-14.3, 22.2, 29
2. JR policy 5.91 section 1-2
3. JR Policy 4.3 section 61.1
4. Washington State Statutes/laws RCW 26.44.030, RCW 26.44.040.
5. Interview and notes: Random staff, PCM, Administrator
6. PREA Investigative Report
7. Staff online, classroom and refresher trainings

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Standard 115.362: Agency protection duties

115.362 (a)

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

Auditor Overall Compliance Determination

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

Standard: 115.362 Agency Protection Duties:

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Staff interviews revealed staff were formally trained on and understand how to ensure youth are kept safe in the event they are at risk for imminent sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim.

During the on-site review, interviews with random and specialty staff, and investigative reports verified TR practice is consistent with established JR policies. Evidence indicates TR responds immediately to sexual abuse allegations.

JR Policy 5.90 section 20 states, "If a youth is subject to a substantial risk of imminent sexual abuse, the Superintendent, Community Facility Administrator, Regional Administrator or designee must take immediate action to protect the youth.

The pre-audit questionnaire states that there have been no incidents where a resident was at imminent risk of sexual abuse in the last 12 months. Review of incident reports and investigation report confirm that zero allegations or incidents of residents of residents being in imminent danger of sexual abuse.

TR is pro-active in their approach to ensure youth are safe from sexual abuse. This was demonstrated when a resident reported an allegation of indecent exposure. The administrator reviewed the video evidence, talked to residents involved, and made changes to staffing assignments/directives for the time residents are supposed to all be in their rooms.

Interviews of Twin Rivers staff indicated confusion about the term imminent sexual abuse as opposed to reported sexual abuse.

During corrective action, DSHS/TR developed a Standard Operating Procedure for Youth at a Substantial Risk of Imminent Sexual Abuse to guide staff in actions to be taken, including problem solving, safety plan development and implementation, placement change, reporting, roommate change, documentation review, and/or supervision changes. All staff were trained and staff statements of understanding signed.

Reviewed:

1. JR Policy 5.90 section 20
2. Interview notes: Random Staff, random residents, Administrator, upper level staff,
3. Pre-audit questionnaire
4. Incident Reports and Investigative report
5. Staff training, online and classroom, as well as refresher
6. TR Administrator email/directive about staffing pattern change

Standard 115.363: Reporting to other confinement facilities

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.363: Responding to other confinement facilities

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

According to the pre-audit questionnaire, Twin Rivers had zero incidents in which a youth alleged sexual abuse while in a previous placement. Although the process for reporting to another facility or receiving a report from another facility is in place, there is clear knowledge of the requirements: to report to the head of the facility where the alleged incident happened; notify Child Protective Services within 24 hours-as well as local law enforcement where the incident occurred; document all contacts, and notify the PREA Coordinator, Twin Rivers has not received such an allegation to put the requirements into practice.

JR Policy supports current practice: "Policy 5.90 section 21 states: " Within 72 hours of receiving an allegation that a youth was sexually abused while confined at another facility, the Superintendent, Community Facility Administrator, Regional Administrator or designee must notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Notification must be documented. 21.1. Notification must be given to Child Protective Services within 24 hours and to local law if appropriate. The notification must be documented. 21.2. The JR PREA Administrator must be notified."

Policy 5.90 section 24 states: "PREA Investigations in JR will be completed in accordance with the PREA Investigation Protocol and PREA Investigation Flow Chart (Included with audit documentation). The PREA investigative chart shows PREA investigations are investigated according to PREA standards

Reviewed:

- 1) Pre-audit questionnaire
- 2) Interview notes: Administrator
- 3) JR Policy 5.90 section 21-21.2, 24
- 4) Investigative Flow Chart
- 5) Investigative policy

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Standard 115.364: Staff first responder duties

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Standard 115.364 Staff first responder duties

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

JR Policy 15-15.4" details the steps first responders are required to take when a youth alleges sexual abuse. These include, "Separate the alleged victim and abuser, (PREA Standard

115.364 (a) (1)) 15.2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. (PREA Standard 115.364 (a) (2)) 15.3. If the abuse occurred within 120 hours, the first responder must request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including (but not limited to) washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. (PREA Standard 115.364 (a) (3-4)), 5.4. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff."

TR coordinated response plan states: page 2: section 5: Ensure that evidence (crime scene) is preserved and protected for evidence collection by Law Enforcement personnel. Lock or seal off area if possible. Follow any instructions or directives from Law Enforcement regarding evidence collection/preservation; Section 6: Request (but do not force) that the alleged victim does the same. Evidence collection is possible up to 120 hours after an alleged incident.

All interviews revealed staff are knowledgeable of their first responder duties, including how to best preserve physical evidence. By securing the scene. All staff are trained on this procedure upon hire and again during annual refresher training.

In the past 12 months, the only allegation received was indecent exposure/sexual harassment. The JR Facility PREA Compliance Manager, on the investigative, and notification form includes important notification periods consistent with PREA standards (i.e. family notified, youth informed, etc.)

Reviewed:

1. Twin Rivers Coordinated Response Plan
2. Interview notes: Administrator, random and specialty staff
3. Pre-audit questionnaire
4. Policy 5.90 section 21.1-2
5. Policy 5.90 section 24
6. Staff online and classroom training and refresher training
7. Investigation report
8. Coordinated Response Plan
9. Notification form

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.

3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Standard 115.365: Coordinated response

115.365 (a)

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

Auditor Overall Compliance Determination

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

Standard 115.365

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Twin Rivers has a facility plan to coordinate actions taken in response to a sexual assault incident among staff first responders, medical, and facility leadership. Interviews with the facility Director and other staff revealed they understand their duties in responding to allegations of sexual abuse

Compliance with this standard is met through an executed order from the Governor of Washington transferring criminal and major administrative investigations, in regard to DSHS staff. To the Washington State Patrol (WSP). In addition, an interagency agreement between DSHS and WSP, and Twin Rivers Coordinated Response Plan

Reviewed:

1. Twin Rivers Coordinated Response plan
2. Interview notes with random and specialty staff
3. DSHS WSP Interagency agreement
4. Governor's executive order 96-01
5. Pre-audit questionnaire
6. Investigative report and documentation

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Standard 115.366

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

The DSHS collective bargaining agreement (Section "Disciplinary Action" page 12) allows for the removal of staff who have been alleged to have sexually abused a resident and have contact with youth while awaiting the outcome of an investigation or while waiting for a determination of the extent of the discipline. It also allows the state to forgo the typical process of progressive discipline in the cases of gross misconduct or negligence

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No

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

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? Yes No

115.367 (c)

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.367

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Interviews and review of documents verified the Facility PREA Compliance Manager takes monitoring retaliation seriously and employs several strategies for ensuring youth are safe from harm. The auditor applauds Twin Rivers for monitoring retaliation so diligently and adopting the practice of monitoring retaliation from the time an allegation is made through a youth's discharge from the facility.

To support TR practice Policy 5.90 section 30 states, "Retaliation against youth or staff who file complaints or cooperate in investigations of allegations related to sexual abuse or sexual harassment is prohibited. 30.1 Superintendents, Regional Administrators or designees are to monitor and respond to allegations of retaliation. 30.2: JR must provide multiple protection measures, such as housing changes or transfers for youth victims or abusers, removal of alleged staff or abusers from contact with victims, and emotional support services for youth or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

As mentioned previously, the Facility PREA Compliance Manager has a form (DSHS 20-287) on which he tracks incidents related to PREA retaliation for compliance. In addition, TR's Coordinated Response plan, section 10 reinforces practice in stating, "Administrator supervisor responsibilities: section 10: Monitor for retaliation for at least 90 days after the incident(s) and continue monitoring beyond the 90 days if the initial monitoring indicates a continuing need. This includes responsibility for the required documentation"

Twin River interviews confirm that staff and administration monitors retaliation by looking for changes in behavior, excessive discipline, bullying, and any other changes out of the norm. This practice is backed up by JR policy 5.90 section 30.3, "For at least 90 days following a report of sexual abuse, JR must monitor the conduct or treatment of youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by other youth or staff, and must act promptly to remedy any such retaliation, and, section 30.3.1. "JR must monitor any disciplinary reports, housing, or program changes, negative performance reviews or reassignments of staff. For youth, monitoring must include periodic status checks."

Twin Rivers' pre-audit questionnaire states that there were zero allegations of sexual abuse in the last 12 months and review of records confirm that the only allegation received was a sexual harassment allegation. Review of files confirmed this process with an incident report, investigation, retaliation tracking, and documented practice change in the area this occurred to ensure safety. TR does not use isolation and staff are highly trained on pro-active behavior

Although there have been no substantiated allegations of sexual abuse in the last 12 months at TR, interviews with facility leadership indicate they understand the process and will immediately enact this practice in the event of a substantiated allegation of sexual abuse.

During corrective action, TR clarified their Coordinated Response Plan, to reflect current practice, by including in the Coordinated Response Plan—required retaliation tracking and protecting of any individual who cooperates with an investigation and expresses fear of retaliation.

Reviewed:

1. Policy 5.90 section 30-1-3
2. TR Coordinated Response Plan
3. JR Retaliation tracking
4. File review
5. Interview notes, random and targeted residents, administrator, random and specialized staff
6. JR Policy 5.90 section 30
7. Pre-audit Questionnaire
8. Incident report, investigative report, practice change email, retaliation tracking...

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

N/A Twin Rivers does not ever use isolation, nor have the facilities to do so. Standard: 115.368 - Post-allegation protective custody Compliance Assessment: N/A
Twin Rivers does not ever use isolation, nor does it have the facilities to do so.

Reviewed:

1. Tour of facility
2. Twin Rivers interviews, staff and residents
3. Pre-audit questionnaire

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

115.371 (a)

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

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

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

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

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

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? Yes No

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

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

115.371 Criminal and administrative agency investigations

Compliance assessment: not compliant at DSHS.JR agency level

Twin Rivers Community Facility does not conduct administrative or criminal PREA investigations. They operate under parent agency, DSHS Juvenile Rehabilitation (JR), policies and it is the responsibility of the agency to ensure PREA investigations are conducted in a timely, objective, and thorough manner. Washington State Police or the Richland Police Department conduct criminal investigations and CPS/JR PREA Administrative Investigator conducts PREA Administrative Investigations.

The policies that cover investigation and support practice are:

JR Policy 1.22, Conducting Investigations in JR. JR Policy 1.22 states: “The policy outlines a fair and equitable process for investigations conducted in Juvenile Rehabilitation (JR). All investigations will be timely and will include the due process requirements. Juvenile Rehabilitation will maintain a team of trained investigators available to conduct investigations across the administration.” JR policy 5.90 Applying the PREA Juvenile Standards in JR Page 5: “JR will ensure all allegations of sexual abuse and sexual harassment, regardless of source, are investigated.”

The above JR policy is not compliant with the PREA standards of investigation. It states that JR will retain a “team” of investigators to conduct investigations across the administration. This policy represents a time when JR trained facility staff to investigate and is out of date. Currently, the JR PREA Coordinator is the designated PREA Investigator and not facility staff. This is for Administrative PREA investigations or investigations where CPS and law enforcement decline the investigation.

When Twin Rivers receives an allegation of sexual abuse or sexual harassment that is criminal in nature, the allegation is referred to law enforcement, Child Protective Services, and the JR agency PREA Coordinator/Investigator.

All criminal sexual abuse or sexual harassment investigations, staff-on-resident, are conducted by the Washington State Patrol.

Criminal investigations for resident-on-resident sexual abuse and sexual harassment allegations are conducted by the Richland Police Department. A uniform evidence protocol is used and to ensure all protocols are followed, that covers all requirements of this standard. The criminal PREA investigation process and investigation done by law enforcement is compliant with this standard.

Law enforcement conducts the criminal investigation, either Washington State Patrol or a Richland Police Department. Their role is to determine if a crime occurred, gather all pertinent facts and information and refer to prosecutor’s office for review. In the case of a referral from CPS, law enforcement will assign a detective immediately. Investigative steps are outlined in the Special Protocol that includes interviews—this step also includes advocacy referral, documentation and processing scene and evidence, search warrants, evidence, injuries, and medical records. Included in this protocol are detailed investigative steps—including procedures for children and adults.

JR conducts *PREA Administrative investigations* for sexual abuse and sexual harassment. In the past, DSHS.JR trained facility identified administrative staff to be PREA Investigators by providing the NIC online training, CPS investigative training, and additional classroom investigative training.

Recently, JR changed that process and identified the agency PREA Coordinator as the PREA Administrative Investigator. The PREA Coordinator completed training provided to DSHS JR employees and in fact conducts trainings as the JR PREA Coordinator—a position he has had for over five years. He has completed the NIC online investigators training and advanced investigators training, for conducting investigations in confinement settings, as well as additional classroom investigative training; however, these trainings were designed to add additional

high-level training for an experienced and highly trained investigator and not to train up a designated staff to be an investigator. In addition, the PREA Coordinator (PC), conducts training for staff, assists facility PREA Compliance Managers (PCM) and facilities comply with the National PREA Standards, visits JR juvenile facilities, works with administration and staff of each facility, interacts with residents, and maintains ongoing contact as part of his position at DSHS, and acting as a PREA investigator is a conflict of interest.

Due to the experience and training that a PREA Investigator, who conducts criminal “or” administrative investigations, is required to possess prior to conducting PREA investigations, DSHS.JR is not compliant with this standard.

It is also the law and JR policy to refer all sexual abuse allegations to law enforcement-if there is a criminal element, and to Child Protective Services (CPS). Law enforcement conducts all criminal investigations; however, also works with CPS who conducts child abuse/neglect investigations. DSHS.JR uses the CPS investigation as a PREA Administrative Investigation. While it is important and required to notify CPS when there is an allegation of sexual abuse in a DSHS.JR facility, their main focus is to ensure there is no child neglect/abuse. CPS accomplishes this by working with law enforcement during a criminal investigation.

If CPS conducts a child abuse/neglect investigation, they coordinate with law enforcement to ensure they have permission to interview involved parties, so they do not compromise the criminal investigation. At times they accompany law enforcement on interviews in order to gather evidence to decide if there is facility/staff child abuse/neglect. The CPS investigation is not a PREA administrative investigation; however, is valuable information to use in the JR PREA administrative investigation, incident reviews, and agency and facility corrective action.

If the allegation is referred to Law enforcement, they conduct the criminal investigation. They collect and review the evidence, determines if there is enough evidence to ascertain that the sexual abuse allegation occurred and determine if the allegation is chargeable behavior. If it reaches that level, law enforcement refers the case to the District Attorney for possible charges. CPS determines if the facility/staff’s behavior or actions constitutes child abuse/neglect. CPS and Law enforcement conduct joint investigations and information sharing when a crime has been committed against a child by parent/guardian/caretaker or acting loco parents or if neglect in protecting a child from third party abuse. CPS role in an investigation of abuse in state facilities is to ensure safety of child and other children, investigate and make determinations about the existence of child abuse/neglect, assess if the child or other children have been or neglected in ways not alleged, identify risk factors within the facility creating a risk to future harm to children, ensure consistency and equity toward providers in the investigation. CPS defers to law enforcement regarding the investigation. They provide CPS history to law enforcement immediately. If law enforcement declines to investigate or does not investigate to a finding, CPS may choose to conduct a child/abuse neglect investigation or screen out the allegation as not meeting the criteria for child abuse/neglect.

If both CPS and Law Enforcement decline to investigate, the DSHS.JR PREA investigator (currently the PREA Coordinator) investigates the sexual abuse or sexual harassment allegation to a finding of: substantiated (51% that the allegation occurred- “preponderance of the evidence”); unable to determine (cannot make a determination either way (unsubstantiated); or unfounded (evidence that the incident did not occur).At that point disciplinary action can be taken. This does not prevent the facility from duty-stationing the staff away from residents when an allegation is made, and the agency policy and union agreement ensure that is the practice.

JR PREA Investigators conduct an administrative investigation when law enforcement does not conduct a criminal investigation, or the criminal investigation is not completed to a finding. Policy 5.90 states, in section 22, **“following the criminal and child protective services review and/or investigation of the allegation, the administrative investigation will be conducted by JR staff.”**

The description of the requirements of the administrative investigation process, in policy, include: gather direct and circumstantial evidence, including any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the

suspected perpetrator, and use no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

JR Administrative investigations are documented on investigative form 20-309 and includes all required areas of investigation, including a credibility assessment. If additional information is gathered that appears criminal in nature, the allegation is re-referred to law enforcement.

JR Policy 1.22 section 33. JR will support the needs of the external investigators such as Washington State Patrol (WSP), local law enforcement or Child Protective Services (CPS) when they are investigating

A review of past incidents and news items, for DSHS.JR, shows that a lawsuit was filed in 2018 alleging a Culture of sexual abuse at DSHS JR facilities, and there is ongoing litigation due to sexual abuse charges of several staff, at different facilities, alleged to have occurred since 2014 and before. Review of investigations and referrals confirm multiple referrals of allegations and unfounded investigation findings. Much later, these allegations were proven to be true and staff, who had remained working at the facilities, were charged.

The JR PREA Annual PREA Compliance Report reflects the following information:

1. Youth-on-Youth nonconsensual sexual acts: 2015,2 allegations and 1 substantiated, 2016, 0 reported, 2017,2 reported and 1 substantiated;
2. Youth-on-Youth Abusive Sexual Contact: 2015,12 reported and 8 substantiated, 2016,12 reported and 1 substantiated, 2017,18 reported and 8 substantiated
3. Staff-on-Youth Sexual Misconduct: 2015,13 reported and 3 substantiated, 2016,14 reported and 3 substantiated, and 2017, 26+ reported and 0 substantiated.

It is always vital to ensure every sexual abuse and sexual harassment allegation is investigated fully, impartially, and objectively. This includes ensuring that your PREA investigator is a fully trained, educated, and well-seasoned investigative professional, who then attains additional high-level training on investigating sexual abuse in a confinement setting—as well as ongoing investigative trainings and updates.

JR has gone from training facility staff as PREA investigators, to using the CPS investigation as their administrative investigators, and designating the agency PREA Coordinator as the PREA investigator-when CPS declines or does not investigate to a finding.

JR has diligently attempted to ensure the investigative process complies with the PREA standards; however, are still not compliant in employing or designating a PREA Investigator who has sufficient background, training, and experience as a trained investigator, providing additional high-level and specialized training as this standard requires, and changing investigative policies, procedures, and practice. This is especially important due to the documented history of staff-on-youth allegations made, that investigations determined were unfounded, later proven to be true. and staff charged. Without trained, experienced and well-seasoned investigators, to conduct Administrative PREA investigations, policies, procedures, and practices that appear to be compliant cannot be determined to be so, due to the investigator not being compliant.

In addition, in September 2019, this auditor was asked by the Washington PREA Coordinator to close the remaining two juvenile facilities PREA audits, before the corrective action time was over, due to the agency not having enough time to comply with the investigation standards and ensure practice was ingrained in the agency and facilities. In each case (Woodinville and Parke Creek) the facilities had worked to attain compliance and the agency non-compliance, with the investigation standards, were the only standards keeping them from being compliant. It is highly irregular for audits to be closed before either the end of the corrective action period, or when all corrections are made, and the facility is PREA compliant.

During the 6-month corrective period of each of the facilities, communication with the JR PREA Coordinator, regarding action the agency was taking to become compliant with the investigation standards, was not forthcoming. Part of the corrective action plan necessitated the inclusion of the agency action to become compliant. The only response on these items was that Juvenile Rehabilitation was changing agencies from DSHS to DSYS and the new agency would be taking up the investigation piece.

On July 1st, Washington Department of Children, Youth, and Families (DCYF) merged with the Department of Social and Health Services (DSHS) Juvenile Rehabilitation. Juvenile Rehabilitation is now a part of a new state agency that states it, “restructures how at-risk children and youth are served.” Juvenile Rehabilitation is now DCYF.

This transition was documented as the reason that DSHS.JR could not become compliant with the investigation requirements of the PREA standards, during the 6-month corrective period of Green Hill and subsequent corrective action period for this facility, Twin Rivers. It is a grave safety concern and needs immediate action and attention. Below, under corrective action, are the actions that were not corrected during the corrective action for Green Hill, Twin Rivers, Woodinville, and Parke Creek Juvenile Facilities. This standard is about the investigation itself; however, PREA investigative standards 115.321, 322, 334, and 372 remain out of compliance in policy, practice and culture compliance

Clarifications:

PREA Standards in Focus 115.334 <https://www.prearesourcecenter.org/sites/default/files/library/115.34.pdf>
“Agencies should ensure that the staff who are considered investigators for the purposes of obtaining the specialized training required in standard 115.34 have previous investigatory training and experience. Not all agencies have trained investigators on staff and rely on administrative or custodial staff to conduct administrative investigations without proper training or opportunities to gain meaningful experience.”

Agencies should ensure that any staff who conduct investigations into sexual abuse allegations have prior training and experience as a professional investigator before receiving the specialized training described in 115.34, “CPS notifies law enforcement if they receive an allegation of sexual abuse within 24 hours. Law Enforcement and CPS investigating complaints where both are involved notify each other of their involvement and coordinate their investigations, keeping each other apprised of progress. It is not the responsibility of CPS to determine if a crime is chargeable before reporting to law enforcement.

Clarification from the PREA Resource Center:

Our analysis of this is as follows: The standards use the word “investigator” and the plain meaning of this word is instructive. The Cambridge Dictionary defines an investigator as “a person whose job it to examine a crime, problem, statement, etc. in order to discover the truth.” The standard implies that the individuals are already “investigators” for the agency. Agencies who place individuals into the position of an investigator in their agency/facility have presumably done so because the individual has some demonstrated competencies and background in investigations and possesses investigatory skills that have been gained via some combination of specialized education, training or work experience in conducting investigations. Upon this foundation, the PREA standards require the agency “investigators” to complete the general PREA training required for all employees as well as the specialized training for conducting sexual abuse investigations in confinement settings.

There is FAQ guidance available as well and the FAQ dated February 19, 2015 states: Responsibilities of Audited Agencies and Auditors under Standard 115.334 “The obligation of the agency being audited is to provide the required specialized training to its own investigators if they conduct sexual abuse investigations, whether administrative or criminal.”

From 115.371 Standards in Focus

<https://www.prearesourcecenter.org/sites/default/files/library/115.71%20SIF.pdf>

“Thorough and proper investigations (which require that investigations be conducted by qualified and trained investigators; that all evidence be gathered and preserved.....It is important to remember that all investigators must have the general training provided to all staff; additionally, investigators should have relevant experience and training in conducting investigations generally as a foundation upon which the specialized training in conducting sexual abuse investigations in confinement settings is added...The agency, facility, internal and external investigation divisions and local prosecutors must have an excellent working knowledge of the Garrity principle of compelled interviews.... The standards envision that the specialized training required in 115.34 is a high-level, advanced training for an individual who already brings strong investigatory skills and experience to the role of a PREA investigator. Persons who do not have a background in investigations, law enforcement or similar roles should not be put in a position of investigating sexual abuse cases.... Comprehensive, detailed investigations can be one of the most important tools a facility has to correct or adjust practices, facility physical plant issues, training practices or policy directives that need enhancement or modification.”

Corrective Action not completed by the parent agency (DHSJ.R) during the 6-month corrective action plan:

PREA Administrative investigators for JR must be current trained and functioning “investigators” or bring experience and training as investigators; and, then receive higher level training on investigating sexual abuse in juvenile confinement settings. Such training must be specific to juvenile victims. (Standard 115.371 (b) Where sexual abuse is alleged, the agency shall use “investigators” who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.) In addition, such investigators must have received the same training as staff receive in 115.

Develop a specific administrative investigative protocol (official procedure), based on your JR policy 5.90 and 1.22, that provides specific and detailed investigative procedure (series of steps) that provides an established method JR takes in their administrative investigations to accomplish the following standard requirements:

- a) 115.371 (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
- b) 115.371 (g) Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- c) 115.371 (f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- d) (e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- e) 115.371 (d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.
- f) 115.371 (b) Where sexual abuse is alleged, the agency shall use “investigators” who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.
- g) 115.371 (j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years,

unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

- h) 115.371 (k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
- i) 115.371 (m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Train facility staff on the investigative referrals and procedures to ensure their understanding and to prevent investigation at the facility level.

Auditor Recommendations: Use the investigative steps, starting on page 15 of the following link, as an example of a detailed investigative protocol that describes, in detail, the investigative procedures—including interviewing on page 18 and sharing information.

As an example, look through this and pull out of the criminal investigation protocols, detailed investigation procedures that work when conducting a JR PREA administrative investigation. Include specifically and in detail how JR will conduct administrative PREA investigations when law enforcement does not. Include the role of CPS and law enforcement. Add the requirements of assessing if staff actions or failures contributed to the abuse, and how the PREA Administrative Investigator will assess credibility of the alleged victim, suspect or witnesses. Include the requirement to establish if the allegation of sexual abuse or sexual harassment is founded, unfounded or unsubstantiated by a preponderance of the evidence.

<https://depts.washington.edu/hcsats/PDF/King%20County%20Special%20Assault%20Protocol%202015.pdf>

Standard 115.372: Evidentiary standard for administrative investigations

115.372 (a)

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

Auditor Overall Compliance Determination

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

115.372 - Evidentiary standard for administrative investigations

Compliance Assessment: Not Compliant at the agency level

Interviews with investigative staff indicate that DSHS. JR imposes a standard of preponderance of evidence (51%) of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated; however, because standard 115.371 Criminal and Administrative Investigations is not compliant, this part of the standard will not be compliant until the investigative process (115.371) is compliant.

Since the investigators for an administrative investigation are not compliant, their assessment of compliance is not compliant. The agency policy is compliant; however, they are in the process of overhauling their investigative process and did not complete this process by the end of the 6-month corrective action period.

When CPS conducts an administrative investigation, they have different standards of compliance and in the investigation reviewed, determined an allegation unfounded when the staff was later charged. This was a finding because the resident was 18 or over and so child abuse/neglect was unfounded. (child is under 18 for CPS)

Washington just determined residents can stay in facilities up to the age of 25. The CPS investigation and findings, being used as a PREA Administrative Investigation, is not compliant with this standard of "predominance of the evidence". Determining a finding based on the residents age is not compliant with the standards of a PREA investigation. The CPS investigation on child abuse/neglect, when conducted, contains valuable information a PREA investigator can use and collaborate with them on; however, cannot be considered the PREA Administrative Investigation.

Reviewed:

1. Pre-audit Questionnaire
2. Interviews
3. JR Policy 5.90 section 31.1-6 4. Form 20-293
4. JR Policy 5.90 section 31.5-5.1
5. Youth Notification form

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture

Standard 115.373: Reporting to residents

115.373 (a)

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

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.373 – Reporting to Residents

Standard Certification of Compliance: This auditor certifies compliance with standard 115.373, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility as well as the facility site visit, and auditor pre and post review.

Auditing included interviewing staff, volunteers, contractors, and residents; touring Twin Rivers (TR) and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture

If a resident alleges a staff member has committed sexual abuse, required notifications to residents are completed, at TR, on JR form 20-293. Notifications include: the finding of the investigation; if the staff member is no longer posted within the resident's unit; if the staff member is no longer employed at the facility; if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or if the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

If the allegation is resident on resident sexual abuse, an alleged victim will also receive notification by the PCM, and using the notification form 20-293, if: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Pre-audit questionnaire reports zero allegations of sexual abuse by a staff or resident. At TR, in the last 12 months and no notifications to residents due to this.

Policy that backs-up practice:

Policy 5.90, Section 31, 31.1: "The Superintendent, Regional Administrator or designee must inform the victim of circumstances surrounding an allegation of sexual abuse. (PREA Standard 115.373(a)) 31.1. Following an investigation into a youth's allegation of sexual abuse, the Superintendent, Regional Administrator or designee must inform the victim as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded; Section 31.2. If CPS or law enforcement conducted the investigation, JR will request the relevant information in order to inform the youth of the outcome of the investigation; Section 31.3: 31.3. Except when an allegation has been determined to be unfounded,

following a youth's allegation that he or she has been sexually abused by a staff member, the Superintendent, Regional Administrator or designee must inform the youth when: 31.3.1. The staff is no longer employed at the facility, Section 31.3.2. The staff has been indicted or convicted on a charge related to sexual abuse within the facility, if JR learns of the outcome; Section 31.4 and 31.6: 31.4. Communication will be documented on the Youth Notification form – Staff-Youth (DSHS Form 20-293). A copy will be given to the youth and placed in the youth's case file per Policy 2.40, Managing Youth Case Files. 31.6. Communication will be documented on the Youth.”

Since there were no substantiated cases of sexual abuse in the last 12 months, no JR employees have been terminated in the past 12 months for a violation of the facility's sexual abuse or harassment policies

In reviewing further back, there was an employee terminated for this reason and Interviews/document reviews confirmed that the agency closely adheres to its policies and protocols in this area. Interviews confirmed that employees were still impacted by the substantiated charge and have become more watchful and take reporting sexual abuse, sexual harassment, and staff conduct contributing to this occurring, very seriously.

Review of allegations and investigations for the last three years confirm notifications to residents as required by this standard. See supplementary files for documentation

Reviewed:

1. JR Policies 5.90 section 31 .1-.6
2. Notification form 20-293
3. Pre-audit Questionnaire
4. Resident files
5. Investigations
6. Interviews

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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*)

Standard: 115.376 - Disciplinary sanctions for staff

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Policy 5.90 section 6: "Staff must be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Interviews with staff, Human Resources personnel, and investigative staff indicate that disciplinary sanctions for violating sexual harassment policies are determined based on a variety of factors which include staff member's disciplinary history and the nature and circumstances of acts committed." Substantiated incidents of sexual abuse by staff would be subject to these guidelines and therefore, in these cases, JR would have the right to immediately terminate staff who have engaged in sexual abuse.

Since there were no substantiated cases of sexual abuse in the last 6 months, no JR employees have been terminated in the past 12 months for a violation of the facility's sexual abuse or harassment policies. Interviews indicate the agency closely adheres to its policies and protocols in this area.

Review of allegations and investigations for the last three years confirm disciplinary actions taken as required by this standard. See supplementary files for documentation

Reviewed:

1. JR Policy 5.90 section 6
2. Pre-audit Questionnaire
3. JR Policy 5.90 section 8
4. Interview notes: HR interview, Administrator
5. JR Policy 5.90 section 9
6. Notification to resident

Standard 115.377: Corrective action for contractors and volunteers

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

115.377 - Corrective action for contractors and volunteers Compliance Assessment:

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

All Twin Rivers contractors and volunteers are subject to agency policies and protocols related to sexual abuse and harassment. There have been no volunteers or contractors in the past 12 months

who have violated these policies. In looking back three years, there are no allegations made against contractors or volunteers.

JR Policy 1.60 section 14-16: Policy 1.60 section 16. "Sanctions for contractors who engage in sexual abuse, sexual intercourse or sexual contact will be applied in accordance with RCW 13.40.570," and Policy 1.60 section 14: "Any contractor, employee of a contractor or volunteer who engages in sexual abuse, sexual intercourse or sexual contact must be immediately removed from any employment position which would permit the person to have any access to any JR youth in accordance with RCW 13.40.570."

Interviews clearly confirmed sanctions for contractors and volunteers who engaged in sexual abuse would be immediate removal from access to residents and facility and referred for prosecution.

Reviewed:

1. JR Policy 1.60 section 16
2. JR Policy 1.60 section 14
3. Pre-audit questionnaire
4. Interview notes, contractors, administrator, HR
5. Tour and conversations

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Standard 115.378: Interventions and disciplinary sanctions for residents

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

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

115.378 - Interventions and disciplinary sanctions for residents

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

In the past 12 months there have been no criminal or administrative findings of guilt for resident-on-resident sexual abuse.

Residents and staff sign the Disciplinary Standards: Community Facility. This states what violations are serious and what other violations are. If residents commit a serious violation, they will be returned to a facility with a higher security level unit or institution. It also lists much less serious sanctions for less serious sanctions. Sexual contact is a "other violations"; however, a serious violation in involvement or conviction of a criminal offense would cover sexual abuse.

Twin Rivers does not use isolation at all for discipline and takes into consideration mental health issued or disabilities when assessing disciplinary actions

Twin Rivers assigns a counselor to each resident. If additional therapy is required to correct underlying reasons and motivations for abuse, it is provided in the community. The resident is not required to participate in such counseling as a condition for any rewards-based level system. In addition, TR residents' access educational and general programming, even if not participating in counseling recommendations. Interviews confirm that reports of sexual abuse made in good faith does not involve disciplinary action if the abuse if found to not have occurred and does not discipline residents for sexual conduct with staff, unless the staff did not consent.

Twin Rivers prohibits all sexual activity between residents in Policy 5.90 section 4, "Sexual intercourse or sexual contact (RCW 9A.44.010) between JR youth, even when perceived as consensual, is counter to the treatment, care and rehabilitative goals of their commitment to JR and is prohibited. Youth will be subject to disciplinary sanctions for engaging in this behavior." And Policy 5.90 section 4.1, "Sexual intercourse or sexual contact between JR youth cannot be considered sexual abuse for youth disciplinary purposes if the investigation determines that the activity is not coerced"

Interviews confirmed that sexual behavior that is considered consensual is not determined sexual abuse; however, is deemed youth misbehavior because of the agency rule prohibiting sexual activity in JR facilities.

Reviewed:

1. Pre-audit Questionnaire
2. Interviews
3. JR Policy 5.90 section 31.1-6 4. Form 20-293
4. JR Policy 5.90 section 31.5-5.1
5. Youth Notification form

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

MEDICAL AND MENTAL CARE

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

115.381 - Medical and mental health screenings; history of sexual abuse

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Immediately upon intake all youth undergo an intake screening process. TR follows a standard protocol involving a variety of assessments including, but not limited to, the Washington SAVY (resident risk assessment covering all PREA required areas,) a SOGIE that allows important information to be gathered regarding sexual victimization and risk of perpetration. On-site interviews and case file reviews verified that when a youth scores high in sexual victimization and/or risk of perpetration, the resident is offered a mental health follow-up meeting.

Review of case files revealed that sensitive youth information (i.e. related to sexual victimization or abusiveness) is shared only with critical staff and is shared in a way that allows for the most effective interactions between youth and staff. In addition, the relevant information is used to inform treatment plans, security management decisions, including housing, bed, work, education, and program assignments.

Residents are offered medical and mental health services and documents this in the resident file

Residents 18 and over are informed that any sexual abuse reported by them, which did not occur in an institution, will be reported to the appropriate authorities, prior to receiving the report, or if the report has already been made, obtaining consent from the resident prior to reporting the incident.

Residents of Twin Rivers see community mental health professionals and medical providers.

JR policy, backing up practice includes 3.20, section 5: "A meeting with a medical or mental health practitioner must be offered to a youth within 14 days of staff learning that the youth has experienced prior sexual victimization or has perpetrated sexual abuse." And JR Policy 4.30 section 21, "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."

Reviewed:

1. JR Policy 3.20 section 5
2. Pre-audit questionnaire
3. SAVY
4. SOGIE
5. Resident Files
6. JR Policy 4.30 section 21
7. Interview notes: residents, targeted resident, screening staff
8. Documentation of offering mental health services

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Standard 115.382: Access to emergency medical and mental health services

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

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

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

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

Auditor Overall Compliance Determination

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

Standard 115.382 Access to emergency medical and mental health services

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Twin Rivers' victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, as determined necessary by community medical and mental health practitioners. Staff interviews and review of documentation verified TR staff are trained as first responders and trained to notify the SARC immediately (who then contacts the appropriate medical and mental health practitioners).

JR procedures include victims of sexual abuse being examined by an off-site SANE or SAFE. Once a youth is examined s/he would be offered access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Twin Rivers does not have medical or mental health staff at the facility and relies on the SARC to make the appropriate referrals in the community, and the case of alleged rape these services would be provided after the SANE/SAFE examination. The JR procedures clearly state this treatment will be provided to the victim without financial cost.

TR has had zero allegations of sexual abuse in the last 12 months, as reported by the pre-audit questionnaire and review of files.

Compliance with this standard is supported by JR Policy 4.30 section 64, "JR must provide victims of sexual abuse timely and unimpeded access to emergency medical treatment and crisis intervention, guided by medical and mental health practitioners," Policy 4.30 section 64.2, "Victims must be provided timely information about and access to emergency contraception and preventive treatment for sexually transmitted infection in accordance with professional standards of care," JR Policy 4.30 section 66, "Treatment services in section 51 and 52 must be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with the investigation," and, Twin Rivers' Coordinated Response Plan section 9, page 3 and 13.

Twin Rivers, during corrective action, completed, implemented and trained staff on a new Standard Operating Procedure (SOP), Medical and Mental Health Care. All staff received training to reinforce practice

and signed statements of understanding. Practice was in place and this SOP clarified actions already being taken in the facility.

Reviewed:

1. JR Policy 4.30 section 21, 64, 64.1, 64.2, 66
2. TR Coordinated Response Plan
3. Resident Files
4. Interview notes: counselors, Administrator, Random Staff, targeted resident
5. New SOP Medical and Mental Health Care

Practice and culture review included:

- a. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
- b. Touring the entire facility, asking questions, talking to residents and staff.
- c. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
- d. Comparing policy, training, interviews, and observations to practice and culture.

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

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

115.383 (g)

- 122Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

115.383 Ongoing medical and mental health for sexual abuse victims and abusers

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

Although there have been no incidents of sexual abuse that required medical attention, interviews with administration and staff confirm knowledge of needed steps, see TR Coordinated Response Plan, needed if there is an incident of sexual abuse. In cases of sexual abuse, the SARC provides mental health counseling

follow-up and/or referrals to services in the community. Follow-up medical attention is done at a community clinic and the coordinated response plan requires appropriate medical care for all victims, including tests for sexually transmitted diseases. This is an all-male facility and does not offer pregnancy tests. All mental and medical treatment deemed necessary by professionals in the community, is provided free of cost.

Twin Rivers provides an additional assessment, after any known resident-on-resident abusers, within 60 days of learning of abuse history and will offer treatment as deemed necessary by mental health practitioners.

Practice at Twin Rivers is backed up by JR Policies and TR Coordinated Response Plan. This includes: JR Policy 4.30 section 66: "Treatment services in section 51 and 52 must be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with the investigation," JR Policy 4.30 section 64.2, "Victims must be provided timely information about and access to emergency contraception and preventive treatment for sexually transmitted infection in accordance with professional standards of care," and JR Policy 4.30 section 63.1, ". JR must conduct a mental health evaluation of all known youth-on- youth abusers within 60 days of learning of such abuse history, and offer treatment as recommended by mental health practitioners."

During corrective action, DSHS and TR developed and implemented a new SOP, Medical and Mental Health Care to clarify tracking and documentation for residents referred to mental health and medical services and follow-up care. All staff were trained and signed statements of understanding. Practice was in place and this SOP clarified actions in place.

Reviewed:

1. JR Policy 4.30 section 66
2. JR Policy 4.30 section 64.2
3. Interview notes: Administrator, random staff,
4. Resident files
5. JR Policy 4.30 section 63.1
6. TR Coordinated Response Plan
7. SOP—Medical and Mental Health Care
8. Training and statements of understanding

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

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

115.386 (c)

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

115.386 (d)

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

115.386 (e)

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

Auditor Overall Compliance Determination

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

Standard 115.386 Sexual Abuse Incident Reviews

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

JR Policy 5.90 section 49 states, “.Each facility must conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation for allegations that are substantiated and unsubstantiated, 49.2: The review must occur within 30 days of the conclusion of the investigation, 49.3 The review team must include upper management from the facility at which the incident occurred with input from line supervisors. Input from investigators may be included, as well as from medical providers and mental health practitioners in facilities who have them, and 49.6 Prepare a report of its findings and any recommendations for improvement and submit such report to the Superintendents, Regional Administrators or designees and the PREA Administration, and 49.6 JR must implement the recommendations for improvement or must document reasons for not doing so.”

In the past 12 months there were no substantiated allegations of sexual abuse. However, the TR leadership team meets as a group after an incident occurs to review and learn from the situation. In cases of alleged sexual abuse, the committee ensures each of the areas required by this PREA standard are covered. Staff interviews revealed that they are aware of the facility procedure and participate in the incident review process.

Reviewed:

1. Form 20-295
2. Form 20-292
3. JR Policy 5.90 section 49—all sections
4. Pre-audit questionnaire

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Standard 115.387: Data collection

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

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

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

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

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Standard 115.387 - Data collection

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

JR collects uniform data for every allegation of sexual abuse and at a minimum collects data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice

The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual incident reviews.

Upon request, the facility will produce required data for the Department of Justice no later than June 30th from the previous calendar year.

Policy that supports practice is: Policy 5.90 section 51.1-4, "JR must collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 51.1. JR must aggregate the incident-based sexual abuse data at least annually. 51.2: The incident-based data collected must 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. Upon request, the data from the previous calendar year must be provided to the Department of Justice by June 30.

51.3. JR must maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 51.4. JR must obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its youth

During Corrective action, all SSV reports were uploaded, reviewed and are compliant with this standard.

Reviewed:

1. JR Policy 5.90 section 51, .1-4
2. Pre-audit Questionnaire
3. Interview Notes: PC

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

Standard 115.388: Data review for corrective action

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

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

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

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

Auditor Overall Compliance Determination

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

Standard: 115.388 - Data review for corrective action

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

At the time of the on-site review the agency was in the preliminary stages of creating a 2017 annual report to summarize progress with regard to implementing PREA and its facilities response to sexual abuse. The 2015 and 16 annual reports are posted to agency's website. This comprehensive report provides facility sexual abuse data, summarizes agency progress with regard to implementing PREA, and identifies problem areas and corresponding corrective actions.

<https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance> This website contains policy, data review for Corrective Action and Publication, and Audit reports

Annual reports contain a comparison of the years data and corrective actions with those of prior years, and an assessment of JR's progress in addressing sexual abuse. The 2017 report documents the following 2016 agency actions; development and statewide delivery of a three- hour staff refresher training, three facilities completed and passes PREA audits, PREA Compliance Manager meetings focusing on lessons learned during audits and evolving PREA interpretations, addition and replacement of video cameras to address blind spots, enhancement to information technology enabling a broader range of data collection for a more detailed reporting of allegations and tracking, and completing internal PREA audits at facilities. The yearly reports are all approved by the signature of JR agency head.

Policies that support practice are JR Policy 5.90 51.5, "JR must review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. (PREA Standard 115.388 (a)) The data review must include: 51.5.1. Identifying problem areas, 51.5.2. Taking corrective action on an ongoing basis, 51.5.3. Preparing an annual report of its findings and corrective actions for each facility as well as for the agency as a whole," JR Policy 5.90 section 51.6, "The annual report must include a comparison of the current year's data and corrective actions with those from prior years and must provide an assessment of the agency's progress in addressing sexual abuse," and, Jr Policy 5.90 section 51.8-52, "JR may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted."

During corrective action, the 2017 annual PREA report was uploaded and is compliant with this standard.

Reviewed:

1. JR Policy 5.90 section 51- 52
2. Annual PREA reports 2015 and 16 and revised 2016 report
3. Website: <https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance>
4. Pre-audit Questionnaire
5. Interview Notes: PC
6. Last PREA audit
7. Annual report for 2017, completed in 2018

Standard 115.389: Data storage, publication, and destruction

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

115.389 - Data storage, publication, and destruction

Standard Certification of Compliance: This auditor certifies compliance with standard, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Washington Department of Social and Health Services (DSHS) and Twin Rivers Community Facility (TR), as well as the facility site visit, and auditor pre and post review.

The Twin Rivers Community Facility retains sexual abuse data consistent with PREA standards. Policy 5.90 section 5 52 states, "JR must ensure that data collected pursuant to section 46 is securely retained and is maintained for at least 10 years after the date of its initial collection in accordance with Policy 1.40, Maintaining Confidentiality when Releasing Records."

Twin Rivers and JR make sexual abuse data available on the JR website:

<https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance>

JR Policies that support practice are JR Policy 5.90 section 53. Section 53.1, 51.2 and section 52, “section 53: JR must make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which its contracts, readily available to the public at least annually through its website <https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance>, 53.1. Before making aggregated sexual abuse data publicly available, the agency must remove all personal identifiers, 51.2: 51.2. The incident-based data collected must 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. Upon request, the data from the previous calendar year must be provided to the Department of Justice by June 30, and 52. JR must ensure that data collected pursuant to section 46 is securely retained and is maintained for at least 10 years after the date of its initial collection in accordance with Policy 1.40, Maintaining Confidentiality when Releasing Records.”

This state policies meets all sub standards related to data collection, reporting, public access to sexual information and related PREA standards.

Reviewed:

1. JR Policy 5.90 section 52, 53.1, 51.2, 53, 53.1, 51.2
2. JR website: <https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance>
3. Interview notes, PCM, PC, Administrator
4. Pre-audit questionnaire

Practice and culture review included:

1. Interviewing: 16 staff- including specialized staff, contractors and volunteers, PC and PCM; 11 residents- including required targeted residents; a SAFE nurse; Richland PD; Washington State Police; and a staff member from the Advocate/Crisis Service
2. Touring the entire facility, asking questions, talking to residents and staff.
3. Observing: staff and residents over the site visit; facility daily operations; and, talking to staff and residents.
4. Comparing policy, training, interviews, and observations to practice and culture.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Meets Compliance by:

1. <https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance> shows audits in cycle one and audits being completed in cycle two
2. Twelve facilities audited in cycle one; Seven audited in second cycle, with three scheduled and 1 in corrective action; One listed as closed in first cycle==12
3. Auditor posting pictures and date is well before 6 weeks out from site visit

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Meets Compliance by:

1. <https://www.dshs.wa.gov/ra/juvenile-rehabilitation/prison-rape-elimination-act-compliance> shows audits in cycle one and audits being completed in cycle two
2. Twelve facilities audited in cycle one; Seven audited in second cycle, with three scheduled and 1 in corrective action; One listed as closed in first cycle==12
3. Auditor posting pictures and date is well before 6 weeks out from site visit

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.

Kila Jager _____

09/17/19 _____

Auditor Signature

Date